DYSPHAGIA

Dysphagia (dis-fay-jah) is any disorder with the swallowing mechanism. Speech pathologists are responsible for the dietary management of patients in order to prevent aspiration and limit its occurrence, prevent aspiration pneumonia, reduce the occurrence of weight loss from swallowing difficulty, and reduce swallowing problems overall—thus improving quality of daily life (as each day involves eating, drinking, and maintaining sufficient nutrition). Aspiration is when food or liquid goes into the trachea instead of the esophagus, thus signifying some impairment in the swallowing mechanism. Other difficulties that can impair swallowing are decreased timing/coordination of the swallow, reduced airway protection, discoordination/weakness of the specific muscles associated with swallowing, residue remaining in the pharynx (throat) after the swallow, or the presence of reflux after the swallow. Someone with dysphagia may experience a variety of symptoms or may be able to isolate one symptom in particular. The symptoms can be persistent or intermittent, and might include any of the following: Coughing during eating or drinking (or soon after), increased congestion in the chest after eating, the need to swallow multiple times for one mouthful of food, fatigue or shortness of breath while eating/drinking, difficulty with pills, prolonged mealtimes, difficulty or increased effort to chew or swallow, a rise in temperature (fever), a weight loss associated with increased slowness during eating/drinking, frequent pneumonias, runny nose or eyes during eating/drinking or afterwards, a feeling of something “stuck” in the throat, an aversion to foods/liquids, a wet/gurgly-sounding voice during or after eating/drinking, and/or a history of reflux (GERD, LPR). Individuals who may exhibit dysphagia could be those with: degenerative disease (Parkinson’s disease, ALS, cerebral palsy, muscular dystrophy, multiple sclerosis), head/neck cancer, reflux, recurrent pneumonias, respiratory complications (COPD, emphysema, respiratory failure, trach/vent), cerebrovascular accident (CVA/stroke), dementia/Alzheimer’s disease, recent open heart surgery, and/or those who are deconditioned or of advanced age.

Patients exhibiting dysphagia can be instrumentally assessed using the fiberoptic endoscopic evaluation of swallowing (FEES) and/or a Modified Barium Swallow Study (MBS) to diagnose and therapeutically treat swallowing difficulties. The endoscopic exam (FEES) provides great accuracy and strength in designing a program of dysphagia management because of its ability to visualize the anatomy (in-color), movement/function of structures, and the presence of secretions and/or reflux. The patient is observed eating/drinking several consistencies (these are usually dyed blue or green with food coloring or Kool-aid in order to highlight the bolus). The MBS is performed in a radiology suite wherein the patient eats/drinks several consistencies coated in a barium substance and the structure/function of the swallowing mechanism is observed via a moving x-ray. By assessing the overall risk of dysphagia, the patient’s safety during food/liquid intake can be guided most intricately and recommendations might be made including modified diets, compensatory strategies, or strengthening exercises. These will all be discussed with the patient and any concerns or questions will be addressed. Based on the results and diagnosis, a dysphagia therapy program will be established, with the amount of sessions depending on the diagnosis. The speech pathologist can use several approaches in designing the therapy plan including traditional therapy and Vitalstim (neuromuscular electrical stimulation) therapy, for which one is required to be a certified provider.

The symptoms of a swallowing disorder may provoke anxiety, stress, irritation, and fear, and this interferes negatively with daily life, as eating and drinking are crucial to life itself—for nutrition, social reasons, and personal quality of life. A speech pathologist will assist in diagnosis and management of the symptoms and complications of dysphagia in order to promote improved quality of life in a safe and healthy manner.