Dysphagia Management in TCP

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May 2012
The role of the Speech Pathologist

• To assess swallowing status
• To provide management and recommendations
• To educate the patient, family, carers and staff about the current swallowing status and recommendations for intervention
The Normal Swallow

- Neurologically controlled response involving functional anatomical structures and cranial nerves of the mouth and throat.

3 Phases:
- Oral Phase
- Pharyngeal Phase
- Oesophagheal Phase
Dysphagia - what is it?

- A disorder of swallowing

- Dysphagia may involve dysfunction of the
  - oral,
  - pharyngeal and/or
  - oesophageal stages of the swallowing process.
Dysphagia- what causes it?

Dysphagia may result from one or more of the following impairments:

- neurological
- structural
- physiological
- functional

It may affect eating and drinking, control of saliva and coordination of breathing and swallowing.
Dysphagia - what causes it?

Common conditions causing dysphagia include:
• Stroke
• Cancer
• Altered mental state
• Progressive neurological disorders
• Developmental disabilities
• Surgery/accidents
• Connective tissue disorders
• Seizure disorders
• Medications
• Psychogenic disorders
How does poor cognition impact on swallowing?

<table>
<thead>
<tr>
<th>COGNITIVE DIFFICULTY</th>
<th>EFFECT ON EATING</th>
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</thead>
<tbody>
<tr>
<td>Memory Disturbance</td>
<td>Forgetting when last ate</td>
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<td>Forgetting when next meal will be</td>
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<td></td>
<td>Losing track of the task of eating</td>
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<tr>
<td>Perceptual and spatial difficulties</td>
<td>Difficulty locating crockery, cutlery, food</td>
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<td></td>
<td>Difficulty recognising food and utensils</td>
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<td>Apraxia (limb and oral apraxia)</td>
<td>Difficulty using a knife and fork</td>
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<td>Difficulty with voluntary actions, such as opening the mouth to a spoon</td>
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<td>Language difficulties</td>
<td>Difficulty expressing food preferences</td>
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<td>Problems understanding mealtime instructions</td>
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<tr>
<td>Executive dysfunction</td>
<td>Socially inappropriate mealtime behaviour</td>
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<td></td>
<td>Eating impulsively</td>
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<td>Cramming food</td>
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How do behavioural difficulties impact on swallowing?

<table>
<thead>
<tr>
<th>BEHAVIOURAL DIFFICULTY</th>
<th>EFFECT ON EATING</th>
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</thead>
<tbody>
<tr>
<td>Pacing/Agitation</td>
<td>Problems sitting at the table</td>
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<td>Aggression</td>
<td>Difficulty accepting help from others</td>
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<td>Hallucinations</td>
<td>Disturbance in concentration at mealtimes</td>
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<tr>
<td>Delusions</td>
<td>Food refusals due to “delusional” ideas about the food or those serving</td>
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Dysphagia - what are the impacts of it?

- Aspiration pneumonia / chest infection
- Choking
- Poor nutrition
- Dislike eating
- Increased time to eat meals
- Drooling
- Reduced enjoyment
- Social Factors
- Safety risks
- Need for external feeding
  - eg. nasogastric tubes or PEGs
Dysphagia: How do we manage it?
Goals for managing swallowing problems

• to ensure adequate nutrition
• to prevent dehydration
• to prevent aspiration
• to prevent choking
• to ensure medication can be taken safely
• to improve swallowing function
• to enhance quality of life
• to aim for normal pleasurable meal times
• to prevent medical complications, therefore reducing length of stay
Dysphagia: How do we manage it?

Management options may include a combination of:

• Compensatory strategies
• Safe swallowing strategies
• Therapeutic techniques
• Education
• Texture modified diets and thickened fluids
Safe Swallowing Strategies

• Ensure the client is alert and sitting upright as possible.
• Make sure dentures are secure – clean them after every meal.
• Eat and drink slowly – take small mouthfuls and sips
• Never swallow with the head tilted back.
• Swallow each mouthful before taking another.
• Ensure the client sitting upright for at least 30 mins post oral intake
Safe Swallowing Strategies

- Check to see if the client’s voice sounds wet or gurgly by saying ‘ah’ and if so, prompt them to cough or clear their throat and swallow again.
- Reduce distractions during meal times.
- Alternate between food and fluids.
- Discourage talking while eating/drinking as this requires the airway to be open, and they may breathe in food/fluid.
Texture Modified Foods & Thickened fluids

• **Smooth pureed Diet** - no lumps, smooth, moist

• **Minced/moist Diet** - small lumps, minimal chewing required, moist

• **Soft Diet** - soft foods - easy to chew

• **Normal Diet** - normal food
Modified Fluid Consistencies

• Extremely thick Fluids,
• Moderately thick Fluids
• Mildly thick
• Thin fluids
Thickened Fluids

😊 APPROPRIATE

• Pre packed thickened fluids e.g. tea, coffee, sun juice etc
• Vitamised/thickened soups

NOT APPROPRIATE

• Water jugs
• Soup with lumps
• Milk not soaked into cereal
• Ice-cream
• Jelly
When to refer to speech pathology

- Coughing and/or choking with food and drink
- Difficulty chewing foods
- Drooling, difficulty containing food/drink in mouth
- Change in medical status impacting upon swallowing safety
How to refer to Speech Pathology

• Fax referral to Central Intake – 5320 3860
Questions
Thank you.