

# Dysphagia

Alexis Stevenson

Lead Specialist SaLT

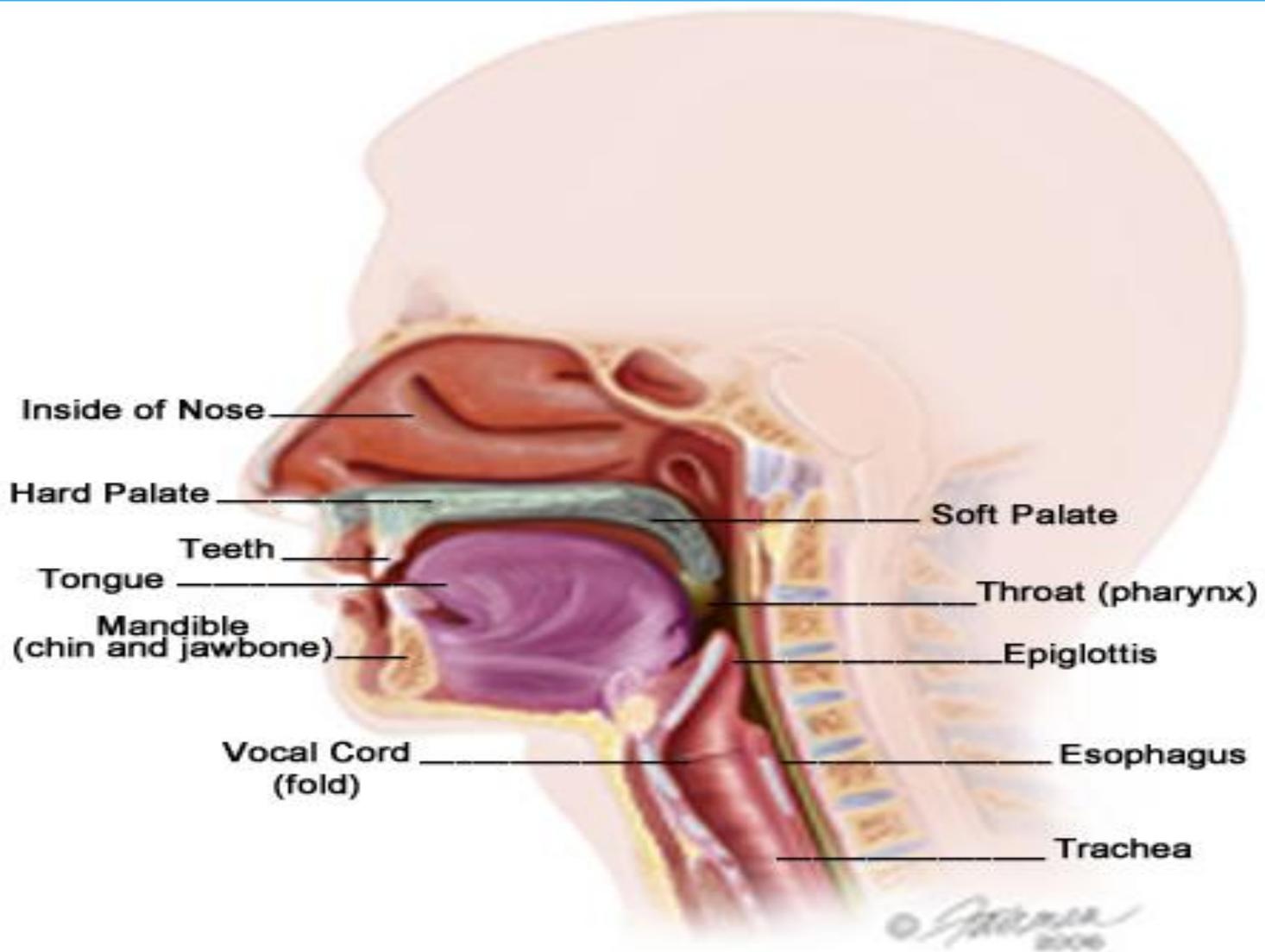
CLDT

Havering/NELFT

# Aims of session

- \* To gain a better understanding of:
  - \* What is dysphagia
  - \* How we swallow
  - \* Problems caused by dysphagia
  - \* Recognising when something is going wrong
  - \* Understand Risks

# structure

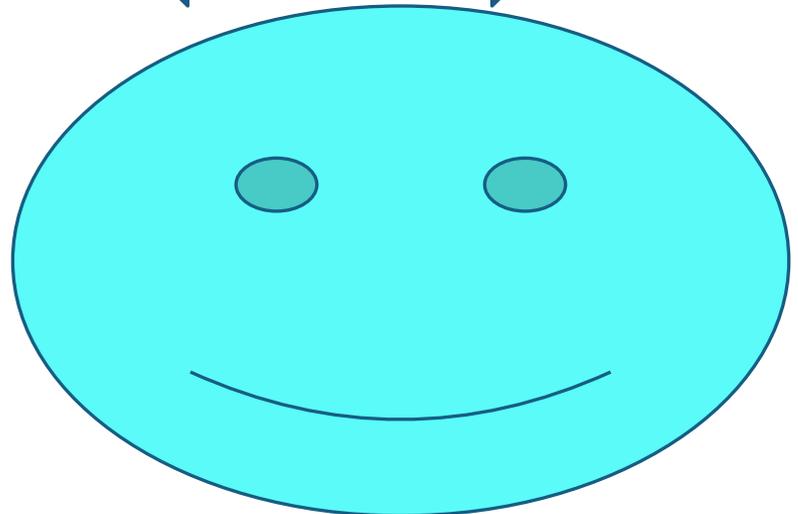


# What do we need to eat & swallow safely?

Understand what we can and cant eat

Trigger a swallow

Coordinate  
Tongue, Jaw and  
Lip Movements



# What is Dysphagia?

- Dysphagia is a physical difficulty in the ability to chew and swallow foods and or liquids.
- There is a **voluntary** element and an **involuntary** element
- There are 4 areas where this process can be affected.
  1. The oral preparatory (**voluntary**)
  2. Oral stage (**voluntary**)
  3. Pharyngeal stage (**voluntary/involuntary**)
  4. Oesophageal stage (**involuntary**)

# Swallowing (deglutition)

- The entire process takes ~ 9 seconds for a typical bolus
- It consists of 3 phases:
  - 1. The **buccal phase** – the tongue moves the bolus from the oral cavity to the oropharynx (*voluntary*)
    - The soft palate and uvula move upward (to seal off the nasopharynx)
  - 2. The **pharyngeal phase** – *involuntary* movement of the bolus into the esophagus
    - The bolus stimulates receptors in the posterior oropharynx, which triggers the **swallowing reflex**:
      - The larynx moves up, the epiglottis closes, and there is inhibition of the breathing centers (breathing ceases for less than a second)
  - 3. The **esophageal phase** – *involuntary* peristalsis pushes the bolus toward the stomach

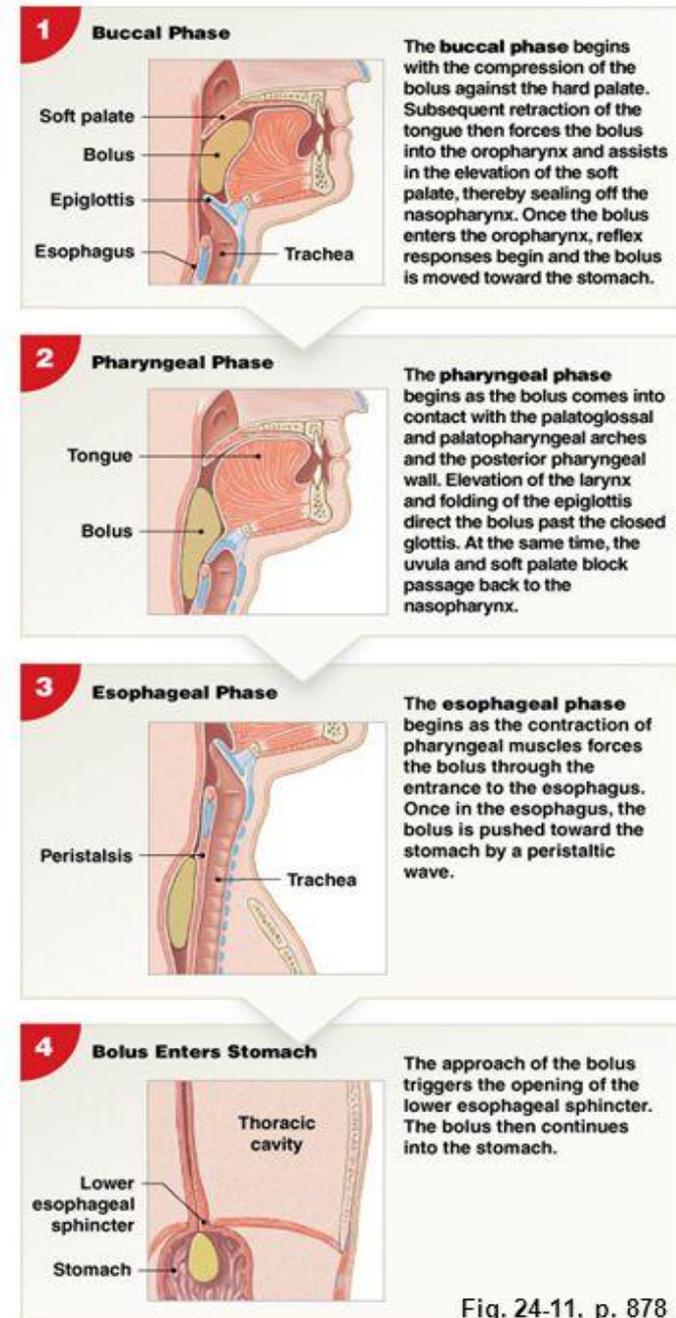


Fig. 24-11, p. 878

# Oral phase

In this first phase the mouth is opened and a piece of solid food or liquid is taken in. The mouth closes, and with intake of a hard consistency, chewing follows. The cheek muscles are tightened to prevent remnants of food remaining in the cheek pouches. Chewing mixes the food with saliva and prepares it for swallowing. When the chewing process is completed, the food (or bolus) is collected in the centre of the tongue and the person is ready to transfer the bolus. This first phase of the swallowing process is entirely voluntary .

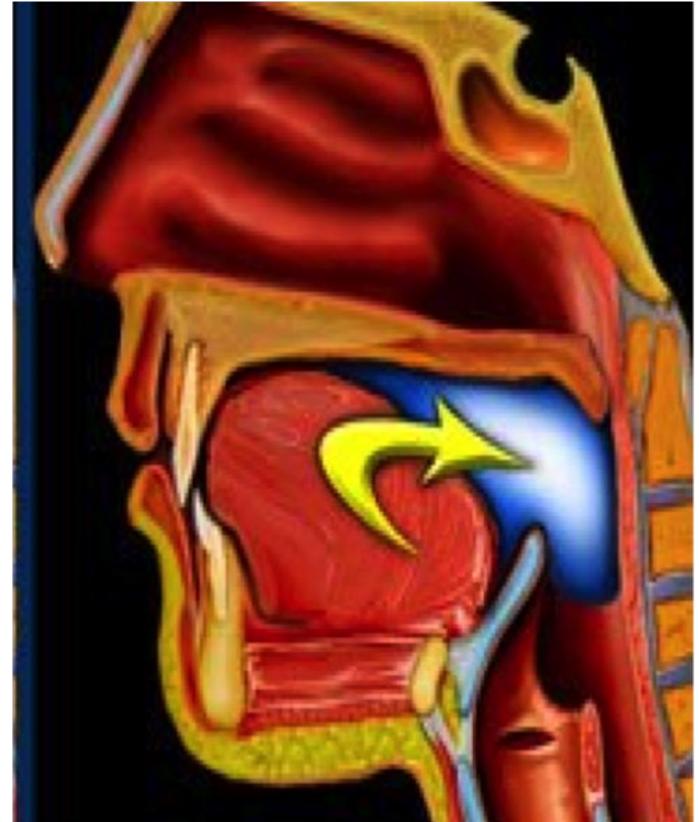
## Oral preparatory stage



# Transfer of bolus

When the bolus has been collected in the centre of the tongue, the tip of the tongue is placed behind the teeth creating a groove in the tongue. This allows the bolus to slide into the pharynx (the throat). The sliding into the pharynx is voluntary and involuntary process. The tongue makes a wave-like movement, thus propelling the food bolus into the back of the mouth. When the bolus reaches certain receptors in the pharynx, the swallowing becomes a reflexive process.

Beyond this point on swallowing is an entirely reflexive (an automatic process)



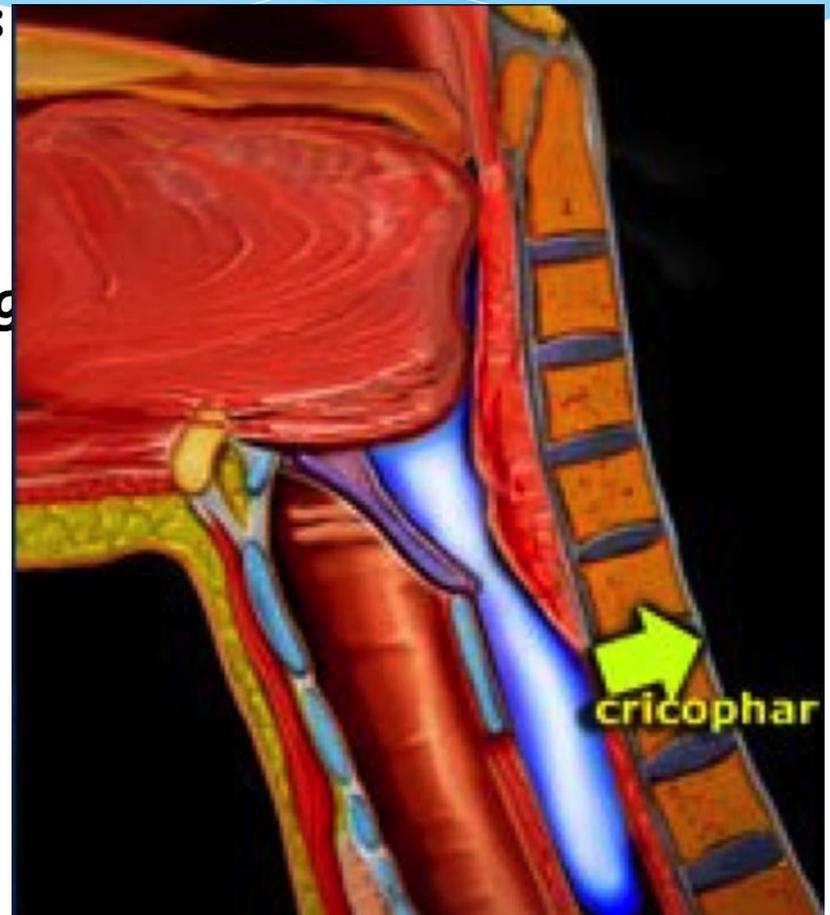
# Pharyngeal phase

The soft palate closes the nasopharynx to ensure that the food does not enter the nasal cavity.

The vocal folds close and the larynx moves upwards, which results in tilting of the epiglottis and closure of the larynx.

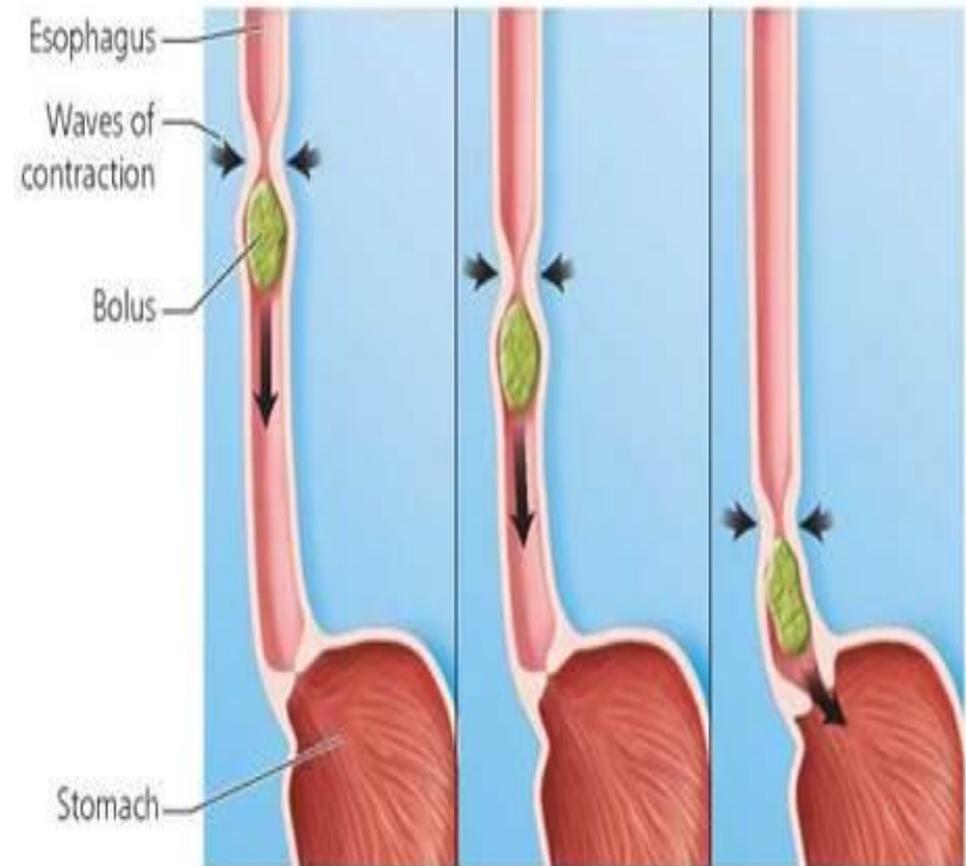
This ensures that the food cannot enter the trachea during swallowing.

The three pharyngeal constrictor muscles contract from top to bottom and transport the bolus into the oesophagus



# Oesophageal phase

In this last phase of the swallowing process, the bolus enters the oesophagus and is transported further down towards the stomach by peristaltic contractions. In this final phase, the muscles in the neck relax, the larynx is lowered and the vocal folds open, allowing the patient to take a breath.



# Signs of difficulties in eating and drinking

- \* Coughing (immediate or delayed)
- \* Eyes watering, blinking, widening or shutting
- \* Facial Grimacing
- \* Change in colour; white, red, blue
- \* Noisy or wet voice quality
- \* Change in breath rate
- \* Effortful swallowing
- \* Fatigue/pace
- \* Wheezing
- \* Chest infections
- \* Overfilling of the mouth
- \* Food spilling from the mouth
- \* Regurgitation
- \* Refusal to eat or drink
- \* Prolonged process

# What problems does dysphagia cause?

Dysphagia can lead to:

- \* failure to thrive
- \* chest infections
- \* aspiration pneumonia
- \* episodes of choking
- \* Behavioural problems e.g. Refusal to eat. Limited diet
- \* Malnutrition: not taking in enough calories and fluids to nourish their body
- \* In some cases, death.



# Causes Can you name some?

1. Neurological causes :
2. Congenital and developmental conditions
3. Obstruction
4. Muscular conditions
5. Aging and health issues
6. Physical Trauma

# Physical or Motorised causes

- ▶ Inhalation of caustic agents e.g. caustic drugs
- ▶ Fungal infection of the oropharynx or oesophagus
- ▶ Cervical spine displacement
- ▶ Oedema or inflammation of the connective tissues
- ▶ Obstruction e.g. tumour/growth or physical object
- ▶ Pharyngeal pouch
- ▶ Oesophageal web or stricture
- ▶ Surgery
- ▶ Dry mouth

# who is responsible

- \* school transport; delivering food or drink to an individual
- \* parents, teachers, volunteers, carers
- \* providing medical care, e.g. G.P
- \* providing social care, e.g. social services home managers, or voluntary services
- \* maintaining cleanliness within an organisation.

**They need an awareness of the presenting signs and symptoms of dysphagia and will need to be aware of the associated health risks. They will need to know how and to whom the observed difficulties should be highlighted.**

Video clip

# Guide to Areas of Risk



## ***National Patient Safety Agency***

This guide identifies the factors that increase the risk of negative health consequences arising from a person's dysphagia.

*The negative health consequences are asphyxiation and/or choking episode, aspiration incidents, dehydration and poor nutritional status.*

# Risk Factors

## Intrinsic factors

- \* Level of cognitive function.
- \* Alertness and cooperation
- \* Distractibility
- \* Fatigue
- \* Declining function.
- \* Seizure activity.
- \* Oral health problems.
- \* Underlying respiratory problem
- \* postural control
- \* Behavioural difficulties
- \* Unmanaged pain.
- \* Medication
- \* Physical and social environment

## Extrinsic factors

- \* Access to equipment
- \* Staffing levels.
- \* Staff Adherence to plan
- \* Family adherence to plan
- \* Compromise quality of life and Loss of personal dignity.
- \* Injury and discomfort

## Proforma for indicating degree of negative health risks for individual clients

<b>Negative health consequence:</b> _____							
<b>Intrinsic factors</b>	<b>Low risk (0)</b>	<b>Increasing risk (1)</b>	<b>High risk (2)</b>	<b>Extrinsic factors</b>	<b>Low risk (0)</b>	<b>Increasing risk (1)</b>	<b>High Risk (2)</b>
Level of learning disability/cognitive function				Physical environment			
Alertness/cooperation				Social environment			
Distractibility				Access to specialised equipment			
Fatigue				Staffing level			
Rapid decline in function due to ill health (decompensation)				Staff adherence			
Seizure activity				Family adherence			
Oral health problems				<b>Additional risks</b>			
Underlying respiratory problem				Quality of life/loss of dignity			
Posture control				Injury/discomfort			
Behavioural difficulties							
Unmanaged pain							
Mental health problems							
Medication							
<b>Totals</b>							

# Responsibilities to in Day to Day Feeding

- ▶ All Persons with dysphagia present with a level of risk when eating and drinking.
- ▶ All staff are responsible in carrying out SaLT guidelines and reporting any changes in the persons ability to eat and drink safely
- ▶ All staff are responsible for acknowledging their own and others capability in managing persons with eating and drinking difficulties.
- ▶ Staff are responsible for reporting if they are having difficulties understanding or following the guidelines.
- ▶ We would recommend that all staff access regular dysphagia awareness training.

# How to help

- If you notice any of the difficulties listed, have a concern about a person's eating and drinking, or if the person's feeding pattern/ability changes, contact SALT.
- Any staff member or relative can contact us if they have a concern.
- People on the SALT dysphagia caseload will all have a feeding care plan in place, it is your responsible to follow this.

# Good Practise

Staff to be aware of persons specific feeding requirements.  
i.e. have seen their care plan and guidelines and follows them.

- ▶ Adult/carers are seated in appropriate position for both parties
- ▶ Good communication with person throughout
- ▶ Adult has your full and undivided attention
- ▶ Food appropriately prepared, i.e. right texture/consistency
- ▶ Appropriate pace
- ▶ Being aware of factors which may impact on feeding - fatigue, illness, seizures, medication change, anatomical changes linked to puberty etc.
- ▶ Adequately trained staff
- ▶ No your own limits
- ▶ Report any changes