

Hard to Swallow?

SfV

*Polio Health and Wellness Retreat
Melbourne Business Centre, Mt Eliza
Friday 29th April, 2011*

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Informed by the work of Barbara C. Sonies



SfVincent's

*Continuing the Mission of
the Sisters of Charity*

Getting to know each other



Abby Foster

Speech Pathologist, St Vincent's Hospital

- Graduated from La Trobe University in 2004
- Worked as a speech pathologist in the area of adult swallowing management for the past six years
- A strong interest in the area of dysphagia (swallowing) assessment and management
- Member of the Speech Pathology Association of Australia
- Currently working part time at St Vincent's Hospital and a PhD candidate at The University of Queensland

Overview



- Swallowing – A team approach
- The Speech Pathologist's role in swallowing
- The process of swallowing
- What can go wrong?
- Speech Pathology assessment and management
- Where to seek help
- Take home messages

Swallowing

A team approach



Who might be part of the team when someone is having trouble swallowing?

- Speech Pathologist
- Dietitian
- GP
- Neurologist
- Gastroenterologist
- Physiotherapist
- Occupational Therapist
- The person, their family and their carers

Speech Pathologist's role



*To assess, treat and manage patients with communication and/or **swallowing disorders***

Communication

Role of the Speech Pathologist well known

Swallowing

- Assessment of swallowing function
- Safer swallowing strategies
- Safer diet consistencies Swallowing therapy and rehabilitation

Staff, community, family and patient education and consultation



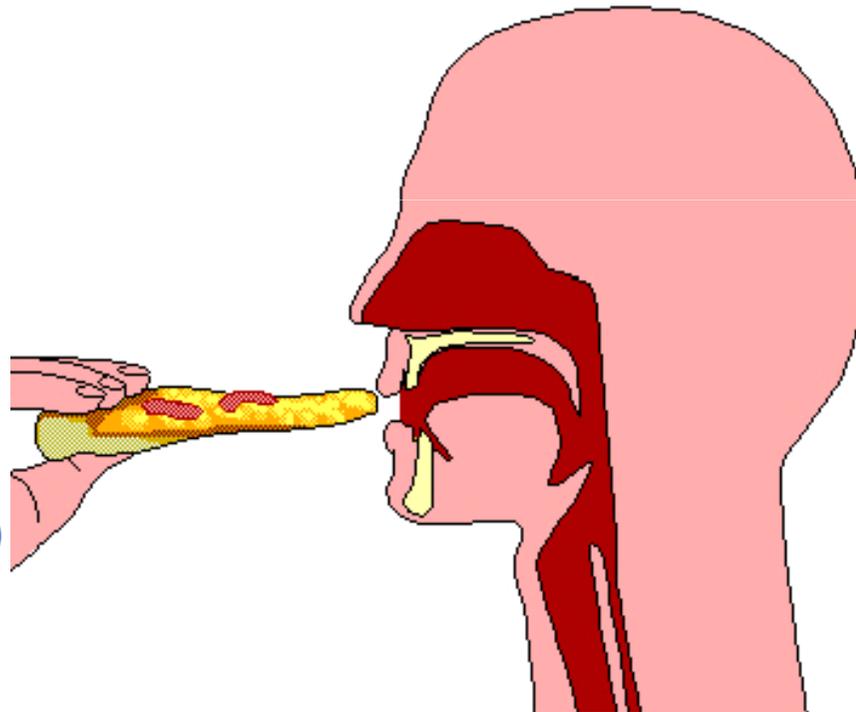
Swallowing

What happens when we swallow?

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Swallowing can be divided into three phases:

- What happens in the mouth (Oral Phase)
- What happens in the throat (Pharyngeal Phase)
- What happens in the food pipe (Oesophageal Phase)

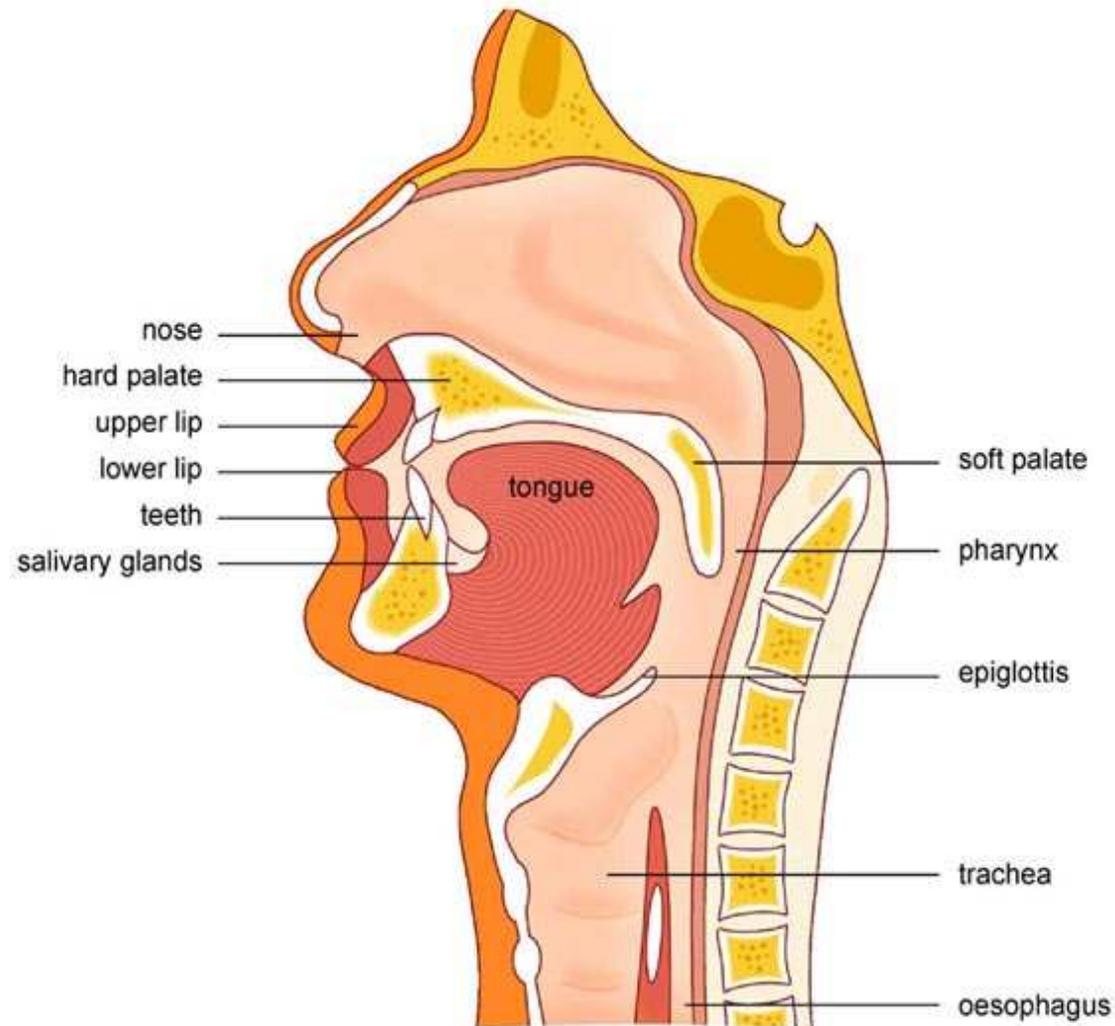


Swallowing difficulties can occur in any one of these phases

Swallowing

The anatomy of the swallow

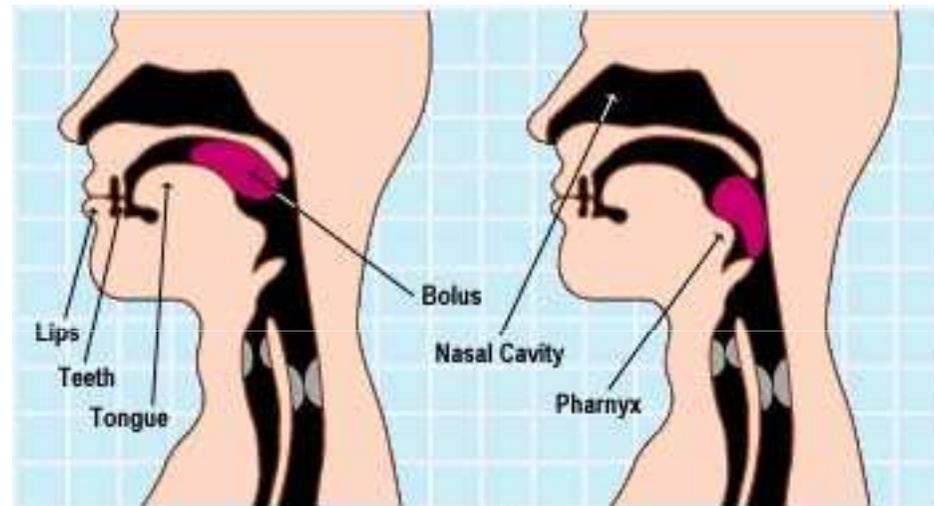
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Swallowing

Oral Phase – What happens in the mouth

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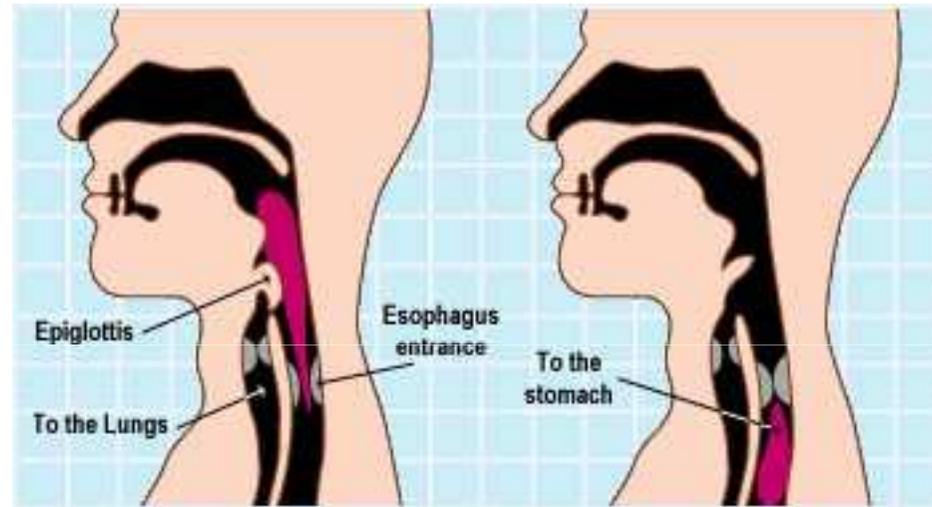


- *Sealing your lips*
- *Chewing*
- *Mixing food with saliva*
- *Forming a “ball” with the food*
- *Moving the food into the throat*

Swallowing

Pharyngeal Phase – What happens in the throat

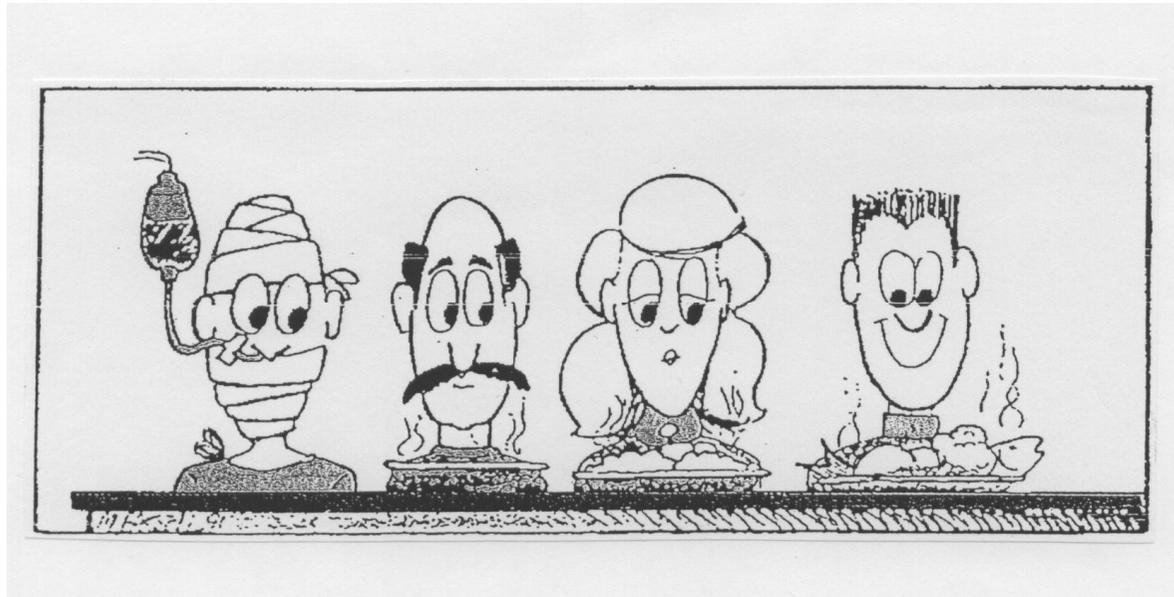
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- *Start the swallowing reflex*
- *Airway is sealed to stop things going down the wrong way or choking*
- *Squeezing food down the throat*

–Dysphagia

- Impaired swallowing function
- Difficulty moving food from the mouth to the stomach



Dysphagia

Practical task – Swallowing disorder



Enjoy eating your marshmallow:

- Think about all that's happening to make it easy for you to chew and swallow the marshmallow
- Which muscles are you using?
- What is happening with your:
 - Lips?
 - Tongue?
 - Teeth?



Dysphagia

Practical task – Swallowing disorder



Now eat your sultanas:

- Think about how it is different from eating your marshmallow
- Is it easier or harder?
- Why?



Dysphagia

Practical task – Swallowing disorder



Now have a drink of water:

- How is swallowing a liquid different to swallowing a solid?
- What do you need to do more of?
- What do you need to do less of?



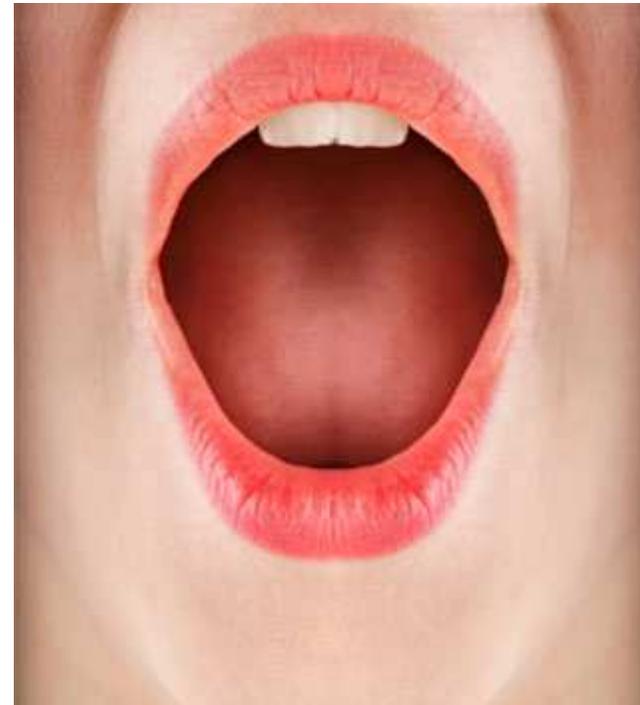
Dysphagia

Practical task – Swallowing disorder



– Now hold your mouth open and try swallowing the saliva in your mouth:

- How does it feel?
- What is making it harder?
- Do any muscles feel like they're working harder?
- Think about what would happen if not just your lips, but your tongue, cheek and jaw were also impaired
- Imagine eating a whole meal this way



Dysphagia in Polio

What can go wrong?



WITH POLIO:

- “Bulbar signs”
 - Difficulty breathing, clearing throat, speaking, singing or swallowing

POST POLIO:

- New signs of muscle weakness
 - Difficulty walking, breathing or swallowing
 - Many people are only mildly aware of any changes, and others who don't think they have swallowing difficulties actually do

Dysphagia in Polio

Why does swallowing change?



Is it muscle over-use?

- May be responsible for swallowing problems that are emerging as new symptoms or reappearing in people who previously recovered from their swallowing difficulties
- “Overuse” of remaining “nerve fibres” and muscles – results in slow deterioration
- Weakening of the muscles of the face palate, tongue, throat and lips
- Changes in the muscles of swallowing may also result in changes to speech as many of the muscles are the same

Dysphagia in Polio

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Dysphagia in Polio

What can go wrong?



Let's brainstorm together:

- What might go wrong in the oral phase (in the mouth)?
- What might go wrong in the pharyngeal phase (in the throat)?

***Take some time now to complete the handout
“What are some of the signs of swallowing difficulty?”***

Swallowing Assessment

Speech Pathology Assessment



- **Thorough case history**
- **Observational swallow assessment**
 - Oral health screen
 - Bulbar/oro-motor assessment - strength and movement of the muscles involved in swallowing
 - Food and fluids trials as appropriate – observing posture, behaviours, and oral movements during eating and drinking
 - Swallow strategies will be trialled and swallowing therapy may be commenced
- **Instrumental assessment**
 - FEES:
A lighted scope is inserted through the nose, and then the swallow can be viewed on screen
 - Videofluoroscopy:
The patient eats or drinks food or drink with barium in it, and then the swallowing process is viewed as an x-ray
- **Education and counselling**
- **Regular reviews as appropriate**

Dysphagia in Polio

Strategies to help



Depending what was found on assessment, treatment will be individualised to suit the person

Treatment depends on the cause, symptoms, and type of swallowing problem.

A Speech Pathologist may recommend:

- Specific swallowing treatment (e.g., exercises to improve muscle movement)
- Positions or strategies to help the individual swallow more effectively
- Specific food and liquid textures that are easier and safer to swallow

SEEK ADVICE FROM A SPEECH PATHOLOGIST PRIOR TO MAKING CHANGES TO YOUR SWALLOWING

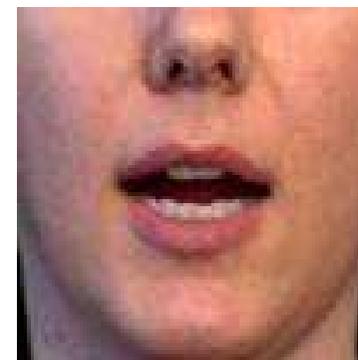
The wrong changes may make your swallowing worse rather than better

Dysphagia in Polio

Oro-motor exercises

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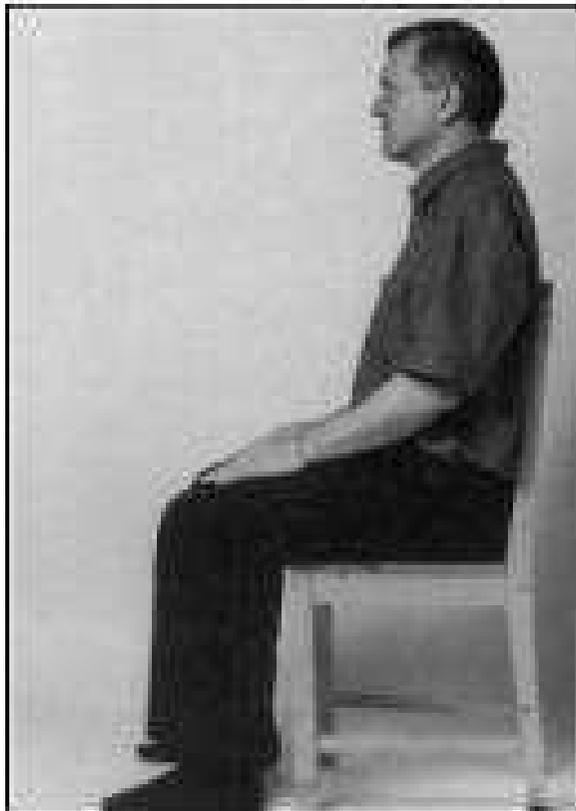
*Targeted exercises
to improve your
muscle movement*



Dysphagia in Polio

Positioning

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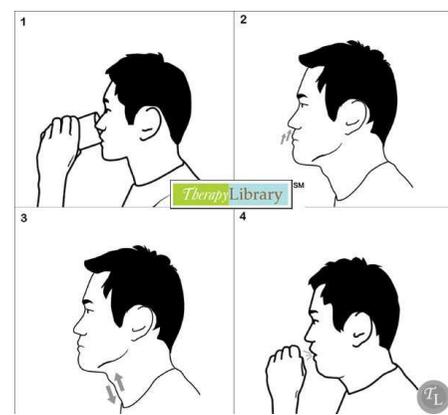
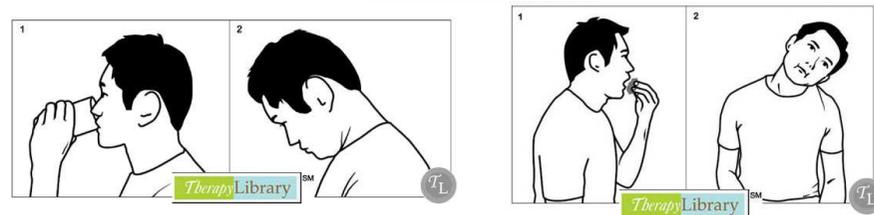
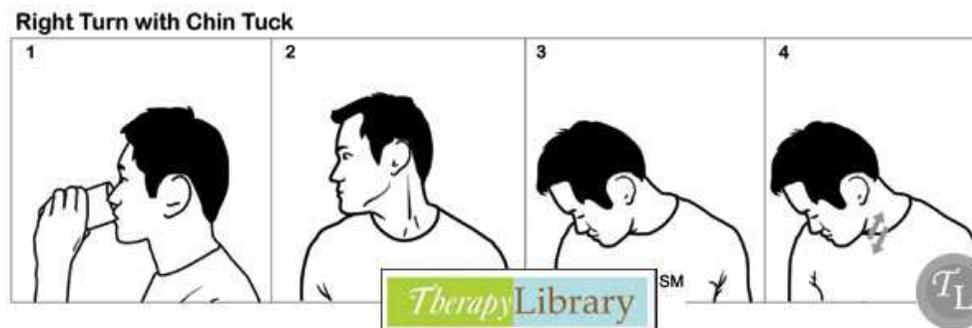
*For most people,
sitting upright is the
safest way to eat
and drink*

Dysphagia in Polio

Swallowing strategies



Changing the way you swallow may help to make swallowing easier and safer



Images from www.therapylibrary.com

Dysphagia in Polio

Diet and fluid modification



Changing the type of food and drink that you have may help to make swallowing easier and safer



Dysphagia in Polio

How can family members and carers help?



After the assessment, family members or caregivers can help by:

- Asking questions to understand the problem and the recommended treatment

- Assisting in following the treatment plan:
 - Help with exercises
 - Prepare the recommended textures of food and liquid
 - Making sure that recommendations for eating safely are followed
 - Keep track of how much food or liquid is consumed

Hard to swallow?

Take home messages regarding polio and dysphagia



- **Swallowing difficulties are not uncommon in people who have or have had polio**
- **Take time to know your own swallowing, and know the signs of when to seek help**
- **Managing swallowing difficulties is a team approach**
 - You are the key member in the team
 - Your Speech Pathologist is important too!
- **Problems with swallowing can happen in your mouth or your throat**
- **Thorough assessment can help your Speech Pathologist to tailor a management plan for you**
- **Ask questions if you're concerned – and even if you just want to know more**
- **Seek help if you need it**

Speech Pathologists

How to find help if you need it



- Liaise with your GP regarding a referral
- Self-refer through your local health service or community health centre
- Visit www.speechpathologyaustralia.org.au to find a Speech Pathologist local to your area