

Speech and Swallowing

- Some polio survivors develop problems with swallowing (dysphagia) and speech (dysarthria and/or dysphonia).
- A [speech pathologist](#) can assess you for swallowing and speech problems, and help you manage these.

Many people who develop speech and swallowing problems post-polio also had them when they first got polio. However, sometimes people develop these problems later in life. A [speech pathologist](#) can help you.

Dysarthria

Dysarthria (difficulty with speech and face/mouth muscles) can be caused by nerve damage to the speech muscles. Dysarthria can have the following effects on mouth and facial muscles (lips, tongue, jaw, pharynx, larynx):

- reduced speed
- reduced range (how far they can stretch)
- reduced strength

Symptoms of dysarthria include:

- slurred or unclear speech
- difficulty managing food and drink in the mouth
- speaking too softly
- difficulty moving the tongue, lips, and jaw
- a change in the voice so it sounds harsh, nasal, breathy, or monotone (this is called “dysphonia”)
- being unable to control pitch – the voice is monotone or high/low pitched
- not being able to form longer words properly
- visible changes in the muscles of their face - some parts of their face may droop, or the lip seal will be weak and they may drool

Assessment

A diagnosis of dysarthria is usually made by a speech pathologist. They will listen to your speech and work out the best treatment based



on the cause of the condition. They may watch how you eat and examine how you make different movements with your mouth or tongue.

Management

A speech pathologist can teach you how to improve your speech. They can give you exercises to strengthen the speech muscles, control how quickly you speak and help you to be understood by other people. Some tips to help you with your speech:

- take a breath before you speak
- try to over-articulate, so you sound very clear
- use shorter sentences or take more frequent breath
- try to slow down
- learn to recognise when you're getting tired, and have a break from speaking

Very severe dysarthria – which is rare - may cause people to be unable to speak, or be unintelligible when speaking. These people will also have significant trouble eating, or may not be able to eat (orally). There are many communication options available, from writing, to computer-assisted / iPad text-to-speech apps.

Dysphagia

Dysphagia (difficulty swallowing) can be caused by cranial nerve damage from polio. Symptoms include:

- coughing, especially when drinking liquids
- choking on solids, or foods that combine a solid and a liquid, such as soup
- difficulty managing tablets
- voice change after swallowing (typically a gurgly sound)
- feeling as though food gets stuck in the throat

Different people may have different difficulties, and also varying severities.

Assessment

The [speech pathologist](#) will assess for problems from your mouth to your larynx/voice box. These problems may involve the muscles used to swallow. A swallowing assessment can determine whether you may be at risk of breathing fluid into your lungs (aspiration) and/or at an increased risk of choking. Aspiration may result in pneumonia (an infection in the lungs) and choking may block the airway. A swallow video fluoroscopy (an x-ray video of your swallowing) may be recommended.

The effects of dysphagia may become life-threatening at their worst, so it is important to see a speech pathologist.

Management

Some strategies you may try, to start with, include:

- sit fully “bolt” upright when eating and drinking, perhaps with your head tilted slightly forward (never backwards)
- take smaller sips and mouthfuls
- don’t speak while eating (speaking involves breathing, which may cause food to be “breathed” into the trachea/ windpipe)
- ensure that you remain sitting or standing upright for at least 30 minutes after meals to allow any food that’s been caught in the throat to be swallowed

After having a swallowing assessment, you may be told to modify the types of food and drinks you are having. In addition to the above tips, you may be told to:

- changes to swallowing position
- a change in diet textures
- exercises to improve effectiveness of swallowing
- see a speech pathologist for a review

More Information

- Talk to your general practitioner
- Visit a [speech pathologist](#)

Thank you to Yvonne Cohen, Certified Practising Speech Pathologist, for providing information for this fact sheet.

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