Hard to Swallow?

Polio Health and Wellness Retreat
Melbourne Business Centre, Mt Eliza
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Abby Foster, Speech Pathologist
St Vincent’s Hospital

Informed by the work of Barbara C. Sonies
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 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

Diagram showing the anatomy of the swallow with labeled parts:
- nose
- hard palate
- upper lip
- lower lip
- teeth
- salivary glands
- tongue
- soft palate
- pharynx
- epiglottis
- trachea
- cesophagus
Swallowing

*Oral Phase – What happens in the mouth*

- 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

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

– 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:
  o Lips?
  o Tongue?
  o 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
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

Targeted exercises to improve your muscle movement
For most people, sitting upright is the safest way to eat and drink.
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
- Problems with swallowing can happen in your mouth or your throat
- Take time to know your own swallowing, and know the signs of when to seek help
- Thorough assessment can help your Speech Pathologist to tailor a management plan for you
- Managing swallowing difficulties is a team approach
  - You are the key member in the team
  - Your Speech Pathologist is important too!
- Ask questions if you’re concerned – and even if you just want to know more
- Seek 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](http://www.speechpathologyaustralia.org.au) to find a Speech Pathologist local to your area