



A guide to...

Dysphagia (swallowing difficulties)

Patient Information

How to contact us

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How this leaflet can help you

If you or the person you are caring for is experiencing swallowing difficulties (also known as Dysphagia), this leaflet provides further information including causes and signs to look out for.

What is Dysphagia?

Dysphagia is a medical term used to refer to swallowing difficulties. Some people may have problems with eating, drinking and swallowing and some people may not be able to swallow at all.

Specialised dysphagia assessments carried out by the adult speech and language therapist will assess the swallow function to determine the severity of the swallow disorder and provide recommendations, for example, provide potential diet and fluid recommendations and/or oral exercises if deemed appropriate.

What causes Dysphagia?

Dysphagia can be caused by a variety of medical conditions. Below are some examples although this is not an exhaustive list:

- Neurological conditions e.g. Stroke, tumours
- Progressive neurological conditions e.g. multiple sclerosis, dementia, Parkinson's disease
- Trauma e.g. head injury
- Infection e.g. chest infection, urinary tract infection (UTI)
- Cancer
- General ageing
- As a result of surgery and/or medical treatments.

How is swallowing affected?

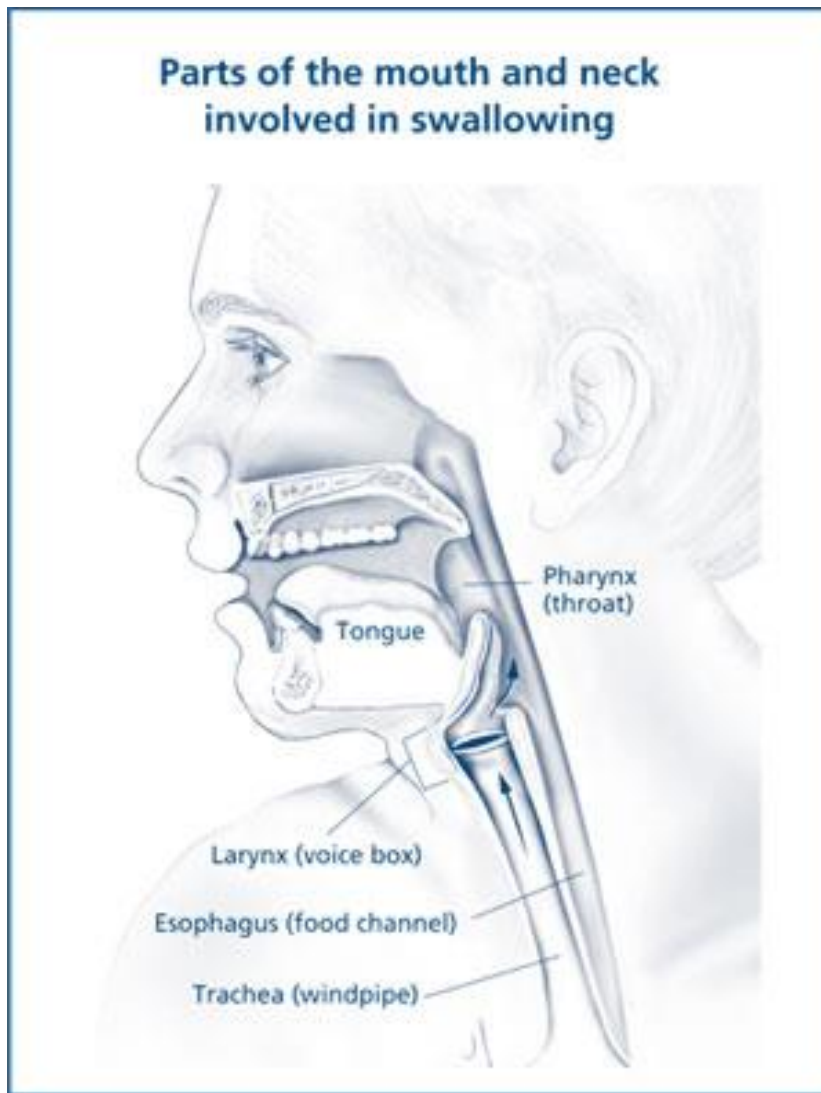
Any of the above medical conditions could potentially affect the swallow function.

When we eat and drink, we need strong muscles in the mouth to control the food or drink and pass it to the back of the throat. As we swallow, the muscles in the throat close the airway and open the oesophagus to send the food or drink to the stomach.

If there is weakness, or poor timing, food or drink can go down the wrong way and enter the 'windpipe' or lungs. This is known as aspiration and can potentially cause a pneumonia.

The most common swallowing problems are:

- Weak muscles of the mouth or/and swallow affecting the ability to accept, control, transfer or chew food and/or drink.
- The swallow initiates too slowly, so it is late in closing the airway.
- The airway may not shut completely.
- The timing or coordination of airway closure may be inconsistent.



How do I know if I have a swallowing problem?

Below are signs that indicate you may have a swallowing difficulty although this is not an exhaustive list:

- Coughing or throat clearing when you're eating or drinking
- Choking when eating or drinking
- A croaky or 'wet' sounding voice when eating or drinking
- Dribbling
- Food or drink unintentionally being left in your mouth (normally in the cheeks) after you've swallowed (This is called 'pocketing')
- Not being able to chew food properly
- Taking a long time to swallow
- Shortness of breath

Over time, Dysphagia may cause further symptoms, for example repeated chest infections, weight loss or dehydration from not being able to eat and drink enough.

What can be done?

If you do have a swallowing problem, a referral will be made to the Adult Speech and Language Therapy team who will assess your swallow function in detail.

During the assessment, the speech and language therapist will:

- 1) Attempt to stop food or drink going to the lungs.
- 2) Liaise with the dietician to make sure you (or the person you are caring) is getting enough fluid and nutrition.
- 3) Make sure you (or the person you are caring) for can have their medication safely.

Modified drinks and diet textures

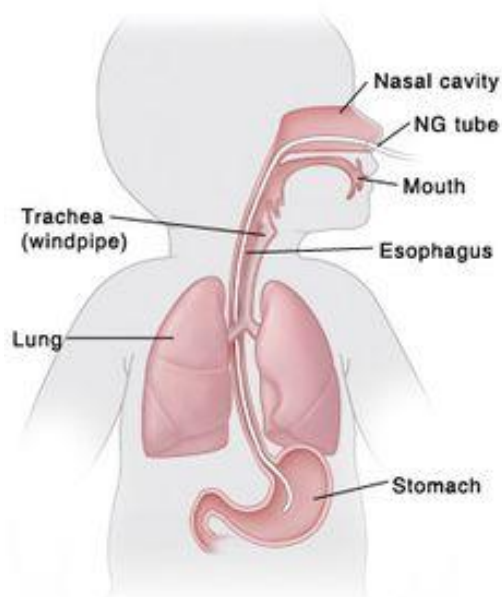
When the swallow is delayed, but the airway is still closed, it may be possible to modify drinks and diet by:

- Thickening drinks slows them down and gives the airway time to close. The adult speech and language therapist 'feels' the throat during trial swallows and estimates how thick the drinks need to be.
- Pureed or soft food may be manageable in the mouth when harder food is more difficult to chew effectively. The speech and language therapist estimates the strength of the muscles in the mouth, considers any choking risk and advises on the safest consistency.

The modified drinks and diet textures are based on the **International Dysphagia Diet Standardisation Initiative (IDDSI) framework** which provides a common terminology to describe food textures and drink thickness. More information regarding this can be provided by your speech and language therapist.

Tube feeding

If the swallowing problems cannot be solved initially with modified diet, eg. thickened liquids and puree or soft diet, or if the person is too sleepy to eat and drink, or requires medication urgently, tube feeding may be considered.



As a temporary measure, a nasogastric tube (NGT) is passed through the nose into the stomach and liquid food and medications, specifically measured for that person, are given through the tube.

It can be unpleasant for the person having the tube inserted, but no operation is involved, and the discomfort settles after about an hour, so it is not uncomfortable anymore.

Other advice and oral exercises

The adult speech and language therapist may suggest oral exercises to encourage recovery of muscle power, or postures that help make the swallow safer.

Will the swallow get better?

Depending on the medical condition and swallow function presentation during assessments, you or your family member may be able to eat and drink orally although food and drink may have to be modified to eliminate the risk of aspiration.

For a very few people, the swallow function does not recover and they may be at a high risk of aspiration on all consistencies, therefore options regarding long term nutritional management or risk acknowledged feeding (acknowledging the potential for a negative health impact due to aspiration and/or not being able to fully meet their nutritional requirements) will need to be discussed between you (or the person you are caring) and the medical team.

If you would like to discuss the information in this leaflet further, please speak to your doctor or speech and language therapist.