Dysphagia, what is it and what is your role as caregiver?

Compensatory Strategies Caregivers Can Assist In...

- **Body Positioning** – Please make sure your loved one is sitting in the most optimal position. This is usually at 90 degrees; however, therapists may find a different, more suitable position.
- **Head Positioning**
  - *Chin Tuck Instruction*: Bring chin to chest. This helps control the ball of food or liquid in the mouth.
  - *Head Tilt Instruction*: Tilt the head backwards. This helps when the person has difficulty moving the food or liquid towards the back of the throat.
- **Food Presentation** – When presenting the food (whether it is chopped, pureed, etc.) it is important that it is appealing to your loved one. It will make the eating event more enjoyable.
- **Lip and Chin Support** – Some loved ones may have difficulty keeping their mouth closed during meal time due to poor muscle tone or paralysis. Caregivers can assist by using their hands to keep the lip and jaw closed.
- **Multiple Swallows** – Caregivers can remind their loved ones to swallow several times after drinking a sip or taking a bite of food. This helps to reduce the amount of residue and risk for aspiration.
- **Throat Clearing/Coughing** – Caregivers can also encourage a good throat clear or cough every 2-3 swallows to prevent any food or liquid entering the windpipe and lungs.

Safe Swallowing Strategies to Remember for All Individuals

- Take small bites when eating
- Sip liquids in between bites
- Wait to talk until after ALL food and liquid has been swallowed
- Check mouth with either a tongue sweep or finger to make sure there is no excess food

Please Remember

- Although strategies have been briefly discussed, please do not implement these techniques without observation, instruction, and permission from your loved one’s speech language pathologist. If incorrect management techniques are used, your loved one’s swallowing abilities and health could be compromised.
- All loved ones should be spoken to with a pleasant tone and requested to do something, not told.
- Encouragement should be given frequently.
- Observe your loved ones carefully during mealtimes, snacks or activities of daily living and remember to report any changes!
- If changes are noted please provide the speech language pathologist with information regarding changes in cognition, communication and/or dysphagia.
What is dysphagia?

Dysphagia is defined as the difficulty of or delay in moving food from an individual’s mouth to his or her stomach. It is also referred to as a swallowing disorder. It is a functional diagnosis or a symptom of a disease. This diagnosis affects over 10 million Americans and is found in everyone from newborns all the way to elderly patients.

Dysphagia can be caused by a variety of issues. Of which include, structural damages, neurological conditions, side effects from certain medications, as well as the inevitable aging process.

Why is dysphagia a concern?

There are number of reasons dysphagia poses a concern to individuals, their family, and their medical professionals. One reason dysphagia is concerning is because of the presence of aspiration. Aspiration occurs when food and/or liquid “goes down the wrong pipe” and enters the lungs. Having food particles or liquid enter the lungs could result in bacterial pneumonia.

Another reason for concern is poor nutrition. If an individual presents dysphagia, he or she may choose not to eat or drink because it is uncomfortable, painful, embarrassing, or takes too long to finish a meal. By choosing to not eat or drink, the individual will show deficiencies in nutrition.

What are some signs and symptoms associated with dysphagia?

- Difficulty in putting food into mouth
- Inability to keep food and/or saliva in mouth
- Coughing before, during, or after the swallow
- Frequent coughing
- Weight loss with no other reason
- Recurring pneumonia

What are some signs and symptoms associated with aspiration?

- Coughing
- Clearing throat
- Runny nose
- Watery eyes
- Multiple swallows for each bite or sip
- Reports of food or liquids being “stuck” or “hung up” in the back of throat

Who helps manage an individual’s dysphagia?

The patient’s speech language pathologist (SLP) helps manage dysphagia. Their goal is to ensure that the patient is safely tolerating a diet without any overt signs or symptoms of aspiration. SLPs educate patients on specific oral compensatory and facilitatory strategies that can help the patient safely consume their meal.

Compensatory strategies

- The purpose is to eliminate symptoms of dysphagia
- These strategies are typically implemented during meal time
- They usually occur under the supervision of the SLP or caregiver
- These strategies are less effortful

What are some compensatory strategies used?

- Dietary Modifications
- Body Positioning
- Head Positioning
- Food Placement
- Sensory Enhancement Techniques

Why are caregivers important?

As the caregiver your role is vital in helping to achieve success in the swallowing ability of your loved one. By being active, attentive, and willing to enforce taught strategies, caregivers will assist in helping their loved ones achieve their swallowing goals.