

OROPHARYNGEAL DYSPHAGIA

WHAT IS OROPHARYNGEAL DYSPHAGIA?

Oropharyngeal dysphagia is a swallowing problem that can occur in any age group, from infancy to elderly adulthood. It may result from a variety of medical conditions including: developmental delays, head injury, stroke, head and neck surgery, cancer treatment, dementia/Alzheimer's Disease, neurological impairment, etc. Impairment of the swallow can range from mild (requiring a slight change in dietary habit) to severe (requiring non oral means of nutritional support). Following specific guidelines outlined by the Speech Pathologist is important to avoid dehydration, respiratory changes and weight loss.

COMMON SYMPTOMS OF OROPHARYNGEAL DYSPHAGIA

- Drooling, excessive chewing and difficulty pushing food to the back of the mouth
- Delayed swallow response
- A feeling that food is "stuck" in the throat
- Coughing and/or throat clearing
- A "gurgly" or "wet" vocal quality
- High temperatures of unknown origin
- Respiratory changes (URI, Pneumonia)
- Weight loss/dehydration

PHASES OF SWALLOWING

- Oral Preparatory Phase:* Removal of food and liquid from the utensils, cup or straw and chew and hold of the food in the mouth
- Oral Phase:* Transit of food with the tongue to the back of the mouth, just prior to the swallow
- Pharyngeal Phase:* The swallow response is elicited and the muscles of the tongue and throat push the food toward the esophagus as the airway closes tightly
- Esophageal phase:* Wave-like muscle motion pushes the food down the esophagus and into the stomach

ASSESSMENT OF OROPHARYNGEAL DYSPHAGIA

- Bedside/Clinical Swallow Evaluation:* A Speech Pathologist assesses the timing and muscles of swallowing to determine the most appropriate diet and feeding guidelines for the patient and the need for further testing.
- Video Swallow Study (VFSS):* A video x-ray exam may be performed to assess the transit of food/liquid through the mouth and throat and identify the risk/presence of aspiration (entrance of food or liquid into the airway) when concern is seen on the clinical exam.
- Fiberoptic Endoscopic Evaluation of Swallowing (FEES):* A thin camera is passed through the nose to view the throat during swallowing. This exam may be recommended instead of or in addition to a VFSS depending on the Speech Pathologist's concern after the clinical assessment.

DIET LEVELS AT STONY BROOK MEDICINE (*ADA NATIONAL DIETS)

- Puree*: smooth, very cohesive, pudding-like foods
- Blended: loose, soupy pureed food that flows to the back of the mouth easily (*not* an ADA level)
- Mechanical (with or without bread)*: cohesive, moist, semisolid foods, requiring some chewing
- Advanced*: soft foods that require more chewing ability
- Regular*: all food textures allowed

Diets may be ordered with thin, nectar thick or honey thick liquids depending on what is judged to be safe for the patient.

METHODS OF ALTERNATE NUTRITION

Some patients' swallows are severely impaired and he/she may need tube feeding for nutrition/hydration/medication.

- Nasogastric Tube (NGT):* temporary feeding tube placed through the nose, throat and esophagus and into the stomach
- Gastrostomy (GT/PEG):* more permanent feeding tube which is placed through the abdominal wall and into the stomach; can later be removed if swallow function returns
- IVs & Hyperalimentation:* nutrients infused directly by needle into the blood through a vein

SUGGESTIONS FOR PATIENTS AND FAMILY

- Discuss the swallowing program with the speech pathologist and follow all feeding and diet guidelines carefully
- Know your diet and liquid consistency level and become familiar with recommended swallowing exercises and help practice the exercises
- Secure loose dentures with a denture adhesive before eating to prevent any chewing difficulties
- Encourage patient to eat food slowly, not to talk, and to use small bites/sips unless otherwise specified

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