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*Calls from landlines are charged up to 10p per minute; calls from mobiles vary, please check with your network provider. This is not a premium-rate number.

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Date of creation 06/2020 **Date for review** 03/2024 **URN** 0040

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NHS

Swallowing difficulties

What they are and how to manage them

Service provided by
Sirona care & health

What is dysphagia?

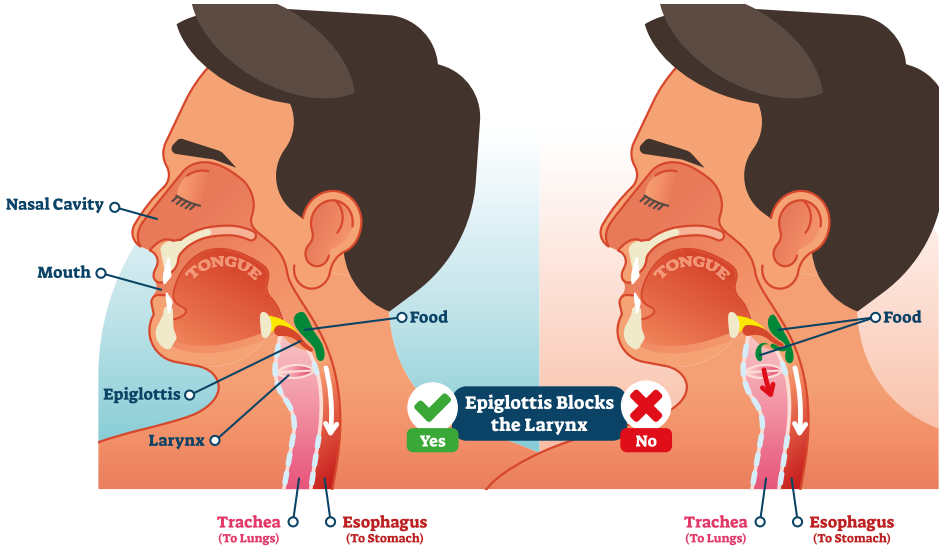
Dysphagia is the medical term for difficulties with swallowing. It can be caused by a number of conditions such as Stroke, Parkinson's disease, MND, MS, Dementia and head and neck cancers.

Swallowing is a complicated process and involves approximately 50 pairs of muscles, as well as many nerves that work together to receive food into the mouth, prepare it, and move it from the mouth to the stomach.

If any of these muscles become weak or the movements uncoordinated, then this can result in dysphagia. It can cause food or fluid to go the wrong way into the lungs.

What is aspiration?

Aspiration is the term for what happens when food and fluid pass below the level of the vocal folds into the lungs. It can have serious medical consequences.



What are the signs of a swallowing problem?

Often carers or relatives can be the first to note that things are going wrong . Signs that may alert you to the presence of a dysphagia when eating and drinking are:

- coughing;
- choking;
- weight loss;
- watery eyes;
- wheezing when eating and drinking;
- increased temperature;
- chest infections/feeling chesty;
- refusal of food and drink;
- taking a long time to finish meals;
- a wet or gurgly voice when eating and drinking;
- feeling of a lump in the throat;
- food residue left behind in the mouth.

Who can help?

Speech and Language Therapists are qualified in the assessment and management of dysphagia. They will check the strength and co-ordination of the muscles in your mouth and throat, as well as your ability to swallow safely. Often they will ask to see you eating and drinking a number of different consistencies, to see how you manage. They may recommend modified food and fluid consistencies or exercises /positions to make swallowing safer.

They may also refer you for further investigations, if what is going on is not clear at an initial visit. For example a dynamic x-ray of your swallowing (this is called a videofluoroscopy).

If the problem is not believed to be in your mouth or throat, but lower down into your oesophagus then the help of an ENT or Gastro team may be enlisted and your Speech Therapist would not have any further involvement.

General advice to support safe eating and drinking

- Ensure sitting as upright as possible and fully awake and alert.
- Do not eat and drink lying down.
- Minimise distractions (e.g. TV/radio).
- Avoid use of straws and spouted beakers.
- Encourage a slowed rate of eating and drinking.
- Encourage small mouthfuls and sips.
- Where applicable ensure dentures are well fitting.
- Remain upright for at least half an hour after eating and drinking.
- Avoid high risk foods if concerned that swallowing may be an issue e.g. very dry, crumbly, chewy, or hard foods.

Management of dysphagia

Management may be by modifying the consistency of Diet and/or fluids.

Diets are described according to international descriptors called IDDSI levels (International Dysphagia Diet Standardisation Initiative). You can findout more about IDDSI at www.iddsi.org. You may be recommended a certain level or advised to avoid certain foods. Examples of IDDSI levels:

Level 4
Pureed diet

Level 5
Minced and moist

Level 6
Soft and bite sized

The photographs on this page are courtesy of Wiltshire Farm Foods

Thickened fluids

You may also be recommended thickened fluids. You may manage more naturally thick fluids, such as smoothies or be prescribed a thickening product, which can be added to all your drinks. This does not alter the taste, just the consistency. This is generally prescribed by the GP and your Speech Therapist will advise you on the amount that needs to be added. It is important to follow these instructions closely.

Equipment

Speech Therapists may also suggest equipment that may be beneficial such as specialist cups that only deliver a small sip at a time, or adapted cutlery that makes eating independently a little easier. Plate guards and specialist straws are also items that may be considered.

Positioning/techniques

Speech and Language Therapists may make specific recommendations about your position when eating and drinking.

Techniques may also be advised. For example, a double swallow may be advised if you are prone to residue in the throat or a head turn to your weak side, if you have a weakness following a stroke. Other manoeuvres such as a chin tuck or a head tilt may be considered.

Oral hygiene

Maintaining good oral hygiene is one of the most important things you can do if you have a swallowing difficulty. It can help protect you from dysphagia-related chest infections. Please find some advice about oral hygiene below:

- You should clean your mouth even if you do not have teeth.
- Clean your mouth/teeth at least twice a day.
- Ideally you should use a toothbrush and toothpaste.
- If you find regular toothpaste difficult to manage because of your dysphagia, you can try a low foaming toothpaste (look for a toothpaste that is SLS-free. SLS is the ingredient that creates the foam).
- If you experience a dry mouth you may benefit from artificial saliva products such as a spray of a gel. Your Speech Therapist or GP can advise on this.
- If you experience a dry mouth OR excess saliva, you may need to clean your mouth/teeth more often.

You may also be advised to consider mouth care or brushing your teeth after meals if you are prone to oral residue.