



Difficulty Swallowing: Causes and Care

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After reading the newsletter, the home health aide should be able to:

1. Define dysphagia and its possible effects on the client.
2. Identify risk factors and signs of dysphagia.
3. Discuss health and safety measures for the client with dysphagia.

For most of us, swallowing is an automatic action that takes place hundreds of times a day, with little thought. But, swallowing is a very complex process, requiring the coordination of the brain with many nerves and muscles. Difficulty swallowing, also called dysphagia, is a problem that occurs in many people, particularly the elderly. Dysphagia is of great concern to affected persons and healthcare providers, since this can cause serious harm to health, safety, and quality of life.

This newsletter will discuss dysphagia, including the process of normal swallowing and the causes, effects, diagnosis and treatment of dysphagia. The role of the home health aide in caring for clients with dysphagia will also be covered.

Normal Swallowing

The complex process of swallowing occurs in three stages:

Oral phase: The teeth and muscles of the jaw and tongue break the food down,  then collect the food or fluid and push it to the back of the mouth.

Pharyngeal phase: This is a reflex that pushes the food/fluid into the throat. When this occurs, muscles close off the trachea, or windpipe, to protect the airway.

Esophageal phase: The food/fluid then enters the esophagus and travels to the stomach.

Dysphagia may result if any part of the swallowing process does not

work properly, such as weakness of the tongue/jaw or narrow esophagus.

Causes of Dysphagia

Any conditions that affect the brain, nerves or muscles may affect swallowing. Some of these include:

Aging: Muscle function and the gag reflex may become weaker with age.

Medications: Drugs that cause drowsiness, muscle weakness or other neurologic effects, such as opioids or sedatives,  may cause dysphagia.

Dementia: This can affect the nerves and muscles related to swallowing. Also, clients with dementia may not remember how to eat properly, and may not chew or swallow their food.

Stroke: This may cause paralysis on one side of the face, resulting in difficulty chewing and swallowing on that side.

Other disorders: Conditions such as Parkinson's disease, multiple sclerosis, ALS, head injury, cancer, and disorders of the esophagus may cause dysphagia.

Dental problems: Missing teeth or ill-fitting dentures interfere with the oral phase of swallowing.

Effects of Dysphagia

The most immediate and serious danger with difficulty swallowing is aspiration, when food or fluid is drawn into the respiratory tract. This may cause blockage of the airway, damage to the lung tissue, and infection, such as pneumonia.

There may or may not be obvious signs of aspiration. With an episode of acute choking, the client may have violent coughing. If the airway is blocked, he may have a wide-eyed, anxious look, put his hands to his throat, and be unable to make any sounds. In some cases, aspiration is "silent", and the client is not aware of it. There may be no signs until lung damage or pneumonia occur. Then, you may see signs such as shortness of breath, cough, pale or dusky skin color, chest pain, chills, or fever.

Another serious concern is the effect that dysphagia may have on the client's nutrition. Dysphagia commonly interferes with the client's ability to take in food and fluids. This may cause the client to eat or drink less, resulting in weight loss, malnutrition and dehydration.

Diagnosis and Treatment

Because the process of swallowing is so complex, there are many diagnostic tests that may be used to evaluate dysphagia. These may include a chest X-ray to check for aspiration, ultrasound to check function of the tongue, mouth and throat, and endoscopy to view any abnormalities along the upper GI tract. A barium swallow may be done, which shows a video of the swallowing process.



Treatment of dysphagia is based on its cause. If the cause is a narrowed esophagus, for example, a procedure to widen the esophagus may be done. In some cases, medications that relax muscles, reduce stomach acid or help food move through the esophagus may be helpful. For neurologic disorders, such as stroke or Parkinson's disease, rehabilitation to promote function of the nerves and muscles may be used. A speech-language pathologist can prescribe exercises and changes in diet, position or chewing that may be helpful. In severe cases of dysphagia, the client may require nutrition through a feeding tube.

Helping Clients with Dysphagia

As you work with your clients, be alert for any signs of dysphagia, such as drooling, throat clearing, coughing, hoarseness, vomiting, or complaints of food "not going down." These typically occur when eating or drinking, but may also be apparent as the client tries to swallow saliva throughout the day. Notify the nurse promptly if you observe any signs of difficulty.

Make sure you are very familiar with the client's dietary orders and any changes that are needed in the way he/she eats and drinks. A change in diet consistency may be ordered, for example, a pureed

or soft diet. For many clients, liquids are more difficult to swallow than solids. They are harder to control in the mouth, and may cause choking and coughing. For these clients, there may be an order to thicken liquids with a commercial thickening product that is stirred into the liquid.

Help the client cut food into small, bite-size pieces that can be easily chewed. Encourage the client to eat slowly, and offer fluids between bites. Don't put food into the client's mouth when his head is tilted back, as if he is looking up. In this position, the airway is open, increasing the risk of choking and aspiration. Follow any directions of the speech-language pathologist, such as having the client eat with his chin tucked down or head turned to the right or left. Notify the nurse if you see that the client has difficulty chewing due to missing teeth or ill-fitting dentures. Make sure the client is swallowing the food before putting more into the mouth. If the client tends to keep food in the mouth, check the mouth after the meal to ensure that it is empty. Have him either swallow or spit out any remaining food.

If the client has weakness on one side of the face due to a stroke, put food into the unaffected side. Watch closely to see that she can chew and swallow effectively on the stronger side. If the client has trouble swallowing liquids, ask the nurse if a thickening product would help.

To monitor for signs of malnutrition and dehydration, document the amount of food and fluids taken at each meal, and weigh the client as ordered. Watch for signs of dehydration, such as dark or decreased urine output, dry mouth and eyes, dizziness, headache, and weakness.



When working with clients having dysphagia, be alert for signs of aspiration. If the client chokes, but is able to cough and make noises, sit her upright and encourage her to cough. If the airway is completely obstructed and she cannot make noise, perform the steps you have learned for the Heimlich maneuver. Perform the Heimlich maneuver only if you have been properly trained to do so, and never on someone who can cough and speak. Follow agency procedures to call 911 and the agency in the event of an emergency. Make sure to report any choking episodes to the nurse, so that a swallowing and respiratory assessment can be done.

Dysphagia can have very serious, and even fatal, consequences for your clients. Your observations and good care can help them to avoid this risk.



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NAME: _____ DATE: _____ UNIT: _____

Directions: Place the letter of the one best answer in the space provided.

- ____ 1. Dysphagia is best described as:
 - A. weakness of the jaw muscles
 - B. pain when swallowing
 - C. the inability to take in food or fluids
 - D. difficulty swallowing

- ____ 2. Food and fluids are transported into the stomach during which phase of swallowing?
 - A. esophageal
 - B. oral
 - C. gastric
 - D. pharyngeal

- ____ 3. Dysphagia is caused by conditions that affect the:
 - A. muscles
 - B. nerves
 - C. brain
 - D. all of the above

- ____ 4. The most immediate and serious problem associated with dysphagia is:
 - A. malnutrition
 - B. aspiration
 - C. weight loss
 - D. dehydration

- ____ 5. Signs of dehydration include all of the following EXCEPT:
 - A. weakness
 - B. dizziness
 - C. headache
 - D. pale urine

- _____ 6. Aspiration has occurred when the client:
- A. gets food or fluid into the respiratory tract
 - B. has a coughing spell
 - C. shows signs of respiratory distress
 - D. draws only small amounts of air into the lungs
- _____ 7. The signs of aspiration are obvious in every case, and include choking and a wide-eyed, anxious look.
- A. True
 - B. False
- _____ 8. Choking and aspiration are most likely to occur if the client eats or drinks with her head in which of the following positions?
- A. bent toward the chest
 - B. in a neutral position, looking straight ahead
 - C. tilted back, with the chin raised
 - D. turned to one side
- _____ 9. Clients with dysphagia usually find that liquids are easier to swallow than solids.
- A. True
 - B. False
- _____ 10. The home health aide is with a client as he is eating lunch. The client starts to choke, and is coughing forcefully. The home health aide's best action is to:
- A. sit him upright and encourage coughing
 - B. call 911
 - C. perform the Heimlich maneuver
 - D. pour a small amount of water into his mouth

