

What

The reduced ability to swallow, caused by neurological or structural damage, leading to an interference with the efficiency that food and liquid move from the mouth to the stomach.

Causes

Mechanical	Neurological	Psychological
Oesophageal stricture	Stroke	Globus Hystericus
Oesophageal spasm	Parkinson's	Severe anxiety
Cancers in the head, neck and oesophageal areas	Motor neurone disease	Severe depression
Cancer treatments including radiotherapy, surgery in the neck and head area	Head injury	
Pharyngeal pouch	Multiple sclerosis	
Injury or surgery to the tongue, lips, mouth or jaw	Cerebral palsy	
Severe infections of the mouth or throat (oral thrush or ulcers)	Dementia	
Postural problems (severe kyphosis)	Huntingtons disease	
	Drug induced (psychotropic drugs)	

Diagnosis

Xray

Dynamic swallowing study - OT

Endoscopy

Fiber-optic endoscopic evaluation of swallowing (FEES)

Oesophageal muscle test

Imaging scans

Consequences

Choking

Malnutrition

Dehydration

Weight loss

Aspiration pneumonia

Signs and Symptoms

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Pain while swallowing

Not being able to swallow

Feeling as though food is stuck in the throat or chest or behind the breastbone

Drooling

Hoarseness

Food coming back up

Frequent heartburn

Food and stomach acid backing up into the throat

Weight loss

Coughing or gagging when swallowing

Nutrition Related Treatment

Texture modification of food and liquid.

HPHE

Avoiding hard, crunchy or stringy foods.

monitoring the position of PT while they are eating

smaller more frequent meals

Safe swallowing (small bites, chew thoroughly)

Encourage consistent fluid intake

Promote oral hygiene

Fortification of foods

Between-meal snacks

It is important to first determine the safest feeding route for your PT. For example, an oral feeding route may not be safe or adequate, so you may need to consider Enteral nutrition (EN), and a specific site (NG, PEG etc) or Parenteral nutrition (PN).