News Release
For Immediate Release

Dysphagia

Dysphagia, A.K.A. difficulty swallowing, is fairly common throughout the elderly community and can be found in younger age groups as well. Dysphagia is often a symptom of some other disease process. Some of the more common causes of dysphagia are stroke, dementia, Parkinson’s disease, and esophageal blockage. Basic signs that clinicians look for when considering dysphagia are food sticking in the throat, coughing or choking, wet voice, and nasal or oral regurgitation. Some medications can also affect swallowing ability.

Treating dysphagia has had fairly mixed results regarding which treatment is more effective, but multiple approaches are available. Electrical and thermal stimulation, muscle exercises, and acupuncture have all shown some success in helping restore the swallow reflex; however, many individuals only have the option to manage their dysphagia as best they can. Controlling and treating dysphagia is an important part in increasing quality of life and avoiding illnesses like aspiration pneumonia.

Modifying diets is one way that to increase quality of life and is minimally invasive. For instance, some dysphagia patients may have difficulty swallowing thin liquids (like normal water of apple juice), but could more easily swallow those same drinks if thickened to a nectar, honey, or even pudding thickness. Other ways to modify foods would be to puree hard vegetables, meats, and other challenging foods so that they are a texture easily and safely swallowed. Apart from the safety concerns these techniques also make eating a much less tiring ordeal, and should improve oral intake.

When you can no longer feed yourself, or the person you are taking care of, please inform you physician so that they can direct you to a Registered Dietitian or Speech Language Pathologist to oversee this feeding problem. If you are unable to eat enough food, even with these diet modifications, then alternate feeding methods should begin to be considered. Short term goals can be met with a naso-gastric feeding tube, but long term feeding needs should be met with a percutaneous endoscopic gastrostomy (PEG) tube. These tubes allow special formulas to be delivered directly to the GI tract, avoiding any swallowing difficulties. Both pros and cons exist for these tube feeding strategies, and the risks should always be compared to the gains when receiving such treatment.

Contact ________________________ , Texas AgriLife Extension Service ____________ County agent at ________________, for more information.
References:

1. Gregory N. White. BPsych; Fintan O'Rourke, MRCP (UK), FRACP; Bin S. Ong, MBBS, FRACP; Dennis J. Cordato, PhD, FRACP; Daniel K. Y. Chan. MD, FRACP, MHA. Dysphagia: causes, assessment, treatment, and management. Geriatrics. 2008 May 63; 5:15-20

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