

Dysphagia

What is dysphagia?

Dysphagia is a difficulty swallowing effectively. Oral dysphagia refers to problems with using the mouth, lips and tongue to control food or liquid. Pharyngeal dysphagia refers to problems in the throat during swallowing. Dysphagia may lead to aspiration (entry into the lungs) of food or liquid. Dysphagia can affect a person at any age -- from infants to the elderly.



What causes dysphagia?

There are many disorders that may cause dysphagia. Any condition that weakens or damages the muscles or nerves used for swallowing may cause dysphagia. The following are some common disorders related to pediatric swallowing problems:

- cardiac or respiratory conditions
- gastroesophageal disorders, including reflux
- sensory or motor problems
- prematurity
- cleft palate
- stroke
- brain injury
- head and/or neck cancer
- cerebral palsy
- neuromuscular disease
- birth defects

What are the typical characteristics of dysphagia?

A child who is experiencing dysphagia may have one or more of the following characteristics:

- inability to coordinate sucking, swallowing and breathing while bottle-feeding
- refusal of previously accepted food or liquids
- irritability associated with feeding
- color change during or after feeding
- lengthy feeding times (greater than 30 minutes)
- coughing
- gagging
- failure to gain weight
- limited intake of food or liquids
- change of respiratory rate with feeding
- sensation of food being stuck in the throat
- (when there is a tracheotomy tube) evidence of food or liquid in the tube
- choking
- difficulty chewing
- history of pneumonia
- congestion during or after feeding

What is the impact of dysphagia?

A child with dysphagia often has anxiety with eating or drinking. The child may not be able to manage food well or accept an age-appropriate diet. Dysphagia may result in inadequate airway protection during swallowing, causing aspiration of food or liquid into the lungs. Aspiration into the airway can cause frequent episodes of upper respiratory infections and pneumonia. Dehydration and malnutrition may also occur if the feeding problem remains untreated. If the dysphagia is severe, an alternate source of nutrition and hydration, such as a feeding tube, may be necessary.

What is the appropriate treatment for dysphagia?

Treatment for dysphagia is individualized based on the nature and severity of the child's swallowing problem. The speech-language pathologist may recommend and provide therapy to:

- enhance strength, range of motion, and coordination of the lips, tongue, cheek, and jaw muscles
- decrease oral aversion due to sensory problems
- decrease behavioral resistance to feeding
- decrease the risk for aspiration

The speech-language pathologist may also recommend the following:

- a change in food textures or in the thickness of liquids
- a change in the feeding equipment, such as the nipple, bottle, cup or utensils
- compensatory strategies

This information is not intended to replace the need for specialized care. A diagnosis of dysphagia is made by the child's medical team.

What is the appropriate evaluation for dysphagia?

If the child has a feeding or swallowing problem, this should be discussed with the primary care physician. Depending on the severity of the problem, the child may be referred to a physician that specializes in feeding problems, a speech-language pathologist, an occupational therapist, a registered dietician, or a lactation consultant.

A speech-language pathologist can perform a clinical oral-motor and feeding evaluation to determine the problem and whether there is a need for treatment or further assessment first.

A **VSS** (videofluoroscopic swallowing study), also known as a modified barium swallow, may be recommended. A VSS is done by a speech-language pathologist and a radiologist. An x-ray video is taken of the child's throat while he or she is eating and drinking. Using this technology, the examiners can evaluate the safety and efficiency of swallow. They can also detect aspiration and other problems with swallowing function. Techniques to modify the way the child swallows can be trialed to see what may help.

A **FEES** (Fiberoptic Endoscopic Evaluation of the Swallow) study may also be recommended. This study is done with an ear, nose and throat (ENT) doctor and a speech-language pathologist. It involves putting a small tube (scope) through the child's nose to the back of the throat so that the structures and muscle function can be observed directly during swallowing. This study allows observation of the ability to protect the airway from secretions, liquids and solids during swallowing.

Parents can help at home by:

- implementing various exercises, activities, and recommendations given by the speech pathologist.
- including the child in family mealtime and keep the experience positive.

For more information, please contact the Division of Speech Pathology at (513) 636-4341 or visit our website at www.cincinnatichildrens.org/speech.