Dysphagia Awareness
Introduction

- Respiratory disease is one of the leading causes of death for people with learning disabilities

- People with LD are **nine times** more likely to die from lung inflammation caused by foreign bodies in the windpipe than people who do not have learning disabilities
Risk Factors for Respiratory Conditions

- Unable to move; bedridden or in a wheelchair
- Being fed by someone else
- Aspirate on more than one food texture
- Have poor oral hygiene
- Tube fed
- Previously suffered pneumonia
- Malnourished
- Low immunity and poor resistance to infection
What Can Go Wrong?

- Jesse Moores
- Aged 26
- Diagnosis of LD and Autism
- History of PICA
Jesse’s Story

• Tendency to put objects in his mouth

• Choked four times within several years

• Had SLT guidelines

• Access to food unsupervised
Jesse’s Story

• Choked on another resident’s ham sandwich

• Was found unconscious

• Staff did not call ambulance immediately

• Staff did not provide first aid
Jesse’s Story

• Jesse died

• Paramedics found a ‘golf ball sized lump’ in his throat

• The Care Provider, Home Manager and Funding Authority all found guilty
Anatomy of Head and Neck

- Trachea
- Larynx
- Oral Cavity
- Hard Palate
- Lips
- Tongue
- Soft Palate
- Pharynx
- Epiglottis
- Teeth
- Vocal Chords
- Oesophagus
- Nasal Cavity
Anatomy of Head and Neck

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The Normal Swallow

The normal swallowing process is divided into 3 stages:

1. Oral stage
2. Pharyngeal stage
3. Oesophageal stage
Oral Stage

- Voluntary
- Food is chewed and mixed with saliva to form a ‘bolus’
- Tongue moves bolus towards back of mouth
Pharyngeal stage

- Soft palate rises
- Vocal folds close
- Larynx rises
- Epiglottis moves provide airway protection
- Back of tongue pushes bolus downwards
- Walls of back of throat constrict
Pharyngeal Stage
Oesophageal Stage

- Involuntary
- Bolus moves into the oesophagus
- Muscles contract to push the bolus into stomach
Activity

• Describe how different food items feel at different stages of swallow

• Describe how different fluids feels at different stages of swallow

• Rate these as easy or hard
Dysphagia is diagnosed if a problem exists at any of the 3 stages.
Choking

• Partial or full obstruction of the airway

• Loss of consciousness and ultimately death

• Recognition and rapid response crucial
Aspiration

• Term used to describe when food/fluid enters the airway

• This should trigger a forceful cough

• If not cleared, food/fluid will travel past the vocal cords and into lungs
Signs of Aspiration

- Coughing
- Watery eyes
- Change in voice quality – ‘wet’ or ‘gurgly’ sounding voice
- Effortful swallow
- Nasal regurgitation
- Changes in breathing
- Signs of pain or discomfort
- Change in complexion
Silent Aspiration

• 40-71% of individuals who aspirate chronically, do so silently

• This means there are no immediate warning signs
Long Term Consequences

• Weight Loss
• Malnutrition
• Dehydration
• Urinary Tract Infections (UTI)
• Recurrent Chest Infections
• Aspiration Pneumonia
• Emotional Distress
SLT Assessment

• Case history
• Mealtime observations
• Cervical auscultation
• Videofluoroscopy (VF)
• Onward referral
MDT Involvement

• **Service User**
  • What do they want?
  • What do they understand?

• **Families and Carers**
  • Know Service User best
  • Know routines
  • Understand challenges
MDT Involvement

• Dentist
  • Oral Hygiene & Oral Care

• GP
  • Care Co-ordinator & Oversight

• Pharmacist
  • Medication
MDT Involvement

- **Physiotherapist**
  - Chest care
  - Posture & Positioning

- **Occupational Therapist (OT)**
  - Equipment
  - Sensory Needs & Preferences
  - Posture & Positioning
MDT Involvement

• Dietitian
  • Nutritional Advice
  • Hydration Advice
  • Weight Monitoring

• Assistant Therapy Practitioner (ATP)
  • Ongoing monitoring
  • Training
Dysphagia Management looks at all aspects of a person, their support and environment before changing food textures or fluid consistencies.
Food Textures
Fluid Modification

- Changing the viscosity of fluid changes the speed with which it travels
- Can enable greater oral control
Fluid Modification

1 Slightly Thick
2 Mildly Thick
3 Moderately Thick
4 Extremely Thick

(Stage 1)
2 scoops per 200ml

(Stage 2)
4 scoops per 200ml

(Stage 3)
8 scoops per 200ml
Referral Process

- Single Point of Access (SPA): 0300 777 0707
  hpft.spa@nhs.net
- West Herts: hpft.westcommunityats@nhs.net
  01923 837044
- East & North Herts: hpft.encommunityats@nhs.net
  01438 792160
- Bucks: HPFT.bucksCLDT@nhs.net
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