

information

SWALLOWING AND PARKINSON'S

Parkinson's is a progressive neurological condition, which is characterised by both motor (movement) and non-motor symptoms.

Dysphagia is the technical term for chewing and swallowing difficulties. Systematic review of evidence estimates that dysphagia occurs in up to 80% of people with Parkinson's. It is often unrecognised unless objectively assessed by the appropriate professionals.

The ability to chew and swallow impacts on ensuring a balanced diet and meeting specific nutritional needs.

Swallowing difficulties can interfere with taking medications, which is vital for treating the symptoms of Parkinson's.

Dysphagia can present a number of health and safety risks.

The airway is closed off automatically when we swallow in order to avoid aspiration (penetration into the airway) of food particles, fluid, saliva or medication. Dysphagia can interfere with this safety process leading to risk of chest infections or pneumonia as well as blocking the airway. Choking is rare in Parkinson's but may occur, particularly if swallowing problems are not addressed.

Swallowing difficulties can reduce enjoyment of meals; discourage appetite, cause embarrassment and increase stress and anxiety.

Weight loss is a common problem in Parkinson's and can result from a variety of factors, including dysphagia.

Inadequate fluid intake can impact kidney, bladder and bowel functions, skin, saliva control, energy levels and general health.

Fibre rich foods such as green leafy vegetables or grains can be difficult to chew and swallow and are sometimes avoided when there is dysphagia therefore increase the risk of constipation.

Why does dysphagia occur in Parkinson's?

Slowness of movement, difficulty with initiation of movement, reduced sensation, poor coordination and diminished movement size associated with Parkinson's can affect the mechanism involved in chewing and swallowing.

These can be more pronounced when in an 'off' state (when movements are diminished) or when experiencing involuntary movements such as dyskinesia.

Parkinson's affects automatic movement control. Eating, drinking and swallowing are automatic skills and when attention is focused on conversation, other thoughts, reading or television these skills may be compromised.

How can dysphagia present?

Warning signs and symptoms of dysphagia can include:

- Coughing when eating or drinking
- Difficulty swallowing medication
- Sensation that food is 'stuck' at throat level
- Difficulty shifting food from mouth to throat
- Problems effectively breaking food down when chewing
- Food residue in mouth after meals
- Sialorrhea (poor control of saliva)
- Coughing on saliva or phlegm
- Difficulty initiating a swallow
- Slow, effortful eating and drinking
- Difficulty breathing or chest discomfort during meals
- Recurring chest infections

Dysphagia can also be a 'hidden' problem. 'Silent aspiration' refers to penetration of food, fluid, saliva or medication into the airway without a cough response.

Who can help? The health professional team including a general practitioner, medical specialist, speech pathologist, Parkinson's nurse specialist, dietician, occupational therapist and physiotherapist can assess and address Dysphagia.

For further information contact
your state Parkinson's organisation:
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What Can Be Done?

Request a general practitioner or medical specialist referral to a speech pathologist whose role is to assess swallowing function and to plan and deliver a swallowing management program.

A speech pathologist's assessment includes an examination of the structures involved in swallowing (lips, tongue, soft palate, and voice box), an observation of eating, drinking and swallowing medication and a detailed interview.

Instrumental assessment commonly includes Video-Fluoroscopy (modified barium swallow). This is an imaging technique which provides an x-ray view of chewing and swallowing in action. This helps identify strengths and weaknesses so as to guide therapy intervention. It is particularly useful for showing 'hidden' difficulties such as 'silent aspiration'. This assessment also enables the therapist to test the efficacy of recommended strategies.

Another beneficial swallowing test is Fiberoptic Endoscopic Evaluation of Swallowing (FEES). The speech pathologist and/or ear nose and throat specialist use a fine flexible tube with a camera and light on the end of it. It is inserted via the nose and provides a computer screen view of throat function during a swallow.

A speech pathologist can provide recommendations for swallowing management and may teach exercises, strategies and techniques for safe and optimal chewing and swallowing, specific to individual needs.

The speech pathologist and dietician work as a team to advise on food and fluid choices, dietary regimes and food or fluid modification if required.

An occupational therapist can assist with seating recommendations for mealtime, aids and equipment and techniques for using cutlery.

A physiotherapist can assist with finding solutions for postural issues. Maintaining optimal posture during mealtime is critical for swallowing management. Chest physiotherapy can assist with maintaining clear airways through various techniques to shift mucous up and out of the lungs.

Expiratory strength training for both speech and swallowing is a growing area of interest for speech pathology research and clinical practice.

Ear, nose and throat specialist and gastroenterologists are consulted if required.

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