

Swallowing (deglutition)

Normal swallowing is a smooth coordinated process that involves a complex series of voluntary and involuntary neuromuscular contractions and typically is divided into three distinct phases:

Oral phase

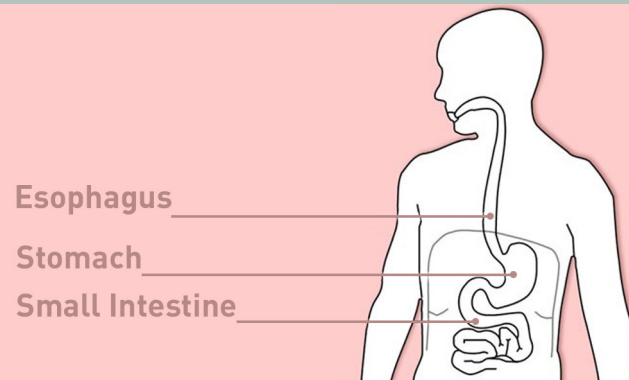
Description	Symptoms if dysphagia present
<ul style="list-style-type: none"> • Food ingested, prepared (mastication) and modified (lubrication) • Voluntary control • Mixed with saliva • Formed into a bolus • Moved posteriorly 	<ul style="list-style-type: none"> • Drooling • Oral retention • Pocketing/ squirrelling, food sticking • Stranded phlegm • Difficulty in chewing or inadequately chewed food • Stranded medication

Pharyngeal phase

Description	Symptoms if dysphagia present
<ul style="list-style-type: none"> • Response to bolus reaching back of the throat • Breathing temporarily suspended • Epiglottis closes • Bolus propelled to upper oesophagus • Shortest but most complex • Mainly prevents regurgitation • Tongue drives the bolus posteriorly • Respiration ceases • Food then enters into the upper oesophagus • If any neuronal condition effects the epiglottis from closing aspiration will occur • If any neuronal condition effecting the muscular movement moving the bolus (peristalsis) 	<ul style="list-style-type: none"> • Aspiration (chest infection, choking or asphyxia) • Foamy phlegm • Food sticking • Nasal regurgitation • In coordinated swallowing • Weak cough • Hoarse and wet voice • Coughing while eating or drinking

Definition

Dysphagia is defined as having difficulty in swallowing which may affect any part of the swallowing pathway from the mouth to the stomach.



Dysphagia

From the Greek dys, meaning with difficulty, and phagia, meaning to eat.

Dysphagia

Factsheet



Oesophageal phase

Description	Symptoms if dysphagia present
<ul style="list-style-type: none"> Upper sphincter opens to let bolus into oesophagus Oesophagus moves bolus down (peristalsis) Lower sphincter relaxes to allow bolus pass into stomach 	<ul style="list-style-type: none"> Pain Bolus sticking Hiccups Regurgitation More difficulty with solids

Oropharyngeal dysphagia

- In Oropharyngeal dysphagia, there is difficulty in preparing and transporting the food bolus through the oral cavity as well as initiating the swallow.
- May be associated with aspiration or regurgitation
- Trouble getting liquids or solids to the back of the throat or that food sticks in the back of the throat
- Greater difficulty swallowing liquids than solids

Oesophageal dysphagia

- In Oesophageal dysphagia, patients complain of food sticking in their lower throat, neck, retro-sternal discomfort or epigastrium

Aspiration pneumonia

- Dysphagia greatly increases the risk of aspiration pneumonia
- Older patients have less symptoms than younger patients
- Aspiration of oropharyngeal bacterium
- Increased respiratory rate and temperature, shortness of breath, confusion and cyanosis (blue lips)

International Dysphagia Diet Standardisation Initiative (IDDSI)

A global standard with terminology and definitions to describe texture modified foods and thickened liquids for individuals with dysphagia of all ages, in all care settings and all cultures.

Consists of 8 levels (0-7) with standardised descriptors and testing methods to allow for consistent production.

Malnutrition

Malnutrition is both a cause and a consequence of ill health. It is common and increases a patient's vulnerability to disease. Methods to improve or maintain nutritional intake are known as nutrition support.

Dehydration

- Dysphagia can potentially lead to dehydration
- Conversely, dehydration also may be a risk factor for pneumonia
- May lead to lethargy, mental confusion, and increased aspiration
- Could increase the risk of infection by depressing the immune system

Social exclusion

- Due to practical difficulties experienced in patients with dysphagia they are at an increased rate of social exclusion
- Can lead to isolation, depression and systemic illness eg: malnourishment, dehydration and even asphyxiation

IDDSI levels

