

SWALLOWING DIFFICULTIES IN PARKINSON'S DISEASE

Nearly all people with Parkinson's (PD) develop some degree of difficulty swallowing, which can present themselves at any stage of the disease. Swallowing difficulties can make eating, drinking and, socializing less pleasurable, and affect overall health, nutrition, and quality of life. They can also result in food, liquid, or saliva entering the lungs, in a process called *aspiration*. Repeated episodes of aspiration can lead to *aspiration pneumonia*, the primary cause of death for people with PD.

Causes and Symptoms

In the same way that PD causes slowness, rigidity, tremor, and difficulty with initiating movement throughout the muscles in your body, it can do the same to the muscles involved in swallowing. The phases of swallowing include the oral phase (food preparation/chewing), the pharyngeal phase (moving food from the mouth to the esophagus), and the esophageal phase (movement of food to the stomach). You may experience one or more of the following symptoms of swallowing problems at varying levels of severity:

- coughing or clearing your throat during meals
- choking
- · difficulty moving food or liquid from the front of the mouth to the back
- . loss of liquid or food from the front of the mouth
- drooling
- increased time required to eat a meal
- feeling food sticking in the throat
- · increased difficulty swallowing pills
- wet or gurgling voice quality during or after eating
- · weakened cough or changes in voice

High Risk Swallowing Concern – Silent Aspiration

Silent aspiration occurs when food or liquid (including your own saliva) enter the lungs **without** any outward signs or symptoms, such as coughing. Silent aspiration can occur secondary to problems associated with the swallowing mechanism, such as decreased sensation, slowed motor function, general weakness, decreased coordination, and weak or absent cough. Symptoms of silent aspiration can include, but are not limited to: wet sounding voice with eating, absence of coughing or throat clearing, chest congestion, fever, and pneumonia.

Evaluation and Treatment

Swallowing difficulty should be evaluated by an experienced Speech-Language Pathologist (SLP). You would benefit from participation in a videofluoroscopic swallowing study (also referred to as a Modified Barium Swallow), which is a video x-ray that examines all phases of swallowing, or a Flexible Endoscopic Evaluation of Swallowing, which does not require radiation exposure. This study will help the SLP create a safe swallowing program specific to the concerns with your swallowing. Swallowing treatment plans are highly individual, and should be created specifically for you, following evaluation. Treating swallowing problems can include rehabilitative exercises and/or compensatory strategies.



Discuss any eating and swallowing difficulties with your physician, and request a referral to a SLP for evaluation and treatment of your swallowing symptoms or concerns.

Self-Help for Swallowing

To manage or prevent swallowing difficulties, try the following strategies:

- Eat in an environment free from distraction.
- Always eat sitting upright, at 90 degrees.
- Remain upright for at least 45 minutes after eating.
- To avoid the effects of fatigue, try to eat 5 small meals instead of 3 large meals.
- Chew thoroughly. Discuss any changes to your teeth or dentures with your dentist.
- Alternate liquids and solids. Do not wash down food.
- Eat when you are at your best, during medication "on" times
- Do not ignore symptoms of a swallowing disorder speak to your physician as soon as you notice changes in your ability to swallow.

Additional Resources

Communication and Swallow Booklet | Parkinson Society BC | bit.ly/communicationswallow

Voice and Communication Problems Helpsheet | Parkinson Society BC | bit.ly/pdvoiceproblems

_

This helpsheet was prepared in collaboration with Sherri Zelazny, Registered Speech Language Pathologist, and Director, Parkinson Society British Columbia Board of Directors.