WEBWORDS 33

Dysphagia

Caroline Bowen

> Difficulty eating because of swallowing problems is a symptom that affects 15% of hospital inpatients, older people, people with neurological disease, cancers of the head and neck and people with severe reflux. This symptom affects a person's ability to remain well nourished and hydrated and increases the risks of ill health. Effective dysphagia management requires an interdisciplinary approach and can make a huge difference to the quality of life experienced by the person with dysphagia. (Nazarko, 2008, p. 258)

Infants, children and adults with dysphagia who can swallow experience difficulty with swallowing liquids, food or saliva. Some endure pain (odynophagia) while swallowing, and have increased vulnerability to lung infection, aspiration pneumonia, and airway obstruction, drooling and choking. Others may be quite unable to swallow or find it so distressing that consuming healthy caloric and fluid intakes orally is out of the question.

Dysphagia is symptomatic of a number of neurological disorders, and its most common cause is stroke. Other aetiologies include traumatic brain injury, cerebral palsy, head and neck cancer, and degenerative neurological disorders such as Parkinson disease, amyotrophic lateral sclerosis (ALS or Lou Gehrig's disease), multiple sclerosis, progressive supranuclear palsy, Huntington disease, and myasthenia gravis. Dysphagia is also characteristic of muscular dystrophy, myotonic dystrophy and oculopharyngeal muscular dystrophy.

Speech-language pathologists have a crucial role in the interdisciplinary assessment and management of swallowing disorders, fulfilling clinical, consultancy, managerial, team leadership, educative and research roles.

Web resources

The Internet offers many resources for professionals interested in the serious topic of dysphagia and a good place to start is the Tutorials and Articles section of Phyllis M. Palmer's **Dysphagia and Swallowing Resource Center**[1]. It holds copious information on all age-groups of people affected by dysphagia, and the site itself has links to a wide range of important and up-to-date research findings. Dr Palmer is owner of a vibrant dysphagia discussion forum. Intending subscribers can enter their email addresses in an online form and the list's archives can be viewed on a dedicated page. Subscribers can elect to receive individual messages, or batches of posts in a daily digest.

The Mayo Foundation for Medical Education and Research provides excellent Plain English information on **swallowing problems**[2], while **FreeMD**[3] proudly presents a swallowing symptom check-up using amazing multi-media magic! Self-proclaimed and award-winning "virtual doctor" Stephen J. Schueler, MD, interviews site visitors helping them decide if they need to see a doctor and why. He takes a medical and swallowing difficulties history, and at the end of the session tells the interviewee what might be causing their dysphagia and when to see a medical practitioner. **Swallowing trouble**[4] from the American Academy of Otolaryngology – Head and Neck Surgery comprises a comprehensive overview with related pages on hoarseness and sore throats. In its "My child has..." series, the Children's Hospital Boston has a page on **dysphagia**[5] and so does **ASHA**[6]. Reliable as ever, the Hardin MD Meta-directory shepherds browsers to **links pages and pictures**[7].

Member benefits

On the Speech Pathology Australia website, members can access position papers on dysphagia and modified barium swallows, and a useful summary of terminology for modified foods and fluids and a related PowerPoint show. Similarly, the ASHA site has a members-only area containing **paediatric dysphagia resources**[8] among other resources. Speech pathologists outside the US can become **international affiliates**[9] for a reasonable annual fee and enjoy many benefits including online access to all the ASHA publications, web forums and position papers, and eligibility to join special interest divisions, including Division 13. The mission of Division 13 is to provide leadership and advocacy for issues in swallowing and swallowing disorders and to serve ASHA members and affiliates who evaluate and manage individuals with swallowing and feeding disorders across the lifespan by supporting professional development, research, education, and communication necessary for delivery of the highest quality services. Moving further north, the CASLPA site has an **action learning experience**[10] for SLP students on the experience of having dysphagia for a day. There are more CASLPA goodies on its **featured articles page**[11], and on the RCSLT site is an interesting news item entitled **Stroke strategy is hard to swallow**[12].

Swallowing

The verb to *swallow* connotes immediate images that can range from the exquisite pleasure of savouring one's very first home-grown tomato, or sipping cool water after a long, hot hike, to the slight discomfort of forcing down bad-tasting medicine or the ghastly but not-too-earth-shattering realisation that although you probably *won't* die, you *did* swallow a fly! In everyday conversation it is a verb often figuratively associated with the distasteful and unpalatable. When we put up with unpleasant remarks we swallow insults; when our dignity is bruised we swallow our pride; when we hide our hurt we swallow our feelings; when our environment is flooded or burnt it is swallowed by water or flames; when we are gullible we swallow tall stories; when we retract an embarrassing remark we swallow our words; and when we mumble and fumble inarticulately we swallow our lines.

But there is no pleasant imagery, no funny side and nothing figurative about difficulty with swallowing. Dysphagia whatever the cause, demands courage and patience of people who have to adapt to it and consummate skill and dedication of family members, friends and professionals who support them.

Reference

Nazarko, L. (2008). The clinical management of dysphagia in primary care. *British Journal of Community Nursing*, *13*(6), 258–264.

Links

1. http://dysphagia.com
2. http://www.mayoclinic.org/swallowing-problems
3. http://www.freemd.com/difficulty-swallowing/visit-virtual-doctor.htm
4. http://www.entnet.org/HealthInformation/swallowingTrouble.cfm
5. http://www.childrenshospital.org/az/Site815/mainpageS815P0.html
6. http://www.asha.org/public/speech/swallowing/FeedSwallowChildren.htm
7. http://www.lib.uiowa.edu/hardin/md/dysphagia.html
8. http://www.asha.org/members/slp/clinical/dysphagia/pediatric_dysphagia.htm
9. http://www.asha.org/about/membership-certification/international/affiliate.htm
10. http://www.caslpa.ca/PDF/monthly_featured_articles/CJSLPA_Fall_2007.pdf
11. http://www.caslpa.ca/english/resources/monthly_featured_articles.asp
12. http://www.rcslt.org/news/press_releases/strokestrategyishardtoswallow

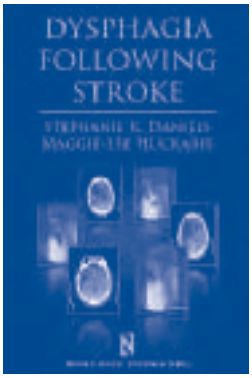
Webwords 33 is at http://speech-language-therapy.com/webwords33.htm with live links to featured and additional resources.

Book Reviews

Daniels, S. K., & Huckabee M., (2008). *Dysphagia following stroke*. San Diego, CA: Plural Publishing. ISBN10 1 59756 196 7 (pbk); 200pp.; A$140.

Toni Dalzell

The small size of this textbook belies the extent of the information covered. The authors provide a thorough account of dysphagia assessment and management and, although the focus is on stroke, many of the principles and discussions are pertinent to dysphagia across the board.



Historic and recent research findings are extensively reported without bias and are discussed in terms of both merit and shortfall, with emphasis on how the findings have clinical application. Case examples are also included throughout for practical application and the reader is referred to other scientific literature for information beyond the scope of the book.

The information is presented in a structured and logical format using both scientific terminology and layman terms. Much of the material has been summarised into table format for quick reference and an abbreviation list is provided. (However, it should be noted that the hypoglossal nerve has been incorrectly labelled as cranial nerve X in table 1.1.)

The focus throughout the book is on pathophysiology, which should direct assessment and management of dysphagia in stroke. The authors provide a detailed anatomical and functional description of the central and peripheral neural control of swallowing that manages to simplify the highly complex process. This section of the book is particularly useful for students or clinicians who are normally daunted by neuroanatomy and function pertaining to swallowing.

Clinical and instrumental examinations are discussed with an emphasis on multi-modal assessment with a holistic and multi-disciplinary approach encouraged. Compensatory strategies and rehabilitation principles are explored and future directions in evaluation and treatment of dysphagia are considered.

The book is a valuable resource for students, new graduates and experienced clinicians alike. It is a practical, detailed guide to assessing and managing dysphagia and it provides extensive, up-to-date information that supports evidence based practice.

Adams, L. (2005). *Group treatment for Asperger syndrome: A social skill curriculum*. San Diego, CA: Plural Publishing. ISBN 1 59756 022 7 (pbk); 182pp.; A$70.

Chyrisse Heine

This soft-bound book spans 182 pages and contains an accompanying DVD that outlines and illustrates the principles of group intervention that are described in the text. The author is a professor and clinical supervisor, who wrote this book based on her clinical work with children with Asperger syndrome.

Chapter 1 consists of a short introduction (from the author's perspective) of Asperger syndrome and includes a definition, the characteristics and challenges faced by children with Asperger syndrome as well as a description of group intervention principles. A short reference list is also supplied at the back of the book.

The ensuing chapters (chapters 2 to 4) describe activities to be used in intervention. Chapter 2 is devoted to children aged 3 to 5 years, chapter 3 covers children aged 6 to 9 years while chapter 4 contains activities for children aged 10 to 12 years. Each chapter covering intervention identifies specific goals and describes activities that can be used to achieve the goal. The goals of chapter 2 are aimed at developing cooperative skills, eye contact, turn-taking and pretend play. Goals of chapter 3 include development of cooperative skills, eye contact, facial expressions, turn-taking, and role play, whereas the goals of chapter 4 are cooperative skills, eye contact, expressing emotions, turn-taking and topic maintenance. There are various activities provided for each goal. For example, "Guess that sound" is an activity suggested to achieve the cooperative skills goal in chapter 3.

An example of an activity and procedure suitable for 3- to 5-year-olds is "Obstacle course" (see chapter 2, p. 51). The objective of this group activity is to promote the use of turn-taking. The procedure requires the instructor to create an obstacle course using carpet squares, a small slide, indoor gym set, rocking chair, objects hanging from the ceiling and other furniture. The children are required "to label the action to build verb vocabulary as they move through the course". The instructor reminds the other children to wait for their turn.