

## Eating and Swallowing Problems

*THIS FACT SHEET discusses how acquired brain injury can affect swallowing, nutrition and hydration. It suggests strategies for safe swallowing and discusses how specialists can help further.*

As a result of an acquired brain injury, the muscles of the mouth or throat may be weak or uncoordinated. A person may have difficulty eating, drinking and swallowing saliva. Difficulty swallowing is called dysphagia.

We swallow so often that most of the time we never think about how it happens. However, swallowing involves a complex series of movements. In a normal swallow, the lips are closed, food is mixed with saliva and the tongue moves food around the mouth while we chew. The tongue then moves the food back into the throat to trigger a swallow.

When we swallow, the food is moved downward towards the oesophagus (food pipe). To stop the food going the wrong way (into the lungs), the larynx (or voice box) acts as a valve to close off the airway. At the same time, the soft palate (the back part of the roof of the mouth) lifts and closes off the nasal cavity to stop food moving upwards into the nose.

### What are the Effects of Dysphagia?

Swallowing difficulties: Swallowing can be interrupted at a number of different points or the sequence of movements may be uncoordinated. For example,

A weak tongue may make it difficult to move food about the mouth and it may collect in the cheek or under the tongue.

Sometimes a person may find it difficult to get a swallow started.

If the larynx does not close off and move out of the way at the right moment, food or drink may get into the airway. This should set off a strong cough

to clear the airway. If the person is unable to cough or their cough is weak, bits of food or liquid may collect in the lungs and cause a chest infection.

A person's desire to eat can be affected if eating becomes too much of a struggle. Sometimes the condition itself or their medications may cause their appetite to become depressed or food to taste different.

### Assessment

Swallowing problems should be assessed by a speech pathologist. A speech pathologist will take a careful history, look at how the muscles of the mouth and throat are working, and observe a person swallowing different foods and drinks. The speech pathologist will also assess how much the person can swallow, how quickly they tire, and will provide strategies for making swallowing as safe and efficient as possible.

Tests: A special X-ray called a videofluoroscopy may be ordered. Your family member will be X-rayed while swallowing spoonfuls of food or drink that contain barium sulphate, which shows up on X-rays and allows the specialist to see how the muscles move and where the food goes. The moving image is recorded on videotape.

### Managing Swallowing Problems

Specialists can help:

A speech pathologist can advise on safe swallowing strategies including diet modification.

A dietician can help plan an interesting, well balanced diet to ensure that a person receives optimal nutrition and hydration.

A Physiotherapist may advise on positioning.

An Occupational Therapist may recommend modified utensils e.g. shallow spoons, lightweight or spouted cups, a non-slip mat, a plate guard or special bowls. Various special utensils are available through the Independent Living Centre

## Eating Strategies

The speech pathologist will tailor strategies to suit an individual's swallowing abilities. These may include:

- > Keeping mouthfuls reasonably small
- > Ensuring one mouthful has been swallowed before taking the next. Allowing time for rest between swallows, if necessary
- > Allowing more time to eat and drink. It may assist to provide a number of smaller meals or snacks if larger meals are too difficult.
- > Ensuring the person is sitting in the position that ideally assists their swallowing
- > Recommending modified foods and fluids.

## Alternative Methods of Feeding

If swallowing is very difficult or tiring, the speech pathologist may recommend that a person use other methods to meet their nutritional needs.

**Nasogastric tube:** This is a thin, plastic tube that passes down the nose and throat to the stomach. Liquid food is fed directly into the stomach via the tube. The tube can only stay in place for a limited time and can sometimes irritate the nose and throat.

**PEG tube:** A person with longer term feeding difficulties may choose to have a PEG (Percutaneous Endoscopic Gastrostomy) tube inserted on the advice of your doctor or specialist. This tube is surgically inserted into the stomach under light anaesthetic. Food, usually a liquid, is fed directly into the stomach via the tube.

## Management of saliva

Some people have trouble swallowing saliva that builds up in the mouth and throat, while others may have thick, ropey saliva that makes swallowing difficult. A speech pathologist will be able to suggest strategies to help reduce the amount or type of saliva. Assisted coughing may help to clear secretions in some people – a physiotherapist can advise on this.

## Contacts & Resources

Speech pathologists are usually available through your local hospital, rehabilitation centre, community health centre, or your condition-specific organisation

Speech Pathology Australia is the national body for the speech pathology profession in Australia. Website: [www.speechpathologyaustralia.org.au](http://www.speechpathologyaustralia.org.au)

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