Swallowing and Neurological Rehabilitation, LLC

What is Dysphagia?

How Swallowing Works:

The first phase of swallowing is the oral phase, where food or liquid is manipulated (by chewing, forming the food into a bolus in the mouth, etc.). Next, in the pharyngeal phase of swallowing, after the food or liquid passes through your mouth, it approaches two "tubes" at the back of your throat- the esophagus and the airway. There are several muscles that go to work to make sure the food then goes from the back of your throat down into the esophagus (which leads to the stomach) rather than into the airway (which leads to the lungs). When the muscles involved in swallowing are working properly, they close off and protect the airway to prevent food or liquid from entering the lungs. Lastly, the food passes from the top to the bottom of the esophagus in the esophageal phase of swallowing. From the bottom of the esophagus, the food enters into the stomach.

Problems with Swallowing:

Difficulty swallowing is called **dysphagia**. Dysphagia can occur during any phase of swallowing. **Oral phase dysphagia** could involve difficulty chewing, food getting stuck in the mouth, etc. **Pharyngeal phase dysphagia** involves a problem with the transfer of food from the mouth into the esophagus. When the muscles involved in swallowing are not working properly, food or liquid can sometimes enter the airway instead of the esophagus. Food or liquid entering the airway/lungs is referred to as **aspiration**. Everyone experiences ***occasional*** aspiration of trace amounts (that feeling when something goes down the wrong way and your body's reaction is to cough). When such difficulty is persistent, this can lead to very serious complications, such as aspiration pneumonia. **Esophageal phase dysphagia** refers to difficulty passing food through the esophagus into the stomach and could be caused by several specific disorders such as gastric reflux, etc.

Treatment Options:

A speech-language pathologist diagnoses and treats oral and pharyngeal dysphagia.

1. One common method of treatment involves **exercises** to strengthen and improve the functioning of the muscles involved in swallowing.
2. Another common approach involves education of individualized **compensatory strategies** to decrease the risk of aspiration. (For example, for some patients, tucking the chin downward while swallowing can help cover up the airway and prevent aspiration, etc.)
3. A third option in dysphagia treatment involves **diet modification**. Certain food or liquid textures can be substituted to decrease aspiration risk. For example, thickened liquids travel more slowly than regular liquids and give the muscles more time to react, reducing the aspiration risk for some people. A last resort may involve a feeding tube and nothing by mouth (either temporarily or in some cases long-term) to prevent food/liquid from entering the airway if the above techniques are unsuccessful.

Tiffany Turner, M.S., CCC-SLP