

HARD TO SWALLOW:

Dysphagia can be a serious, life-threatening condition

Someone with a swallowing disorder may not even know they have it. “That’s what makes disordered swallowing, called dysphagia, particularly risky,” says NCH Outpatient Rehabilitation Speech Pathologist Susan O’Neill, MSCCC-SLP. “The consequences can be serious, leading to pneumonia, dehydration, malnutrition and even death.”

Knowing the symptoms can help. Signs of dysphagia include:

- ✓ Build up of mucus during or after a meal
- ✓ Coughing during or after eating or drinking
- ✓ Feeling foods or pills won’t go down well
- ✓ Any discomfort swallowing



NCH Speech Pathologist Susan O’Neill points out the signs of dysphagia as seen on this X-ray image.

Another thing many people don’t know until they meet O’Neill: “There is no such thing as a swallowologist,” she said. Patients are often taken aback when she introduces herself as a speech pathologist investigating their swallowing efficacy. However, anatomically, the same parts of the body are involved. “Since many people who have dysphagia don’t

experience pain or discomfort while swallowing, or the discomfort builds so slowly over time, problems are often very serious before they seek medical attention,” said O’Neill.

“Often, by the time they get to me, they’ve lost 50 pounds, have pneumonia and may require a feeding tube. This can be prevented by knowing those signs and seeing their doctor,” she adds.

The most serious symptom is aspiration during swallowing, which causes food or liquids to enter the pulmonary system. “We experience this as something ‘going down the wrong pipe’ and we react,” said O’Neill. “But for some people, this reaction is deadened.” This is where risk of infection increases.

“Dysphagia occurs most in the very young or in the very old, as well as in people who had strokes or cancer in the head or neck, including the mouth, throat and esophagus,” said O’Neill.

Parents often miss it in their otherwise healthy children too. “We often hear about a baby transitioning to solid food gagging on everything. The parent might think they just have a picky eater. By the time the child is four or five years old they are still feeding pureed food,” O’Neill said. “Early detection is key,” she adds.

One of the best diagnostic tools is the video fluoroscopy with a modified barium swallow. The X-ray movie taken while the patient swallows allows the patient to see what they may not be able to feel, especially if they have a progressive neurological disorder, said O’Neill.

Call the NCH Outpatient Rehabilitation Center at (239) 552-7567 to get more information if you suspect that you or someone close to you is experiencing the symptoms of dysphagia.