



Understanding dysphagia - after an Acquired Brain Injury

Dysphagia is a term used to describe **difficulty swallowing**; meaning someone has difficulty chewing food, keeping food / liquid in their mouth and / or difficulty drinking fluids safely. Difficulty with swallowing can lead to serious health complications, such as choking and pneumonia (whereby food and / or fluid can collect in the lungs), as well as poor nutrition and dehydration.

There are many different causes of dysphagia, and an acquired brain injury is one of them. Dysphagia may be temporary or long term.

Signs of a swallowing problem may include:

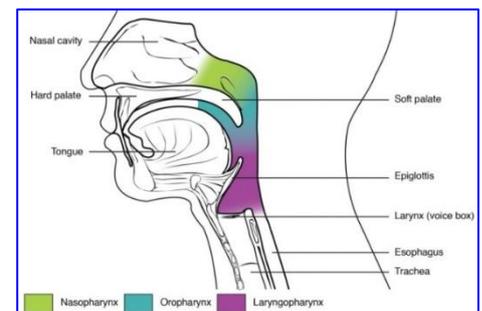
- Difficulty getting food or fluids into the mouth
- Difficulty chewing
- Difficulty moving food and fluids around the mouth
- Escape of food and / or fluid while eating
- Food and fluid staying in the mouth or throat after swallowing
- Food getting stuck in the throat
- Choking, coughing or gagging while eating or drinking – or shortly after
- Weight loss
- Chest infection
- Avoidance of food and / or fluid
- Excessive saliva or reduced saliva
- Eating a drinking too quickly causing you to choke
- Putting too much into the mouth at once
- Taking longer than usual to eat your meals

Swallowing is a **complex neuromuscular process** consisting of voluntary and involuntary mechanisms.

There are 3 basic phases of a swallow:

1. **oral**
2. **pharyngeal**
3. **oesophageal**

Each phase is managed by different areas of the brain. Subsequently, the type of swallowing problem will depend on the location (and severity) of the brain injury and will vary from person to person.



What is the treatment for Dysphagia?

A speech pathologist will assess the person's swallow and provide specific strategies to assist in managing food and fluids safely. For example, modifications can be made to compensate for a dysphagia:

- ❖ **Thickening fluids** to a consistency that aims to prevent it from entering the lungs. Thicker fluids are easier to control as they move at a slower rate.
- ❖ **Preparing food** to a consistency that the person can safely swallow (E.g. soft, minced & moist, or pureed food)
- ❖ **Prescribing adaptive equipment** to increase safety and independence (E.g. modified eating utensils, weighted cups to slow the speed of the fluid)

Speech Pathologists may also work with other health professionals, such as a Dietitian (for nutritional advice), an Occupational Therapist (for adaptive equipment advice) and/or a Physiotherapist (for seating and positioning advice).



How long does dysphagia last?

In most cases, people recover from their dysphagia. The time that takes varies greatly from person to person, however a small percentage of people can experience permanent swallowing difficulties.

Eating and drinking is a key aspect of our daily lives, so early diagnosis and effective management is essential to preventing deterioration in health as well as deterioration in social participation. If you are concerned about someone with dysphagia, speak with a speech pathologist (where the person had treatment or via a private practitioner) or contact the person's general practitioner.