



ABIOS

Acquired Brain Injury Outreach Service

FACTSHEET: **Dysphagia or Swallowing**

Audience: Person with an ABI

For further information contact the
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Swallowing difficulties (Dysphagia) after ABI: what you need to know

'Dysphagia' is a term used to describe difficulty swallowing; meaning someone has difficulty chewing food, keeping food or liquid in their mouth and / or difficulty drinking fluids safely. There are many different causes of Dysphagia, and an acquired brain injury is one of them. Dysphagia may be temporary or long term.

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.

Signs that you may have a swallowing problem include:

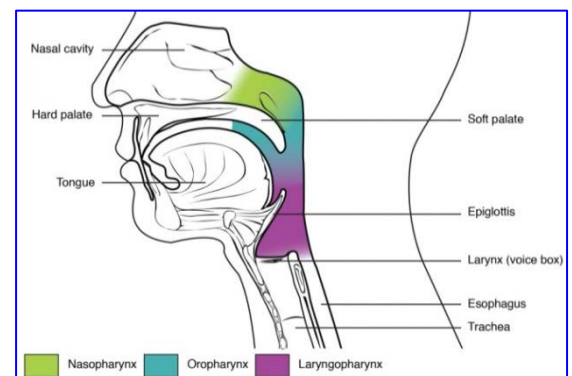
- Difficulty getting food or fluids into your mouth
- Difficulty chewing
- Difficulty moving food and fluids around your mouth
- Escape of food and / or fluid from your mouth / lips
- Food and fluid staying in your mouth or throat after swallowing
- Food getting stuck in your throat
- Choking, coughing 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 or drinking too quickly causing choking
- Putting too much into your 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?

A speech pathologist will assess your swallow and provide specific strategies and techniques to assist in managing food and fluids safely. For example:

- ❖ **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)



In certain circumstances you may have an x-ray of your swallow mechanisms while you swallow a thick liquid (this is called a modified barium swallow). This allows the Speech Pathologist to see where a breakdown is occurring.

Speech Pathologists may work closely with other health professionals, including:

1. A Dietitian (for nutritional advice)
2. An Occupational Therapist (for adaptive equipment advice)
3. 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.

In Summary:

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 think you may have dysphagia or you are concerned about your swallow, speak with a speech pathologist or contact your general practitioner.