

WHAT IS DYSPHAGIA?

A training guide for healthcare professionals



WHAT IS DYSPHAGIA?

Swallowing is a complex process and involves the coordination of nerves and 50 different pairs of muscles in the face, neck, and oesophagus.¹

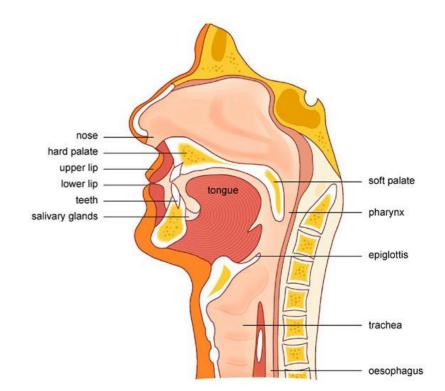
Dysphagia is a difficulty in swallowing solids or liquids, or both.²

Oro-pharyngeal dysphagia is the most common type of dysphagia, present in about 80-85% of dysphagia cases.³

WHAT IS ASPIRATION?

Aspiration can be a consequence of dysphagia.

Aspiration means food or fluids flowing into the trachea (and lungs) instead of going into the digestive system causing the individual to be at risk of chest infection and choking.



WHO CAN SUFFER FROM DYSPHAGIA?

Dysphagia can be caused by diseases like stroke, Alzheimer's, head & neck cancer, Parkinson's or can be a medical condition associated with ageing.⁴

60% of frail elderly⁴ 50–75% of care home residents⁵

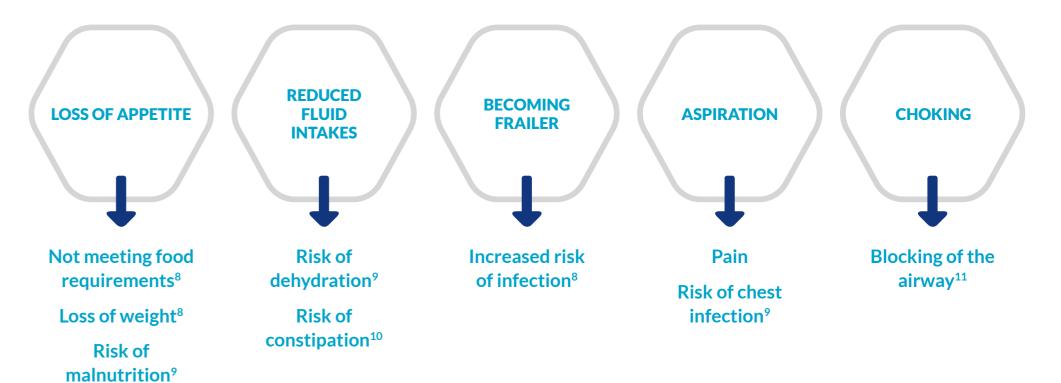
Up to 50% of head and neck cancer patients⁶



40%–78% of stroke patients⁷ 52%–82% of Parkinson's patients⁴ Up to 84% of Alzheimer's patients⁴

WHAT ARE THE RISKS ASSOCIATED WITH DYSPHAGIA?

Individuals with swallowing difficulties are at risk of:



WHAT CAN YOU DO TO HELP YOUR PATIENTS/RESIDENTS?

Identify symptoms early and act.

DO THEY:

- Drool/produce excessive saliva?
- Show difficulty in chewing?
- Show painful swallowing?
- Cough or choke during swallowing?
- Clear throat frequently?

- Show impaired breathing during meal times?
- Avoid eating in the company of others?
- Take a long time to eat or struggle to finish meals?
- Avoid food, play with food <u>or hold bolus in mouth?</u>
- Need help to eat or drink?

WHAT CAN YOU DO TO HELP YOUR PATIENTS/RESIDENTS?

HAVE A TEAM APPROACH AND OBSERVE THE INDIVIDUAL

- Discuss with your colleagues
- Talk to the speech and language therapist
- Talk to the GP

FOLLOW THE SPEECH AND LANGUAGE THERAPIST'S RECOMMENDATIONS

• Special diets and thickened drinks to specific consistencies

SUPERVISE WHEN THEY EAT

- Assist them
- Monitor food and fluid intake
- <u>If safe to do so</u>, serve small quantities of drinks more often

THICKENER USE

- Follow speech and language therapist's recommendations
- Follow recommended dosage instructions



VISIT THE NESTLÉ HEALTH SCIENCE N+ EDUCATION HUB FOR ADDITIONAL SUPPORT SERVICES:

- Request N+ dysphagia training
- Nestlé Health Science sample service
- Downloadable resources and tools
- Case studies and clinical summaries
- Patient support materials
- Videos and webinars

Register: nestlehealthscience.co.uk/nplus

For more information, please contact your local Nestlé Health Science representative or call 00800 6887 4846

Nestle HealthScience	Our Company Health Management	Our Brands N+ Education Hub	Q Search
	HOME ENTERAL NUTRITION COWS' MILK ALLERGY DY	SFHAGIA NEUROLOGICAL DISORDERS GASTRO INTESTINAL	
	Nestlé Health Science / N+ Education Hub / Dysphagia		
	DYSPHAGIA CASE STUDIES & CLINICAL SUMMARIES		
	Resource® ThickenUp ^{ow} Clear is the only gum-based thickening agent supported by over 6 years of clinical experience and with 5 published studies ^{1,5}		
	We have worked with a number of our customers to create a suite of dysphagia case studies so they can share their learnings to help enhance your knowledge within this clinical area.		
	(*)		
	RESOURCE® THICKENUP CLEAR [™] - A SMOOTH TRANSITION AND SUCCESSFUL INTRODUCTION IN LEEDS	COUNTY WIDE CHANGE FROM PREDOMINANTLY STARCH-BASED THICKENNERS TO RESOURCE® THICKENNE® CLEAR	
	Sandra Robinson, Highly Specialist Speech and Language Therapist	Alison Smith RD, Prescribing Support Dietitian, Chiltern and Aylebury Valic Clinical Commissioning Groups	
	Read Case Study	Read Case Study	

REFERENCES

- 1. National Institute on Deafness and Other Communication Disorders (1998 October), National Institutes of Health. Dysphagia. [NIH Pub. No. 99-4307]. Washington, DC. Available: http://www.nidcd.nih.gov/health/voice/dysph.asp
- 2. Tabers Cyclopedic Medical Dictionary. Ed. 19, 2001.
- 3. World Gastroenterology Organization Practice Guidelines: Dysphagia. 2007. Available at: http://www. worldgastroenterology.org/assets/downloads/en/pdf/guidelines/08_dysphagia.pdf
- 4. Approaching oropharyngeal dysphagia. Clavé P et al. Rev Esp Enferm Dig. 2004; 96(2): 119-131.
- Swallowing problems in the nursing home: A novel training response. O'Loughlin G, & Shanley C. Dysphagia. 1998; 13(3): 172–183.
- Nutritional needs of patients with malignancies of the head and neck. Hayward MC & Shea AM. SeminOncol Nurs. 2009; 25(3): 203–211.

- Dysphagia after Stroke: Incidence, diagnosis, and pulmonary complications. Martino R et al. Stroke. 2005; 36(12): 2756–2763.
- 8. Nutrition and fluid balance must be taken seriously. Leach et al. BMJ 2013; 346 :f801
- 9. Accuracy of the volume-viscosity swallow test for clinical screening of oropharyngeal dysphagia and aspiration. Clave et al. Clin Nutr. 2008; 27(6): 806-15.
- 10. Prevalence, risk factors and strategies to prevent dehydration in older adults. Wotton et al Contemp Nurse 2008; 31:44-56.
- 11. http://www.nhs.uk/Conditions/Dysphagia/Pages/Complications.aspx



For healthcare professional use only. Resource® ThickenUp™ Clear is a food for special medical purposes for use under medical supervision. ® Reg. Trademark of Société des Produits Nestlé S.A. DYS218 MAR18.