

Swallowing Changes



Changes in speaking, chewing and swallowing are common in Parkinson's disease (PD) and can interfere with important parts of life, such as the ability to eat well. But they don't always have obvious signs, and many people with PD are not aware of these difficulties, or don't know how to describe them.

Because swallowing involves a complex sequence of movements, it is no surprise that PD — a movement disorder — affects swallowing. For example, the slowness of movement that often comes with PD may affect biting, chewing, using the tongue and the ability to get food or liquid down in one bite.

What are other signs of a problem? You may lose food or liquid out of the mouth; swallow in small bites or sips; or have difficulty with certain textures. You may stop eating foods that are difficult to swallow, cough or have a wet or hoarse voice while eating and drinking.

The term for swallowing difficulty is dysphagia. It affects the mechanics of swallowing and quality of life. Many people become frustrated or embarrassed and avoid social activities like dining with friends or family.

More importantly, dysphagia can lead to malnutrition, dehydration and aspiration (when food or liquid "goes down the wrong pipe"). Aspiration can lead to aspiration pneumonia — the leading cause of death in PD — and it does not always come with a cough or choke. It is important for people with PD to be able to swallow safely and effectively.

What Can Be Done?

The first step is to get a referral to a speech-language pathologist (SLP). This professional will take a medical history and interview you about eating and swallowing. Next you will probably have a swallowing evaluation, using either a video x-ray or an endoscopic exam. During this procedure, you will swallow different

consistencies of food and liquids, and the SLP can observe the entire swallowing process: from your first sip and bite, through the mouth, down the throat and esophagus, and into the stomach. This is the best way to find out the extent and cause of swallowing problems. Then the SLP can recommend treatment.

Exercise

Just as exercise can ease other PD-related movement difficulties, it can also help with swallowing. One technique is the Lee Silverman Voice Technique (LSVT), familiar to many people with PD as a therapy to improve speech. It helps a person to exaggerate speaking and swallowing. In addition, working with an SLP on an individualized program can help you swallow hard to better move food from the mouth down the throat.

Change the Food

Swallowing difficulties can be eased by pureeing solid foods or thickening liquids, to avoid liquid going down the airway. Talk to a speech-language pathologist for help with these modifications.

Conclusion

If you notice changes in your ability to swallow, tell your healthcare team. Swallowing problems in Parkinson's are treatable! For more information or a referral to a speech-language pathologist, call the Parkinson's Foundation Helpline at 1-800-4PD-INFO (473-4636). Request your free copy of our publication *Speech and Swallowing*.

How do I know if I have a swallowing problem?

- ✓ I have recently lost weight without trying.
- ✓ I tend to avoid drinking liquids.
- ✓ I get the sensation of food being stuck in my throat.
- ✓ I tend to drool.
- ✓ I notice food collecting around my gum line.
- ✓ I tend to cough or choke before, during or after eating or drinking.
- ✓ I often have heartburn or a sore throat.
- ✓ I have trouble keeping food or liquid in my mouth.

Adapted from information provided by Michelle R. Ciucci, PhD, SLP, and Jane Busch, DDS on their Expert Briefing, which is available to view at www.parkinson.org/ExpertBriefings.