CLiP

15 minute Worksheet

Helping the patient with reduced hydration and nutrition

5: Thinking about swallowing problems

Intermediate level

Produced by
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Aim of this worksheet

To consider the causes and approaches to swallowing problems in advanced disease.

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, and then turn to the Work page overleaf.
- Work any way you want. You can start with the exercises on the Work page using your own knowledge. The answers are on the Information page - this is not cheating since you learn as you find the information. Alternatively you may prefer to start by reading the Information page before moving to the exercises on the Work page.
- This CLiP worksheet should take about 15 minutes to complete, but will take longer if you are working with colleagues or in a group. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know.
- Take this learning into your workplace using the activity on the back page.

Case study

Ben is a 33 year old man who has a moderate learning disability together with hydrocephalus, spastic diplegia, visual impairment and epilepsy. He has been diagnosed as having a carcinoma of the kidney with lung metastases. Ben is usually well nourished, but in three months he has lost 11kg weight.

He has always found eating and drinking difficult but now coughs and splutters when drinking. He has had three chest infections in as many weeks.

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INFORMATION PAGE: : Thinking about swallowing problems

Causes of difficulty swallowing (dysphagia)

Mucosal problems: dryness from any cause can make swallowing very difficult. If the mucosa is damaged, pain will make it difficult to swallow. Causes of mucosal damages are infection (eg. candida, herpes, apthous ulcers), local cancer causing pain, cancer treatment (chemotherapy or radiotherapy involving the mouth, pharynx or oesophagus). Drugs can affect swallowing by causing dryness (eg. amitriptyline, morphine, cyclizine), or ulceration (eg. NSAIDs).

Neurological problems: both sensation and muscular control are essential for effective swallowing. Any cause of nerve damage (eg. cancer, surgery) will cause problems with sensation or muscle control. Damage to the cortex of the brain (eg. dementia, stroke) or to the cerebellum (eg. cancer) can cause problems with co-ordination of the swallowing muscles. Some conditions cause degeneration of the connecting nerve cells (motor neurones) that control muscles. eg. motor neurone disease.

Muscular problems: nearly 40 muscles are involved in swallowing and each muscle must co-ordinate correctly with its neighbour for swallowing to occur correctly. Any of the neurological problems above may cause problems. In addition, surgical removal of muscle, or scarring of muscle (due to surgery or radiotherapy) can cause difficulties.

Blockages: these mainly affect the oesophagus and can be caused by cancer, scarring, or inflammation due to infection.

Signs and symptoms of dysphagia

General features

Signs: dehydration and weight loss are the most likely signs. The total time taken from the first movement of the tongue to the last movement of the larynx (the oro-pharyngeal transit time) is usually less than 1second with liquids- times longer than this are abnormal. Patients will usually refuse all food if the transit time is longer than 10 seconds.

Symptoms: food refusal and pain on eating may indicate a problem with swallowing. Repeated chest infections can occur if food or fluid is getting into the lungs (aspiration). Patients can sense accurately the position of an obstruction and this information is important in separating out swallowing causes in the mouth and pharynx from those in the oesophagus.

Preparation (oral) phase problems

Signs: leakage of food or liquid from the mouth, food collecting between the gums and the cheek, reduced or poorly co-ordinated tongue movements preventing food from forming a bolus and moving food from the front to the back of the mouth, prolonged chewing due to pain in the mouth, reduced sensation or muscular weakness.

Symptoms: difficulty moving food or liquids to the back of the tongue or pain in the mouth on chewing.

Swallowing and pharyngeal phase problems

Signs: delayed swallowing phase, choking and coughing before, during or after the swallow, 'gurgly' quality to the voice after drinking due to material entering the larynx, nasal regurgitation or copious sputum.

Symptoms: a sensation of food 'sticking' at the mouth or throat, feeling of choking or pain in the throat on swallowing.

Oesophageal phase problems

Signs: usually none unless aspiration is causing repeated chest infections.

Symptoms: sensation of food sticking in the chest or abdomen that is worse with solid food (the level of the sensation invariably matches the site of the blockage), pain on swallowing or heartburn due to reflux of stomach contents into the oesophagus.

Helping Ben

Gather information: check for all the signs and symptoms above. Monitor food and drink intake.

Think about Ben's need for hydration and feeding: see CliP worksheet on *Decisions in Hydration and Feeding.*

Ensure that any infection or pain is treated: eg. candida. See CliP worksheet on *Oral Problems.*

Ask for help: if you suspect a swallowing problem then which person is needed depends on where the problem lies:

Mouth or pharynx: these patients should be seen by a swallowing therapist. These are speech therapists with a special interest in swallowing. After an initial assessment they may arrange for investigations of swallowing which help to formulate solutions to make swallowing easier, as well as advice on whether it is safe to continue with oral feeding and drinking.

Oesophagus: these need referral to a gastroenterologist who may organise a barium or gastrograffin swallow as well as a look with a flexible viewing tube (an endoscope). If there is an obstruction they may be able to treate this by dilatation, laser or inserting a stent to keep the oesophageal passage open.

If the assessments show that Ben needs extra hydration and food given then it may be necessary to consider a non-oral route- see the CliP worksheet on *Using Non-oral Routes.*

Consider Ben's capacity to make this decision: if he has capacity for this decision his view is paramount. If he does not have capacity the decision must be made in his best interests. In England and Wales this is a minimum 9 point checklist required by the 2005 Mental Capacity Act. See the CLiP module on *Planning Care in Advance.*

Simple help: thickened liquids and foods (mousse, creamed soup) can often be swallowed more easily. Swallowing with the head tilted forward can reduce aspiration.

There are four stages of swallowing:

- Preparation phase: chewing and moving the food and liquid backwards
- Swallowing: moving the contents over the back of the tongue into the pharynx
- Pharyngeal: moving the contents towards the opening of the gullet (oesophagus)
- Oesophageal: moving contents down through the oesophagus to the stomach

Remember that for many people, the transfer of food and liquids *from table to mouth* can be a major problem

What could affect Ben's swallowing?
Think about causes in the following categories:

Problems with the lining (mucosa):

Neurological (nerve and brain) problems:

Muscle problems:

Blockages:

Write down the signs (changes you can feel or see) and symptoms (problems the patient complains of) when swallowing is affected

	Signs you can feel or see	Symptoms patient complains of
General features		
Preparation phase		
Swallowing and pharyngeal phase		
Oesophageal phase		

Think about what you can do to help Ben

FURTHER ACTIVITY: Thinking about swallowing problems

If one of your clients was experiencing problems with swallowing

- What would you do?
- Who would you contact?

FURTHER READING : Thinking about swallowing problems

Journal articles

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15 minute Worksheet

Current Learning in Palliative care

An accessible learning programme for health care professionals

15 minute worksheets are available on:

- An introduction to palliative care
- Helping the patient with pain
- Helping the patient with symptoms other than pain
- Moving the ill patient
- Psychological and spiritual needs
- Helping patients with reduced hydration and nutrition
- Procedures in palliative care
- Planning care in advance
- Understanding and helping the person with learning disabilities
- The last hours and days
- Bereavement

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www.clip.org.uk