

Why is it important?

Half of all people with Parkinson's disease (PD) develop difficulty swallowing. It is more common with advanced Parkinson's but may also appear in the early stages. When difficulty swallowing makes it less pleasurable to eat and drink, quality of life can be affected. In addition, difficulty swallowing can result in food, liquid or saliva entering the lungs, a process called *aspiration*. Repeated episodes of aspiration can lead to *aspiration pneumonia*, a condition that is a primary cause of death for people with PD.

Causes and symptoms of swallowing problems in Parkinson's

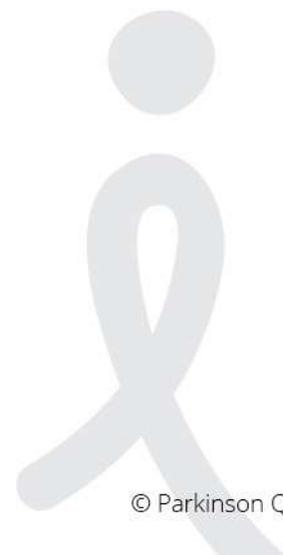
The swallowing system is dependent on specific and coordinated movement of the swallowing mechanism. In the same way that PD can cause you to experience slowness, rigidity, tremor, and difficulty with initiation of movement, it can also affect the phases of swallowing. Phases of swallowing include the oral phase (bolus preparation/chewing), the pharyngeal (moving food down through the throat), and the esophageal (movement of food to the stomach). You may experience one or more of the following symptoms:

- Choking
- Coughing or throat clearing during meals

- Difficulty moving food or liquid from the front of the mouth to be swallowed
- Loss of liquid or food from the mouth
- Drooling
- Slowed chewing
- increased time required to eat a meal
- Feeling food or liquid sticking in the throat
- Increased difficulty swallowing pills
- Weakened cough or changes in voice

High Risk Swallowing Concern – Silent Aspiration

Silent aspiration occurs when food or liquid (including your own saliva) enter the lungs WITHOUT any outward signs or symptoms such as coughing. Silent aspiration can occur secondary to problems associated with the swallowing mechanism such as decreased sensation, slowed motor function, general weakness, decreased coordination, and weak or absent cough. Symptoms of silent aspiration can include, but are not limited to: wet sounding voice especially with eating, absence of coughing or throat clearing, chest congestion, fever, and pneumonia.



Evaluation and treatment

Swallowing difficulty should be evaluated and treated by an experienced Speech Language Pathologist. You would benefit from participation in a videofluoroscopic swallowing study (a video x-ray that examines all phases of swallowing).

This study will help the swallowing specialist **create a safe swallowing program specific to the concerns with your swallowing**. Swallowing treatment plans are **highly individual** and should be created specifically for you following evaluation.

Discuss any eating and swallowing difficulties with your physician and request a referral for evaluation and treatment of your swallowing symptoms.

Self-help for swallowing

- Eat in an environment free from distraction.
- Always eat sitting upright at 90 degrees.
- Remain upright for at least 45 minutes after eating.
- To avoid the effects of fatigue, try to eat 5 small meals instead of 3 large meals.
- Chew thoroughly. Discuss any changes to your teeth or dentures with your dentist.
- Alternate liquids and solids. Do not wash down food.
- Eat when you are at your best.
- Do not ignore symptoms of a swallowing disorder.



*Source : Parkinson Society British Columbia
Adapted by Parkinson Québec, June 2015*