

**The swallowing system is dependent on specific and coordinated movement of the swallowing mechanism.**

### Phases of swallowing:

- The oral phase: bolus preparation/chewing
- The pharyngeal phase: moving food down through the throat
- The esophageal phase: movement of food to the stomach

## DYSPHASIA

Half of all people with Parkinson's disease develop dysphagia (difficulty swallowing). It is more common with advanced Parkinson's but may also appear in the early stages. When dysphagia makes it less pleasurable to eat and drink, quality of life can be affected. In addition, there is a risk that 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 Parkinson's disease.

## CAUSES AND SYMPTOMS OF DYSPHASIA

Parkinson's disease may affect muscles involved during the various phases of swallowing and thus cause dysphagia. Thus, there are several types of dysphagia.

### Among the symptoms of dysphagia:

- choking;
- coughing or throat clearing during meals;
- difficulty moving food or liquid from the front to the back of the mouth;
- 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.

## SILENT ASPIRATION

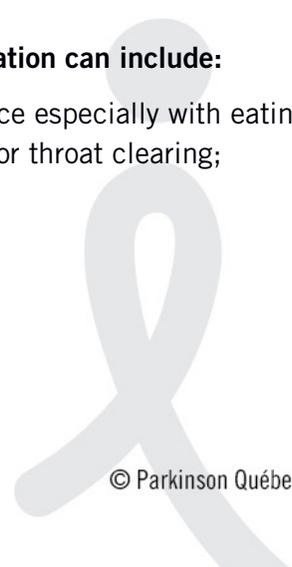
Silent aspiration is the most serious category of dysphagia. It occurs when food or liquid (including saliva) enter the lungs without any symptoms of swallowing problems, such as coughing.

### Silent aspiration may be caused by:

- decreased sensation;
- slowed motor function;
- general weakness;
- decreased coordination;
- weak or absent cough.

### Symptoms of silent aspiration can include:

- gurgling sounding voice especially with eating;
- absence of coughing or throat clearing;
- chest congestion;
- fever, pneumonia.



## EVALUATION AND TREATMENT

Swallowing difficulty should be evaluated and treated by an experienced speech pathologist.

You would benefit from participation in a video-fluoroscopic swallowing study (a video x-ray that examines all phases of swallowing). This study will help the swallowing specialist create a safe program addressing specifically your concerns with 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 TO IMPROVE YOUR 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.

