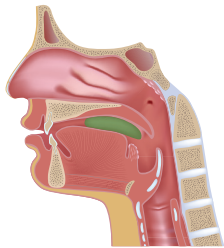


SWALLOWING

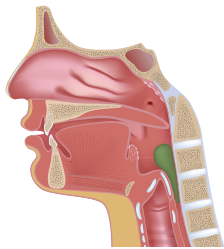
The swallowing system is dependent on specific and coordinated movement of the swallowing mechanism.

Phases of swallowing:

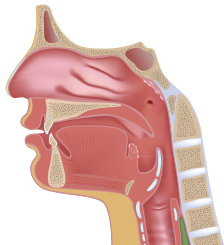
1. The oral phase: bolus preparation/chewing



2. The pharyngeal phase: moving food down the throat



3. The oesophageal phase: movement of food to the stomach



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To find the appropriate resources,
visit the Info Centre Parkinson at

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DYSPHASIA

Half of all the people living with Parkinson's disease develop dysphagia (swallowing difficulty). It is more common in advanced stages of Parkinson's but may also appear in the early stages. Dysphagia makes it less pleasurable to eat and drink, which can affect your quality of life. In addition, there is a risk of food or saliva entering the lungs, a process called *aspiration*. Repeated episodes of aspiration can lead to *aspiration pneumonia*, a condition that is the 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. There are several types of dysphagia.

The symptoms of dysphagia may include:

- 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;
- excess 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:

- hoarse voice especially when eating;
- absence of coughing or throat clearing;
- chest congestion;
- fever, pneumonia.

EVALUATION AND TREATMENT

Difficulty in swallowing should be evaluated and treated by a speech therapist.

You may request a videofluoroscopy (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 personalized and should be created specifically for your needs following the evaluation.

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

Do not ignore symptoms of a swallowing disorder.

