

Parkinson's and swallowing

Eating and drinking are highly pleasurable experiences and most people enjoy them as part of social interaction. For many people in the later stages of Parkinson's difficulties with swallowing can negatively impact on this pleasure. Learning about this can help reduce the loss of pleasure and the potential dangers associated with swallowing difficulties.

The medical term used to describe a swallowing difficulty is 'dysphagia, a swallowing disorder characterised by difficulty in oral preparation for the swallow or in moving material from the mouth to the stomach'. Although dysphagia may occur in the early stages of Parkinson's, it mainly occurs in the later stages of the condition. This fact sheet explains the changes that can occur in the swallowing process in aging and Parkinson's, and looks at the role of the speech-language therapist in the assessment and management of swallowing difficulties.

SWALLOWING CHANGES IN PARKINSON'S

Many conditions can affect the way you swallow. As you age decreased saliva production and lessening of the ability to taste food can occur and the effects of some medications may influence your mouth dryness and swallowing. Dental changes may make chewing harder and make it less easy to feel where food is sitting in the mouth. See the February 2014 *Parkinsonian* Fact Sheet on 'Parkinson's and Dental Health' for more information. People with Parkinson's are particularly prone to swallowing difficulties.

COMPLICATIONS OF DYSPHAGIA

Dysphagia in Parkinson's will increase the chance of experiencing a silent aspiration. Silent aspiration occurs when food/drink enters the airway without eliciting a reflexive cough. Characteristic motor symptoms of Parkinson's may also be evident in the jaw, tongue and throat muscles. In Parkinson's, dysphagia causing aspiration (food or fluid entering the airway and lungs), is one of the leading causes of pneumonia (chest infection).

People may have difficulties in making a tight lip seal, leading to drooling of saliva, food or drink during mealtimes. Moving the food from the front to the back of the mouth may also be difficult due to impaired co-ordination, making mealtimes longer. Swallowing may be slow to initiate, allowing food to enter the throat before the airway is protected. It may feel as though food, saliva or pills stick in the throat. Coughing or choking may occur during meals.

People with Parkinson's run the risk of reducing overall food intake. Inadequate food and drink intake can lead to muscle weakness, malnutrition and dehydration which negatively impacts on overall quality of life.

SIGNS OF SWALLOWING DIFFICULTY

Some signs of swallowing difficulties that you or a caregiver may notice can include:

- Food sticking in the mouth or throat after swallowing
- Swallowed food does not go down correctly – can back up into the nose

- Choking
- Frequent need for repetitive swallowing to clear food
- Frequent throat clearing
- Coughing during or after swallowing
- The need to 'wash down' food with drink
- Mucus pooling in the mouth and/ or throat
- Weight loss
- Food avoidance
- Avoidance of social occasions involving food
- Dehydration
- Taking a long time to finish a meal
- 'Gurgly' voice after eating
- Difficulty chewing
- Drooling of saliva
- Persistent cough or chest infection that doesn't recover in the usual timeframe
- Hoarse voice or recurrent sore throat
- Regurgitation of food.

It is important to remember that identification of dysphagia can be difficult if you do not have a cough. This makes it very important to pay careful attention to less obvious signs of swallowing impairment.

If you experience any of the above symptoms, speak to your doctor and Parkinson's Community Educator and seek a referral to a speech-language therapist.

ROLE OF THE SPEECH – LANGUAGE THERAPIST

As well as providing advice on speech, language and voice problems, speech-language therapists can also assess and help you manage dysphagia. An assessment of swallowing ability includes taking a detailed case history, and an assessment of the mouth and throat structures important for swallowing. Following this, some food and drink may be given to ascertain the safest consistency for the person.

The three S's for Management of swallowing difficulties.

1. **Safety** – reduce risk for choking and aspiration of food and drinks
2. **Sufficiency** – ensure adequate oral intake
3. **Satisfaction** – with route of intake and quality of recommended diet.

In order to achieve these goals, the speech-language therapist will work with you on manoeuvres or exercises to improve swallowing. In some cases, compensatory techniques may be introduced. These can include diet or environmental modification, such as taking smaller bites or eating in a distraction-free environment. Occasionally, alternative feeding methods may be necessary such as by a food tube.

SUGGESTED FOOD

A regular diet with a wide range of tastes and textures is important to keep all of your muscles working, and encourage proper nutrition and hydration. Only if you begin experiencing significant difficulty, would you need to adapt your diet. If you do notice that you are avoiding some foods, it is important to talk to a dietitian to ensure you are not altering your overall nutritional balance. For example avoiding meat can lead to insufficient protein intake. While each individual will have different challenges and therefore different solutions, the following suggestions may help

- Food that is soft and moist, with a good flavour and smell, tends to be easier to swallow
- Take care with foods which are hard, dry, crumbly or stringy. These may need lubrication or may be avoided.
- Take care with mixed consistencies (e.g. solid plus liquid).
- Be careful with foods which stick to the roof of the mouth or get caught around the mouth: dry mashed potatoes, tomato with skin on, biscuits, bran flakes, hard-boiled eggs.
- Thicker fluids (e.g. nectars, milk shakes) may be easier to control and swallow than thin clear liquids, as they move more slowly.
- Keep food presentation appetising: flavour, smell and appearance of food.
- Relax and enjoy your food. It is good to have a break between mouthfuls and take sips of water during the meal. This will not only help you relax but also allow you to clear your throat and mouth. You may need to swallow twice to clear each mouthful.
- Eat smaller portions more frequently, especially if time for meals is limited
- Diet fortification may be useful such as a supplement drink like Complan or Ensure. This provides a large amount of protein in a small volume.
- Take pills one at a time and with food or fluid the consistency of puree or yoghurt. This travels at the same speed as the pill rather than water which can race ahead.
- Consider reformulating some of your medicines to liquid or crushable forms (talk to your GP and pharmacist)

POSSIBLE PROBLEM FOODS

- mixed textures, like liquid with bits in (e.g. minestrone soup or watery mince);
- flakey biscuits;
- hard toast or nuts, chocolate, grains, seeds;
- stringy, fibrous vegetables

FOODS THAT MAY BE EASIER TO SWALLOW

- milk
- mousse, custard, yoghurt, ice cream
- souffle, omelette
- casseroles
- soup
- fruit juice, pureed fruit
- pancakes (with syrup etc.)
- meals with sauces/ gravy
- well cooked vegetables
- banana

If you are using more liquid meals, it is important to keep up your energy intake. Your dietician may recommend appropriate supplements and guidelines. You can make liquid foods thicker by using instant pudding, yoghurt, gelatine or instant potato powder.

ALTERNATIVE MEANS OF NUTRITION

For some people, eating and drinking would not be enough to maintain adequate nutrition. Your physician may recommend an alternative feeding method to supplement oral intake.

PRECAUTIONS IN PREVENTING ASPIRATION OR CHEST INFECTIONS

There are some good practices which may help to reduce the risk of aspiration:

- For those on medication for Parkinson's, time mealtimes during the 'on' phase of the medication
- As far as possible maintain an upright position during mealtimes
- Do not tilt head backwards during eating/drinking as this makes it harder to swallow
- If modified food/drinks are prescribed, eat only the diet/ fluid consistencies that have been recommended
- Use recommended compensatory techniques
- Supervise meals and keep distractions to minimum during mealtimes
- Pay extra care to dental and oral hygiene by regular brushing, flossing and dental review. This prevents bugs in the mouth causing chest infections.
- Treat reflux if present with blockers such as Gaviscon

If you are experiencing any of the swallowing difficulties described above, or are concerned about someone you are caring for, you should seek a referral to a Speech-Language Therapist. In New Zealand, self referral to a therapist is possible via your primary care physician, Parkinson's Community Educator or the local district health board.

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Please do not interpret anything in this fact sheet as personal medical advice, always check any medical problem with your Doctor. Further information may be obtained from your Parkinson's Community Educator.