Dysphagia Management
And Updates

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Health New Zealand Waitaha

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Tēnā koutou katoa

- A little about me:
  - Enthusastic about ensuring people receive timely care for swallowing and communication disorders post-stroke that is person and whānau centred
  - Fortunate to work in partnership with highly skilled colleagues across allied health, nursing and medicine
  - Special interests: working with Acute Stroke Nurses for swallowing and communication screening, instrumental assessment of swallowing, supporting people with aphasia

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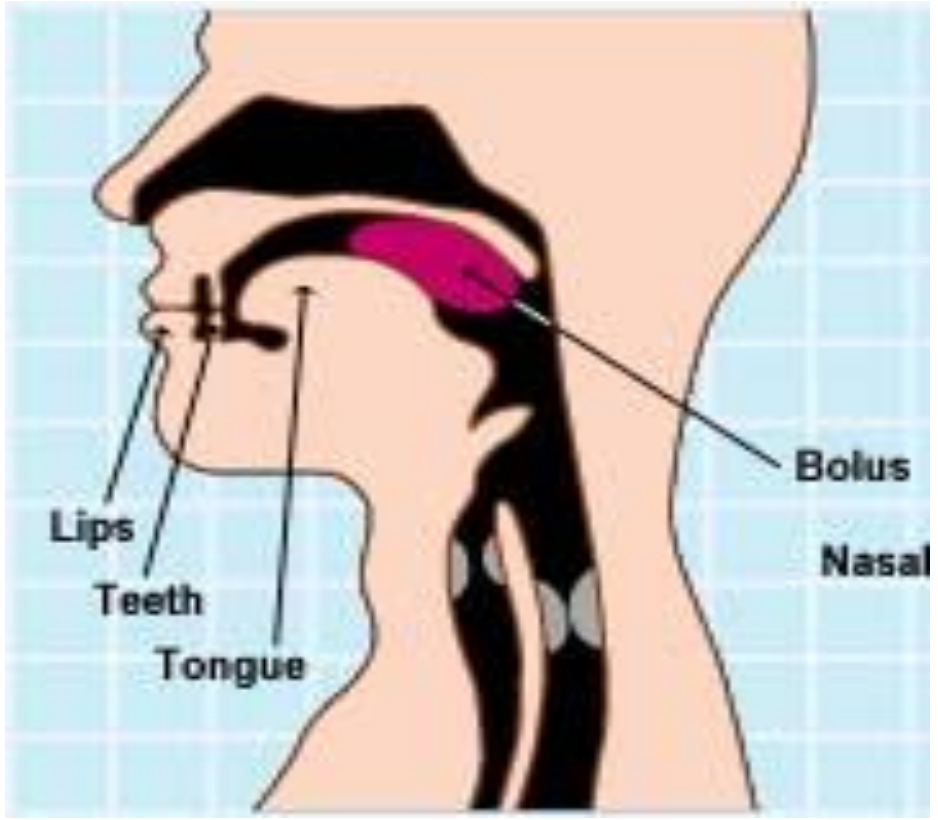
Topics:

- Dysphagia refresher
- To thicken or not to thicken?! An update on thickened fluids and the free water protocol
- The importance of oral hygiene
- A quick word on straws
- Food textures and IDDSI
- Neuroplasticity and swallowing practice
- Instrumental swallowing assessment: FEES 101

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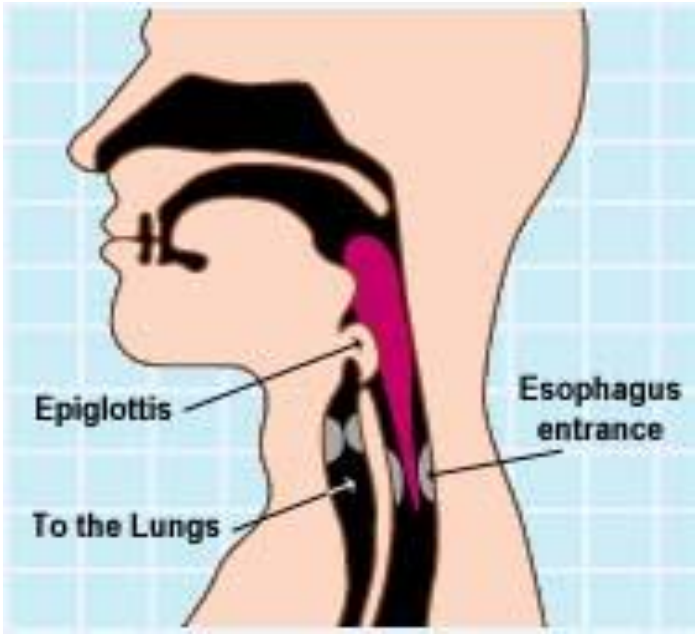
Swallowing is a complex process!

- It begins with pre-oral preparation to swallow
- Lips shut, sealing food or fluids
- Form bolus using lips, tongue, cheeks, hard palate, jaw
- Tongue moves food back with stripping motion



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- Soft palate rises up
- Epiglottis deflects
- Upper oesophageal sphincter starts to open
- Pharynx contracts
- Airway protection should be in place



What is dysphagia?

- Dysphagia is the medical term used to describe difficulty swallowing
- Swallowing involves precise movements of numerous muscles
- Dysphagia can affect one or multiple of the phases of swallowing
- Dysphagia can have real impacts on day to day life and enjoyment of food and drinks

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Dysphagia in Stroke

- Incidence of dysphagia in stroke is 40-50 %

- Up to 27% of patients with stroke related dysphagia have silent aspiration

(Teasell et al., 2011)

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Thickened fluids – the context

- Thickened fluids have been used in the management of dysphagia for quite some time
- *"by flowing more slowly, thickened fluids improve bolus containment and reduce risk of aspiration and cough-distress, thereby improving safety and comfort*". (RCSLT, 2023)
- Thickened fluids can remain a useful compensatory tool, ideally in the short term and especially when assessed via instrumental assessment
- As SLTs we historically worry about aspiration, and we do everything we can to prevent it. However our management approaches, such as thickened fluids, can create other issues…

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Thickened fluids - considerations

- Reasons to critically evaluate our use of thickened fluids:

"…there is an absence of evidence that thickened fluids can reduce dysphagia-related complications such as aspiration pneumonia, or that they improve health or quality of life outcomes"

(RCSLT, 2023)

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Thickened fluids - considerations

Potential adverse effects of thickened fluids:

- Reduced fluid intake and dehydration
- UTIs
- Reduced health social-related quality of life
- Feeling of fullness leading to reduced appetite
- Unpalatable taste and texture
- Increased thirst

(RCSLT, 2023)

- We need to weigh-up the burden of thickened fluids vs the risk of aspirating plain water…

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What is a Free Water Protocol?

- Free Water is a recommendation used nationally and internationally, progressive area of SLT

- It originated in 1984 in the USA (Frazier Free Water Protocol), and plenty of research completed since has supported its use

What does a Free Water Protocol involve?

- NBM patients: Allowed water at any time
- For people on oral diets: water is permitted in-between meals, unrestricted prior to meals and allowed 30 minutes after meals
- Medications should not be given with water
- Stringent oral cares should be provided
- The above recommendations may vary based on the individual's factors

Why Water?

- The aspiration of small amounts of water is considered relatively benign, due to:
  - Pure water contains less pathogenic bacteria than other fluids
  - Small amounts of water can be absorbed into the blood stream via the lungs aquaporins (permeable water-conducting channels)

(Langmore, 2011)

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Free WATER Guideline
For people with swallowing difficulties

Patient Information – Speech-language Therapy Department

The free water guideline, which allows you to drink **plain water**, is recommended by speech-language therapists for some people with swallowing difficulties who cannot safely swallow other thin fluids e.g. juice/tea/coffee/runny soups. For these people, thin fluids have higher risk of entering the lungs when swallowing. This is called aspiration and can cause chest infections (also called aspiration pneumonia).

However, if plain water is aspirated, it has a lower risk of causing a chest infection than any other thin fluids, especially when a person has **good oral hygiene** (a clean mouth).

The free water guideline is not suitable for everyone. Your speech-language therapist will discuss your needs and options with you so that you can make an informed decision.

The benefits of free water

- Comfort and quality of life is maintained, compared to no oral fluids or thickened fluids.
- Reduces dehydration.
- Thirst quenching and relieving for a dry mouth.

The potential risks of free water

Chest infections: water may **still be aspirated**. It can carry germs or tiny bits of food from the mouth into the lungs which can cause a chest infection.

Coughing and discomfort: some people may cough when drinking water. People who cough a lot, and are distressed by this, are not suitable for the free water guideline.

The free water guideline

- Follow the food texture and fluid recommendations made by your speech-language therapist.
- **Brush your teeth** or clean your mouth thoroughly **before drinking water.**
- **Plain water** is the only thin fluid to be swallowed and **only between meals.**
- **Do not drink any other thin fluids** such as tea, coffee, juice, runny soups.
- **Do not drink water with food** as this may take bits of food into your lungs.
- **Wait 30 minutes** after eating before you drink water.
- For some people thickened fluids are safe with meals however this is not safe for everyone, your speech-language therapist will explain and discuss this with you.

Your speech language therapy recommendations

Fluids: *(tick)*

- ☐ PLAIN WATER is the ONLY thin fluid to be swallowed
- ☐ NO WATER WITH FOOD
- ☐ WAIT 30 minutes after eating before you drink plain water
- ☐ Complete oral cares before you drink plain water
- ☐ Mildly thick fluids can be swallowed at meal times
- ☐ Moderately thick fluids can be swallowed at meal times

Food texture: _____

Oral Medications should NOT be taken with water.

Take your medications: ☐ **crushed** with pureed food *(pharmacist review required)*
☐ **whole** with pureed food
☐ **non-oral**

If you have any questions please contact your speech-language therapist.

Name: _____ Contact Number: _____

For more information about:

- hospital and specialist services, go to www.cdhb.health.nz
- your health and medication, go to www.healthinfo.org.nz

Thank you to Speech-language Therapy, Health New Zealand Te Whatu Ora, Waitemata for sharing this resource

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Prevention of Aspiration Pneumonia

- In order to prevent pneumonia, we need to look beyond any single factor, such as dysphagia, and focus treatment on all relevant factors

  - *"Dysphagia was concluded to be an important risk factor for aspiration pneumonia, but generally <u>not</u> sufficient to cause pneumonia unless other risk factors are present as well"*

(Langmore et al., 1998)

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