Oral Motor Dysfunction

Recognizing Dysphagia and Aspiration

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Oral Motor Dysfunction

Defined

 A dysfunction of the normal mechanism of chewing and swallowing. Can involve abnormal functioning of the mouth, throat, or esophagus.

Anatomy of mouth, throat, esophagus, and stomach



*ADAM.

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Dysphagia

- Difficulty in swallowing or inability to swallow.
 - Dysphagia can originate in 2 different areas
 - Oral/pharyngeal (mouth/throat)
 - Esophageal ("food tube" to stomach)

Aspiration

- The entrance of fluid or foreign matter into the air passages of the lungs
 - Often happens due to dysphagia (a difficulty with swallowing)
 - Can happen at any time
 - aspiration of oral secretions
 - Can happen unexpectedly (choking)
 - Food stuffing behavior
 - Vomiting

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Who is at risk?

- Dysphagia is due to problems with the normal function of the muscles and nerves involved in one or more of the following phases of swallowing
 - Chewing
 - Propelling food to the back of the throat
 - Action of swallowing
 - Esophagus moving food to stomach

Who is at risk?

- Individuals who have problems with nerves and muscles will be at risk
 - Developmental disabilities
 - Neuromuscular conditions
 - Cerebral palsy
 - GERD (reflux)

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How can I recognize aspiration or dysphagia?

- Review of health history specific risks
- Recognition of mealtime behaviors that may indicate a problem
- Recognition of signs and symptoms that may indicate an individual has an increased risk

Aspiration Risks- Health History

- Any past diagnosis of aspiration or aspiration pneumonia
- Individual with a diagnosis of cerebral palsy, muscular dystrophy, epilepsy, GERD, dysphagia, or hiatal hernia
- Any individual with unexplained weight loss or chronic dehydration



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Aspiration Risks- Health History

- Individuals who take medications that may decrease alertness or alter muscle tone
- People with chronic chest congestion, frequent pneumonia, persistent cough, or chronic use of respiratory medications

Aspiration Risks - Mealtime Behaviors

- Eating slowly
- Coughing, gagging, or choking during meals
- Eating in unusual position or posture
- Unsafe eating/drinking practices (eating/drinking rapidly or food stuffing behavior)
- Needing to be fed by others

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Aspiration Risks - Other signs and symptoms

- Irregular breathing or rapid breathing during or after meals
- Intermittent fevers
- Food or fluid falling out of the mouth during meals
- Vomiting after meals
- Change in voice during or after meals

Consequences of Dysphagia and Aspiration

- Chronic recurrent aspiration will lead to pneumonia-also known as "Aspiration Pneumonia"
- The chronic exposure of the lungs to foreign material, as well as recurrent infection, will lead to scarring of lung tissue
- THIS DAMAGE IS IRREVERSIBLE
- Over time, this will cause chronic lung disease and eventually death.

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Consequences of Dysphagia and Aspiration

CHOKING

- Can be either from food stuffing behaviors or from dysphagia
- This is serious and can be fatal!
- All staff should be trained in emergency procedures for any choking episode.



Consequences of Dysphagia and Aspiration

The key to preventing these complications from dysphagia and aspiration is RECOGNITION of the problem and active management of the risk.

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Risk Assessment for Aspiration and Dysphagia

- There are several risk assessment tools that can be utilized to help identify individuals who may be at risk for aspiration and dysphagia.
- Being proactive by identifying those at risk will allow for interventions to be put in place to decrease the chances of complications.
- Adding a yearly aspiration risk assessment to be completed for all individuals is a helpful tool to identify and manage those at risk.

Evaluation and Diagnosis

- Individuals thought to have signs of dysphagia or aspiration should be evaluated by a healthcare provider.
- A clear history of the signs observed and the concerns for dysphagia should be presented to the healthcare provider.
- Swallowing mechanism can only be evaluated by specialized testing.

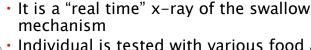
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Evaluation and Diagnosis

Video Oral Swallow Study (VOSS) is the most common test ordered to evaluate the swallow mechanism.



 It is generally conducted by a speech language pathologist in conjunction with a radiologist





- Individual is tested with various food and liquid textures
- Dietary recommendations or restrictions will be given in the final report if there is concern noted on the testing.

Diet Modifications for Aspiration and Dysphagia

- Individuals who are diagnosed with aspiration or dysphagia should have dietary recommendations from the swallow specialist for alterations to their diet consistency.
- Soft food
- Pureed food
- Thickened liquids
- Severe cases may not be safe to take nutrition by mouth
 - (in these cases an alternative route for nutrition would need to be looked into, i.e., G-tube access)

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Diet Modifications for Aspiration and Dysphagia

- BE AWARE that some medications cannot be mixed with food as they will cause a choking hazard.
- For Example: Bulk forming laxative powders such as Metamucil, Fibercon, and Genfiber must only be mixed with water or juice.
- When mixed with food, they quickly harden and create a choking hazard for individuals

Program Planning for Dysphagia

Individuals identified as having dysphagia or aspiration should have an individual program plan to address this issue.



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Program Planning for Dysphagia

- The program plan should address:
 - Assistance level needed (including verbal or physical cues needed)
 - Correct positioning for oral intake
 - Adaptive feeding equipment
 - Where meals should take place
 - Common signs of aspiration, what to do, where to document, and who to notify if these occur

Program Planning for Dysphagia

For Staff

- Ensure only trained staff assist the individual at mealtime
- Stop assisting with meal if person coughs, chokes or gags. Notify appropriate professional staff before resuming
- Avoid having individual lie down after meals for 30 to 60 minutes

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Program Planning for Dysphagia

- Staff should be trained on all aspects of the individual's mealtime protocol.
- Staff should be trained on emergency response to an aspiration or choking event.
- Appropriate emergency equipment should be in the room the individual receives meals (face mask for CPR, gloves, etc)

Program Planning for Dysphagia

Individuals with dysphagia should be re-evaluated annually as the level of dysfunction often progresses, requiring modification of the individuals plan.

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Roles and Responsibilities

Agency

- Must ensure all individuals are assessed for aspiration and dysphagia risk
- Develop a policy for ensuring staff receive appropriate training in mealtime procedure for individuals known to have aspiration or dysphagia
- Provide staff with appropriate emergency response training to incidents of choking and aspiration

Roles and Responsibilities



House Managers/QIDP

- Recognition of relevant health history or patterns of illness that may suggest aspiration or dysphagia
- Ensure individual plans are appropriate to each person who needs a mealtime plan due to risk or presence of aspiration or dysphagia.
- Advocate for individual during healthcare visits if there is concern for aspiration or dysphagia, so that it is addressed appropriately by the healthcare provider.

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Roles and Responsibilities

Staff

- Report observation of any signs or symptoms of aspiration or dysphagia to supervisor
- Adhere to prescribed mealtime plans developed for all individuals with a risk for or presence of aspiration or dysphagia
- Encourage safe eating habits for all individuals

- Please contact the Bureau of Clinical Services for any concerns or questions regarding recognition or management of aspiration and dysphagia.
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 - Bureau of Clinical Services
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