## Alzheimers/Dementia AND Dysphagia

For Caregivers

## Question: Why SLP Involvement?

- The role of the SLP will change over time because of the progressive nature of the dementia disease process and its effect on swallowing function.
- The SLP's goal is "facilitating & maintaining safety for the patient during swallowing & p.o. intake".

## Diagnoses Affecting Swallowing

**Alzheimers** 

Dementia

Stroke

Head Trauma

Cerebral Palsy

ALS

MS

Parkinson's Disease

## Effects of Alz/Dementia

The effect on nutrition and hydration changes throughout the course of the degenerative disease process. In the early stage, the patient may forget to eat, may become depressed and not want to eat, or may become distracted and leave the table without eating. In the middle stage, the patient may be unable to sit long enough to eat, yet at this stage may require an additional 600 calories per day because of wandering and motor restlessness. In the late stage, the patient does not have intact oral motor skills for chewing and swallowing, thus becoming subject to malnourishment and/or Dysphagia related issues.

Dysphagia: is the medical term for the symptom of difficulty in swallowing. It derives from the Greek root dys meaning difficulty or disordered, and phagia meaning "to eat".

# Dysphagia Team "Golden Ticket" – Certified Nursing Assistants. Nurse Doctor Dietician Physical Therapy Occupational Therapy Speech Therapist Family Patient

#### What to look for:

- All diagnoses
- Weight changes
- Eating habits
- Self-feeding skills
- Eating/chewing difficulties
- Signs/symptoms of congestion, coughing, choking
- X-ray results (including MBSS, FEES)
- History of pneumonia

### Anatomy of the swallow

Oral Cavity
Pharynx/Larynx
Esophagus

#### **Oral Structures and Function**

\*The SLP will 1)visually inspect & assess ROM, strength, & coordination of the oral structures & 2) assess the functional movement patterns required for the oral stage of swallowing, including food bolus formation during chewing and A-P transit of bolus.

Lips

Teeth

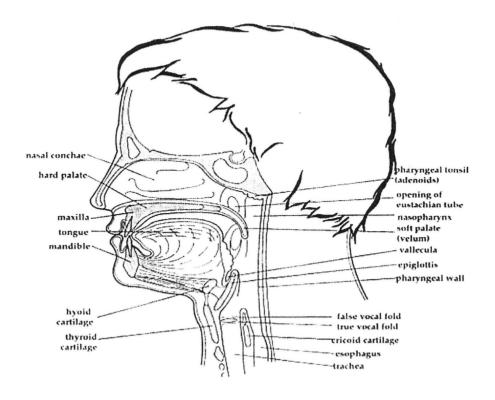
Jaw

Tongue

Cheeks

## Diagram of the swallow

#### THE MOUTH AND PHARYNX OF THE ADULT (saggital section)



## Oral Phase

- \* drooling
- \*oral spillage
- \*scattered lingual residuals
- \*nasal regurgitation
- \*increased oral prep and oral transit.
- \*decreased or absent gag reflex
- \*mashing chewing pattern
- \*pumping tongue movement

# Pharyngeal Phase

- \*Delayed initiation of the swallow
- \*Wet voice
- \*Cough before, during or after the swallow
- \*Absent swallow reflex
- \*Reduced laryngeal elevation

# Esophageal Phase

- \*Regurgitation
- \*Patient complains of food sticking high in throat.
- \* Pain in the chest when they swallow, other reflux signs.

## **Bedside Swallow Evaluation**

History and Chart Review Oral Motor Exam Deglutition: PO Trials

# 2 Key Questions

- 1) What are your problems with eating, drinking, & swallowing?
- 2) Why do you think you are having a problem with swallowing? Besides valuable information about the pt's perception of the illness, the SLP can obtain a sense of the overall cognitive status and ability to attend to and follow directions and learn new information. The will influence the nature of the treatment program.

# Positioning

Head & Neck positioning: Assessment considers both habitual body position and habitual head position. Is the patient able to complete independent positioning on instruction or is at least able to assist in positioning? Three common head/neck positions occur in the later stages of Alz/dementia: chronic head/neck flexion (movement of the head forwards with the chin moving towards the chest), variable head/neck flexion/extension caused by lack of positioning management, and chronic head/neck hyperextension. An appropriate goal of intervention at this late stage is to improve the patient's functional behaviors through the use of adaptive equipment or assistive devices. This will maximize the patient's safety during po intake. Other discipline (OT/PT) involvement will be recommended.

# Interpreting Results

ST Clarification: Diet level, supervision, feeding, medicine administration, precautions.