



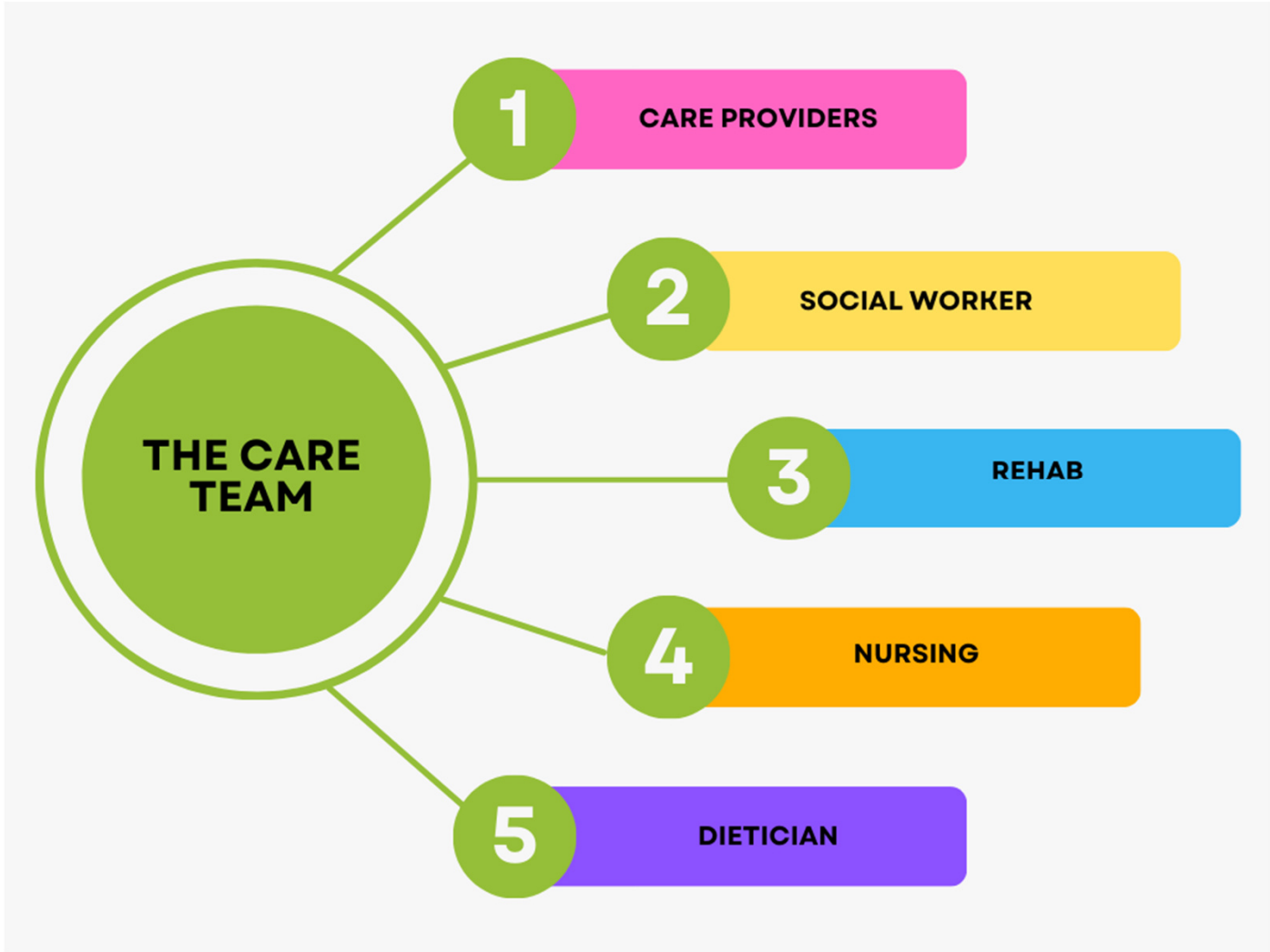
THE SPEECH LANGUAGE PATHOLOGISTS' ROLE ON THE CARE TEAM

Samantha Conley, MS CCC SLP

Objectives:

1. Participants will identify Speech Language Pathologist scope of practice.
2. Participants will identify risk factors for dysphagia.
3. Participants will identify 3 ethical or cultural considerations when recommending diet changes in patients with dysphagia.





THE REHAB TEAM

PHYSICAL

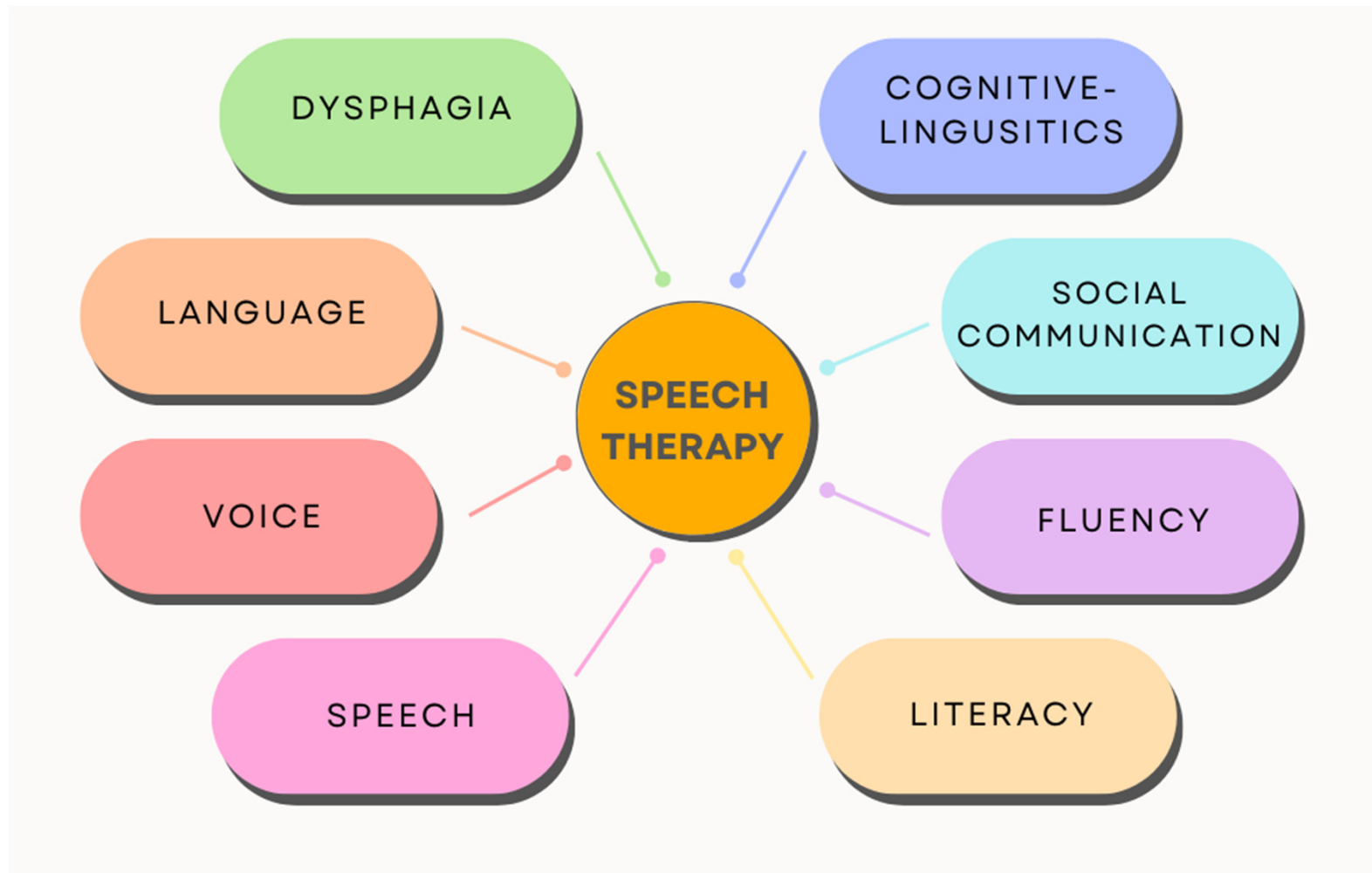
- Walking
- Endurance, balance, strength
- AD use

OCCUPATIONAL

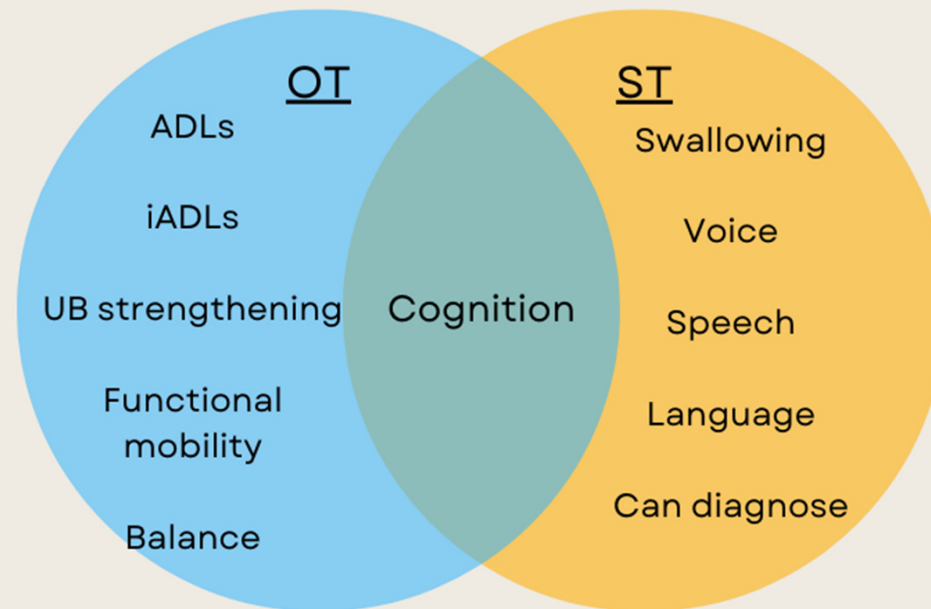
- upper body strength
- ADLs and iADLs
- Functional Mobility

SPEECH

- Cognitive-Linguistics
- Swallowing
- Speech



OT & ST



WHAT IS DYSPHAGIA?

Dysphagia is a symptom itself of a disorder or disease.

- Difficulty swallowing.
- Feeling as if food is stuck in the throat or chest or behind the breastbone.
- Frequent heartburn.
- Coughing or gagging when swallowing.

RISK FACTORS FOR DYSPHAGIA

- Advanced age
- Neurological disease
- Dementia
- Surgical History
- TBI
- Smoking
- ETOH consumption
- Medications

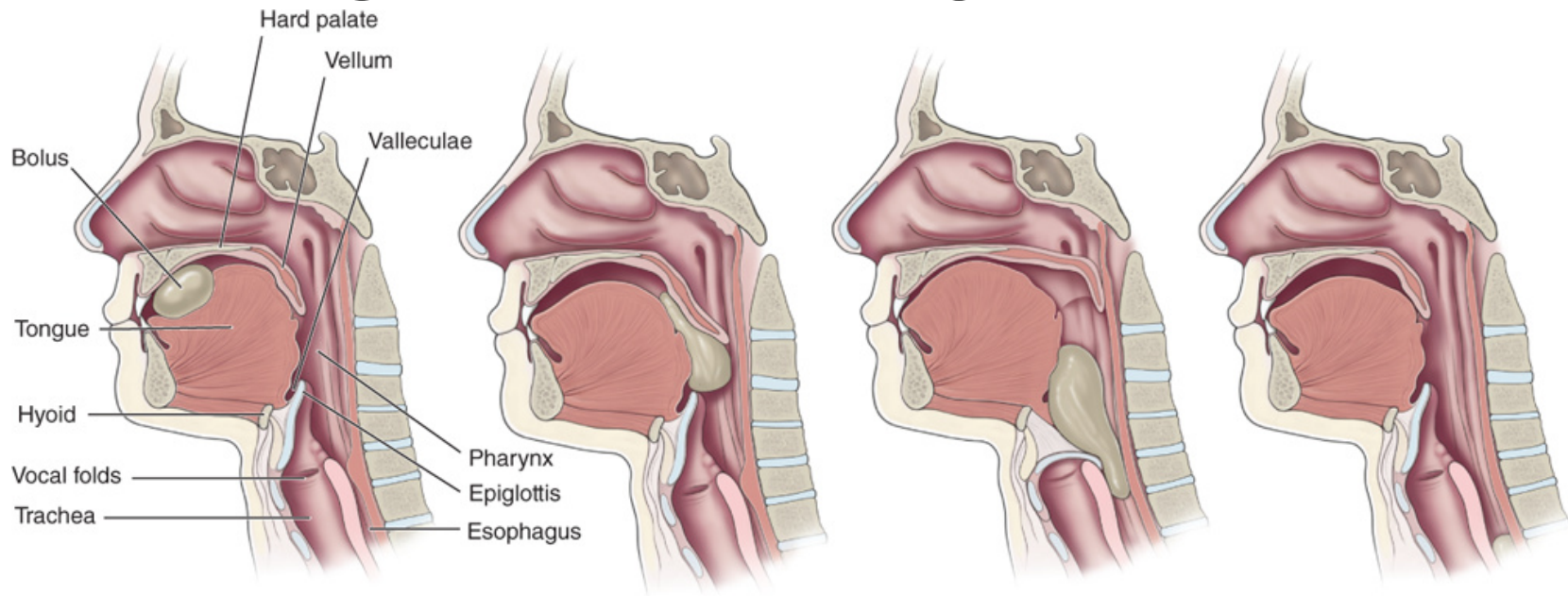
MEDICATION EFFECTS ON SWALLOW FUNCTION

MEDICATION	POTENTIAL EFFECTS
Antispasmodics and Antispastics	Neuromuscular Blocking Agents / Direct effect on striated muscle
Antibiotics, Steroids, NSAIDS, Bisphosphonate, Bronchodilator, Anticholinergics	Esophagitis / Esophageal Injury / GERD
ACE inhibitors, antihypertensives, antinauseant, antianxiety, antihistamines, diuretics, antidepressants, SSRIs, antiepileptics, opioids	Xerostomia / Dry Mouth
Sedatives, steroids, Benzodiazepines, narcotics/opioids, Antiparkinsonian	CNS Depression ~ confusion, AMS, drowsiness
Neuroleptics, antipsychotics	Tardive dyskinesia, dizziness, drowsiness
Dopamine, Calcium Antagonists, Nitrates	Can decrease lower esophageal sphincter pressure

DYSPHAGIA PREVALENCE

- 68% Residents in LTC settings (Steele et al., 1997)
- Up to 38% in ILF settings
- Each year, approximately one in 25 adults will experience a swallowing problem in the United States (Bhattacharyya, 2014)

STAGES OF SWALLOWING/WHERE BREAKDOWN HAPPENS



A Oral preparatory phase

B Oral transit phase

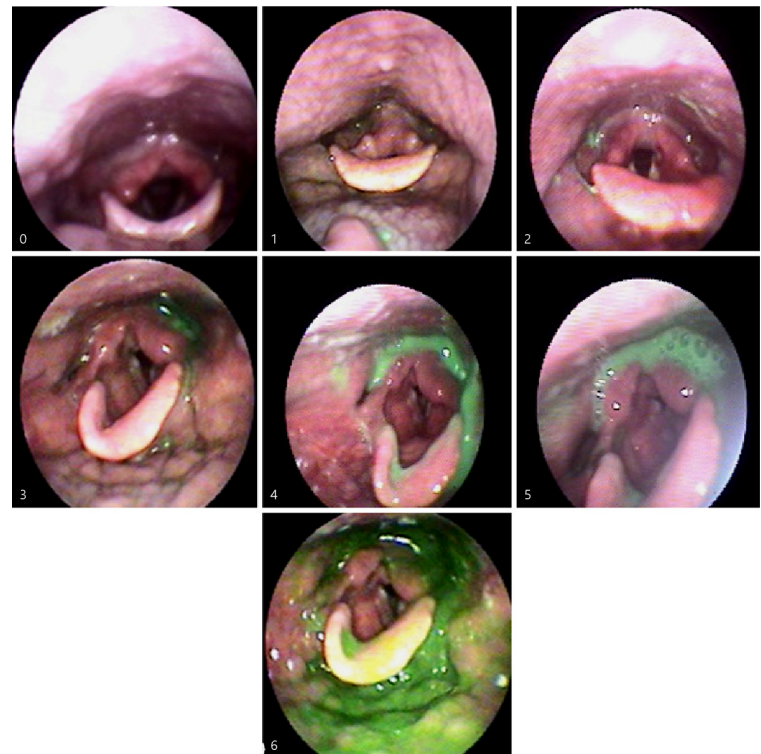
C Pharyngeal phase

D Esophageal phase

Source: Sylvia C. McKean, John J. Ross, Daniel D. Dressler, Danielle B. Scheurer: Principles and Practice of Hospital Medicine, Second Edition, www.accessmedicine.com
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HOW DYSPHAGIA IS EVALUATED

- Bedside swallow evaluation
- FEES (Fiberoptic Endoscopic Evaluation of Swallow)
- MBSS (Modified Barium Swallow Study)



BENEFITS OF INSTRUMENTATION

A systematic review by Martino et al. (2005) found that the incidence of dysphagia in stroke populations was as low as 37% when identified using cursory screening procedures and as high as 78% when identified using instrumental assessments.

DYSPHAGIA TREATMENT

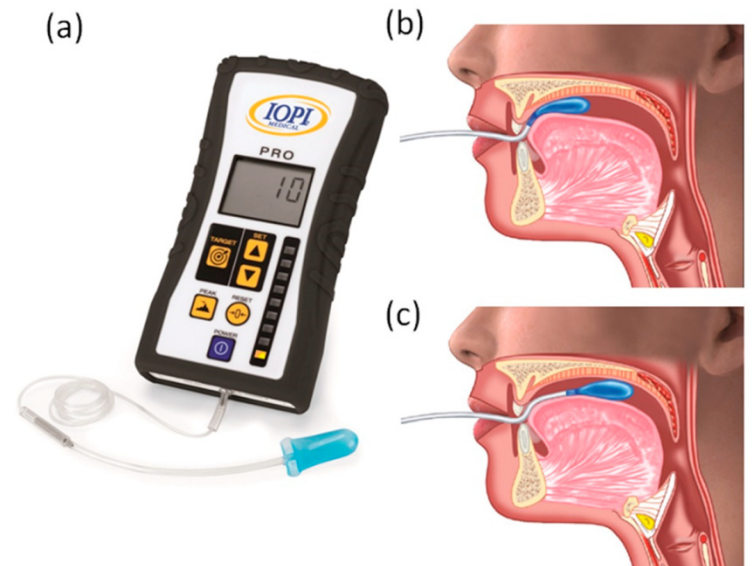
- Diet texture trials/management

- IOPI

- TENS – VitalStim

- Sensory feedback

- Compensatory strategies



DIET TEXTURES AND IDDSI

- Regular
- Mechanical soft
- Puree

- Thin
- Nectar thick
- Honey thick
- Pudding thick

The IDDSI Framework

Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties.



© The International Dysphagia Diet Standardisation Initiative 2019 @ <https://iddsi.org/framework/>
Licensed under the Creative Commons Attribution Sharealike 4.0 License <https://creativecommons.org/licenses/by-sa/4.0/legalcode>.
Derivative works extending beyond language translation are NOT PERMITTED.

ETHICAL CONSIDERATIONS

- Quality of life
- Hospice
- Own decision maker
- Religious Factors
- Tube feeding



DIET CHANGE IS NOT ALWAYS THE ANSWER

A diet change should be a last resort
and goal is always short term.

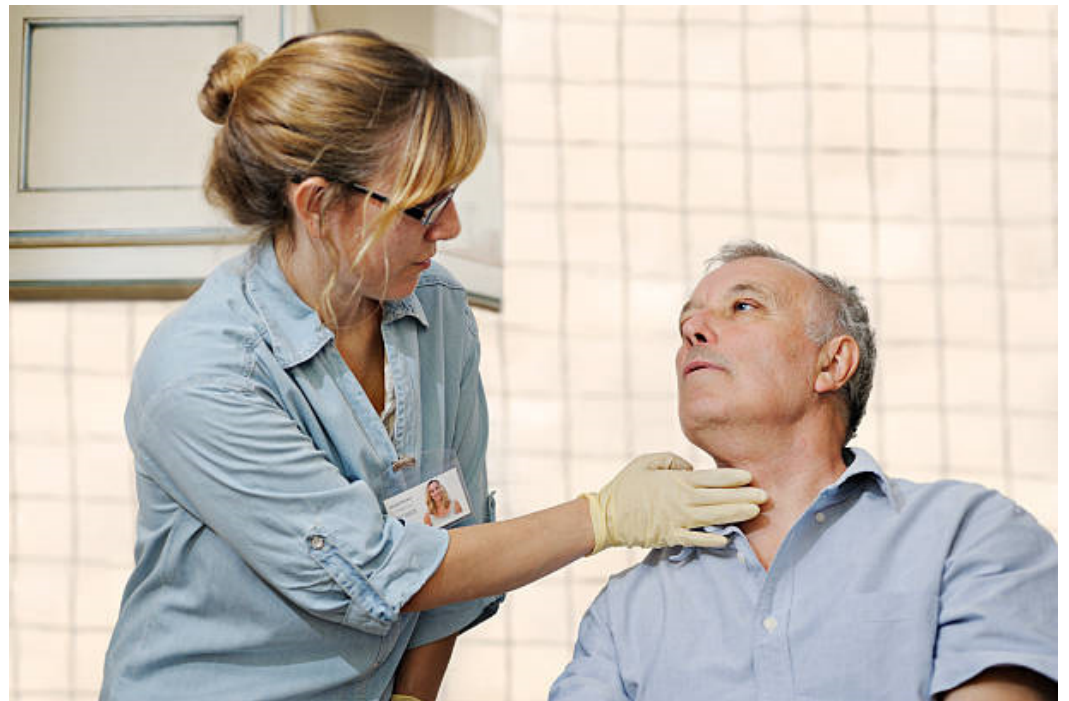
LEFT UNTREATED..

Dysphagia can lead to:

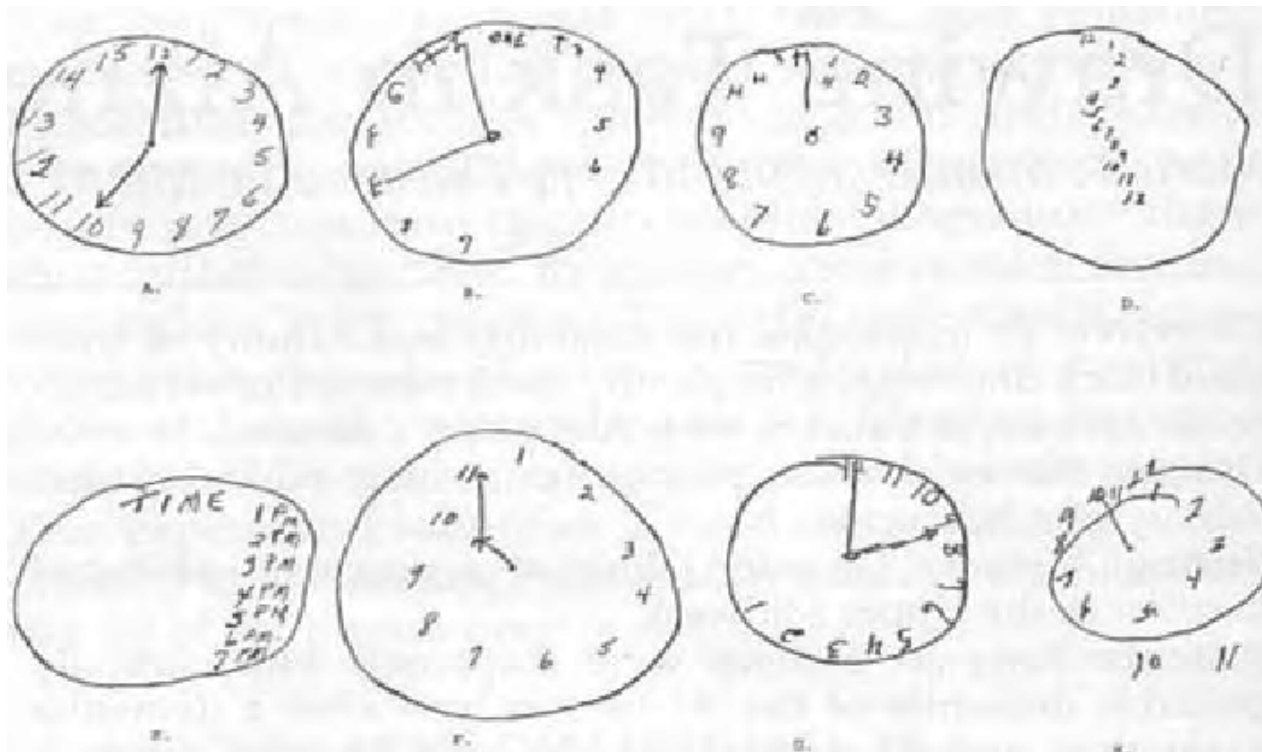
- Death
- Pneumonia
- Malnutrition and Dehydration
- Decreased quality of life

BEHAVIORS THAT SHOULD TRIGGER A REFERRAL TO ST SWALLOWING

- Coughing during/after swallow – Even if pt denies swallowing difficulty!
- Weight loss/poor intakes
- Esophageal symptoms



IMPORTANCE OF EVALUATING AND TREATING COGNITION



PREVALENCE OF COGNITIVE LINGUISTIC DEFICITS

Approximately two out of three Americans experience some level of cognitive impairment by the age of ~ 70 years.



COGNITIVE ASSESSMENTS

ASSESSMENT NAME	DETECTS MILD COGNITIVE IMPAIRMENT?	TESTS EXECUTIVE FUNCTIONING?	PREDICTORS OF SAFEST ENVIRONMENT?
SLUMS	✓	✓	✗
MOCA	✓	✓	✗
MMSE	✗	✗	✗
BIMS	✗	✗	✗
BCAT	✓	✓	✓

***SLUMS= St. Louis University Mental Status Examination**

***MoCA= Montreal Cognitive Assessment**

***MMSE= Mini Mental Status Examination**

***BIMS= Brief Interview for Mental Status**

***BCAT= Brief Cognitive Assessment Tool**

WHAT TREATING COGNITION LOOKS LIKE

- Making recommendations for safest environment
- iADL practice/compensatory strategies
- Family/caregiver education



BEHAVIORS THAT SHOULD TRIGGER A REFERRAL TO ST COGNITION

- Difficulty remembering spouse/caregiver's name
- Difficulty counting to 10
- Limited ability to provide biographical information
- Difficulty understanding abstract information
- Impaired attention and memory with impulsivity
- Falls
- Difficulty expressing basic needs

COMMUNICATION WITH ST REHAB IMPROVES OUTCOMES

Please seek out the Director of
Rehab/Rehab team and discuss patients.

We have important information for you!

THANK YOU.

QUESTIONS?

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