

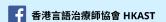
## **Characteristics**

- Q Coughing, throat clearing, shortness of breath, wet voice during or after eating or drinking
- Complaints of food "sticking" or complaints of a "fullness" in the neck (globus sensation)
- Acute or recurring aspiration pneumonia/respiratory infection and/or fever
- Oral retention, or extra time needed to chew or swallow
- Food or liquid remaining in the oral cavity after the swallow
- Nasal regurgitation
- Orooling and poor oral management of secretions and/or bolus
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# **Suggestions**

- Maintain appropriate posture while eating
- ✓ Avoid talking while eating
- Control bolus size using appropriate cutlery while feeding
- Avoid food of mixed consistency (e.g. rice in soup)
- Slowing down at mealtimes





### What is ...



**Dysphagia** is a swallowing disorder involving the oral cavity, pharynx, esophagus, or gastroesophageal junction.

There is a wide range of **potential causes** of dysphagia, such as:

Stroke, brain tumor, traumatic brain injury, degenerative diseases (for example, Parkinson's disease, myasthenia gravis), head and neck cancer, cerebral palsy, cleft palate, aging

**Consequences** of dysphagia include dehydration, malnutrition, aspiration pneumonia, choking and even death.

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#### **Assessment**

Speech therapists carry out bedside swallowing assessment. If further evaluation is necessary, fiberoptic endoscopic evaluation of swallowing (FEES) or videofluoroscopic swallowing study (VFSS) may be administered.

#### Intervention

Each individual's overall status and prognosis are taken into account for treatment planning, such as:



- Compensatory techniques (e.g. appropriate sitting posture or swallowing method)
- Modifications to diet consistency, in order to raise swallowing safety
- Oral motor and/ or swallowing exercises, in order to improve swallowing function



