



# DYSPHAGIA MYTH-BUSTERS



**Dysphagia is the medical term for any difficulty in "swallowing."**

Over 10 million Americans have lost some or all of their ability to swallow food and liquids safely; with 1 in 25 adults experiencing dysphagia each year. **Speech-language pathologists (SLPs)** are healthcare professionals who play a primary role in the evaluation and treatment of swallowing disorders (dysphagia) across the lifespan.

## 1 MYTH: THERE'S NOTHING THAT CAN BE DONE TO HELP PEOPLE WITH DYSPHAGIA

**FACT:** Dysphagia is commonly seen with a variety of conditions such as stroke and other neurologic disorders, head and neck cancer, and respiratory diseases. There are many options for effective dysphagia management. A speech-language pathologist (SLP) can offer assessment and treatment, as well as address other concerns about swallowing difficulties.

## 2 MYTH: PEOPLE CAN IMMEDIATELY RECOGNIZE SWALLOWING DIFFICULTIES

**FACT:** Not all individuals who have dysphagia show symptoms or difficulty while swallowing. In some cases, food and liquids may get into people's airways and travel to their lungs without them realizing it. This is called 'silent aspiration'.

## 3 MYTH: THICKENED LIQUIDS ARE SAFER THAN THIN LIQUIDS FOR PATIENTS WITH DYSPHAGIA

**FACT:** For some people with dysphagia, thickened liquids are safer because they move slower and allow for more time to swallow. For others, traces of thickened liquids may be left behind after a swallow, which are harder to clear. Also, some people don't like drinking thickened liquids, which may lead to avoidance, dehydration or other health issues.

## 4 MYTH: A CHIN-TUCK MAKES SWALLOWING SAFER FOR A PERSON WITH DYSPHAGIA

**FACT:** The chin-tuck maneuver involves holding the chin down during swallowing, which doesn't always make swallowing safer. In some people, it can worsen swallow function. Food/drinks may enter the airway leading to choking. The effectiveness of the chin-tuck (and all maneuvers) must be tested by an SLP.

## 5 MYTH: A PERSON ON A FEEDING TUBE WHO IS NOT EATING BY MOUTH CAN'T ASPIRATE

**FACT:** If someone is not eating by mouth and is receiving tube-feeding, they are still at risk for aspiration. Aspiration is defined as 'any foreign material passing below the vocal cords'. People with dysphagia on tube-feeding may still aspirate if food or other contents come back up from the stomach. People who are tube-feeding can also aspirate on their saliva.

## 6 MYTH: IF THERE IS NO COUGH, IT SUGGESTS THERE IS NO ASPIRATION

**FACT:** Some people don't sense that something has entered their airway during eating and drinking, so they don't cough. This can happen in anyone who has had a brain, nerve and/or tissue injury that affects the airway.

## 7 MYTH: A PERSON WHO HAS DIFFICULTY SWALLOWING SHOULD AVOID STRAWS

**FACT:** Some people have difficulty getting the food/liquid to the back of the mouth. When properly controlled, straws may help facilitate a safer swallow.

## 8 MYTH: A PERSON WITH A FEEDING TUBE CAN'T EAT OR DRINK BY MOUTH

**FACT:** A feeding tube is an option for many people who are not safe to eat orally. Once swallow function is safe again, a combination of tube feeding and eating by mouth may be appropriate until a full oral diet can be restored.

## 9 MYTH: IT IS NOT SAFE FOR A PERSON WITH A TRACHEOSTOMY TUBE TO EAT OR DRINK

**FACT:** Some patients with a tracheostomy tube may be safe to eat/drink orally. This cannot be reliably screened at bedside or in the clinic. An assessment by a speech-language pathologist using a flexible camera or video x-ray will provide necessary details for safe feeding.

## 10 MYTH: A SWALLOW ASSESSMENT IS PASS/FAIL

**FACT:** An instrumental swallowing assessment uses a camera or video x-ray to determine swallowing function, appropriate treatment, and the proper food/drink consistencies for safe oral intake. These assessments require a speech-language pathologist's skilled interpretation; they are not pass/fail tests.