



American Board of Swallowing and Swallowing Disorders

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Easy2Digest: September 2021

Welcome ABSSD Board Members

Please join us in welcoming the new ABSSD Board Members for the 2022-2024 term. We look forward to their collaborative contributions to the ABSSD! Learn more about the new members, their contributions to the field and their personal hobbies and interests.

Christina Rapazzo



Bio: Christina Rappazzo, MA, CCC-SLP, BCS-S is a senior speech-language pathologist at Texas Children's Hospital in Houston. She has been privileged to serve and learn from children and their families for over 20 years. Christina is a member of the Aerodigestive Team, Tracheostomy Team, Head and Neck Tumor Program,

and Swallowing Disorders Clinic. In addition to her primary job functions, she has lectured at the state and national levels, co-authored publications in peer-reviewed journals, and taught graduate-level coursework in pediatric feeding. Though proud of her professional accomplishments, her most valued achievement is earning the trust and confidence of children and their families as they journey through their recovery.

Fun Fact: When I am not working or compulsively reading journal articles, I enjoy spending time with my family, traveling, and taking nature walks.

Trish Cavanagh

Bio: Trish Cavanagh, MS, CCC-SLP, BCS-S is the Deputy Director of the Rehabilitation Service and the Speech Pathology

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Section Chief at the San Francisco VA Health Care System. She is a board-certified specialist in swallowing and swallowing disorders and the primary focus of her clinical work is in dysphagia of all etiologies, as well as voice and voice restoration in the head and neck cancer and laryngectomy populations. In addition to

her full-time work at the San Francisco VA, she is an adjunct professor at San Francisco State University teaching the graduate dysphagia seminar and is an instructor of FEES with the Langmore FEES LLC.

Fun Fact: The best non-SLP job I ever had was working on weekends for a hotel chain on Waikiki Beach in Honolulu. Multiple times every weekend I would be lifted above a surfer's head in a "flying eagle" pose during surfing demonstrations for tourists.

The worst non-SLP job was when I worked in a deli as an undergrad and one of my jobs was to make a 5-gallon bucket of tuna salad 3 times per week. I loved a good tuna salad sandwich before that job and not so much afterward!

Jaime Bauer Malandraki



Bio: Jaime Bauer Malandraki, MS, CCC-SLP, BCS-S is a Clinical Assistant Professor in the Department of Speech, Language, and Hearing Sciences at Purdue University. She received her bachelor's degree from Portland State University and her master's degree from University of Wisconsin-Madison. Her primary clinical and research interests lie in the evaluation and management of swallowing disorders across the lifespan. She also has particular interests in the areas of graduate student education, head and neck cancer, and

patient counseling. She serves as the Clinical Director of the Purdue I-EaT Swallowing Research Clinic which provides comprehensive swallowing evaluation and treatment to patients with complex dysphagia as part of a multi-disciplinary team.

Fun Fact:

Prior to returning to school to pursue a career in speech-language pathology, Jaime worked as a professional cheese monger in Portland, OR where she bought and sold fancy cheese and taught cheese & wine classes.

October is National Dental Hygiene Month

Please join the ABSSD in recognizing that October is National Dental Hygiene Month!

READ TO LEARN MORE ABOUT THE ROLE OF ORAL CARE IN THE PREVENTION OF ASPIRATION PNEUMONIA



OCTOBER IS NATIONAL DENTAL HYGIENE MONTH

Oral Infection Control and Aspiration Pneumonia

There are billions of bacteria in your mouth. Some bacteria promote a healthy mouth, while other bacteria can cause disease. Dental and gum plaques, also known as biofilm, contain bacteria that enter the saliva. If the mouth is not cleaned frequently, harmful bacteria in the mouth can grow rapidly, known as colonization. Colonized bacteria can appear in saliva that coats the teeth, tongue, and all surfaces of the mouth.¹ Swallowing dysfunction can lead to aspiration. If a patient's mouth is not adequately cleaned, pathologic and virulent bacteria in saliva can enter the airway leading to aspiration pneumonia.²

Changes to the Oral Microbiome

There are over 700 different species of bacteria, fungi, and viruses in the human mouth. All of these species work collaboratively to create a healthy environment in the mouth called the oral microbiome. The oral microbiome protects the oral cavity to prevent diseases. There are several factors that can disrupt a healthy oral microbiome. Dental appliances, medications, and radiation therapy can alter the health of the oral microbiome.¹

Dental appliances: Both fixed and removable dental appliances can disrupt the oral microbiome. Fixed dental appliances cannot be easily removed from the mouth, such as braces or dental bridges. Removable dental appliances can be easily taken out of the mouth, and include dentures, dental partials, retainers, dental aligners (Invisalign), and prosthetic implants. Most dental appliances are made of hard materials that bacteria can easily colonize on. The risk of bacterial colonization increases the longer the dental appliance is in the mouth.³

Medications: There are several medications that can alter saliva production and lead to dry mouth. Xerostomia, or dry mouth, can be caused by a variety of medications used to treat cancer (chemotherapy), hypertension, and depression. Acids released by dental and gum plaques are neutralized by saliva. If you have poor saliva production, the acids in your mouth can cause tooth decay. Xerostomia can also cause food particles to stick in between the teeth and gums and cause dental and gum diseases if the food particles are

not removed.⁴

Radiation Therapy: Xerostomia is the most common side effect of radiation therapy. Dryness of oral cavity surfaces may persist during and after radiation therapy. During radiation therapy, permanent damage to the salivary glands can result in long-term dryness of the oral cavity. Xerostomia may increase the risk of cavities, gum disease, and result in difficulties with chewing and swallowing.⁵

Keeping the Mouth Clean

Oral infection control is important for healthy teeth and gums. Cleaning the oral cavity at least twice a day is imperative for prevention of buildup of harmful bacteria. Whether patients have native dentition, dentures, or are edentulous, oral care should be completed.

Brushing and Flossing

1. Gently brush your teeth on all sides with a soft bristle toothbrush and fluoride toothpaste.
2. Use gentle circular motions and short back-and-forth strokes.
3. Brush carefully along your gum line.
4. Clean the surface of your tongue with a toothbrush or use a tongue scraper.
5. Remove plaque and leftover food in between your teeth with floss or a similar product.
6. Rinse your mouth after flossing.⁵

Dentures

1. Brush dentures every day with a denture-care product.
2. Soak dentures in a denture-cleansing liquid at night.
3. Brush surface of tongue gently with a soft bristle toothbrush.
4. Remove dentures while you sleep to prevent gum injury.

Dry Mouth Care

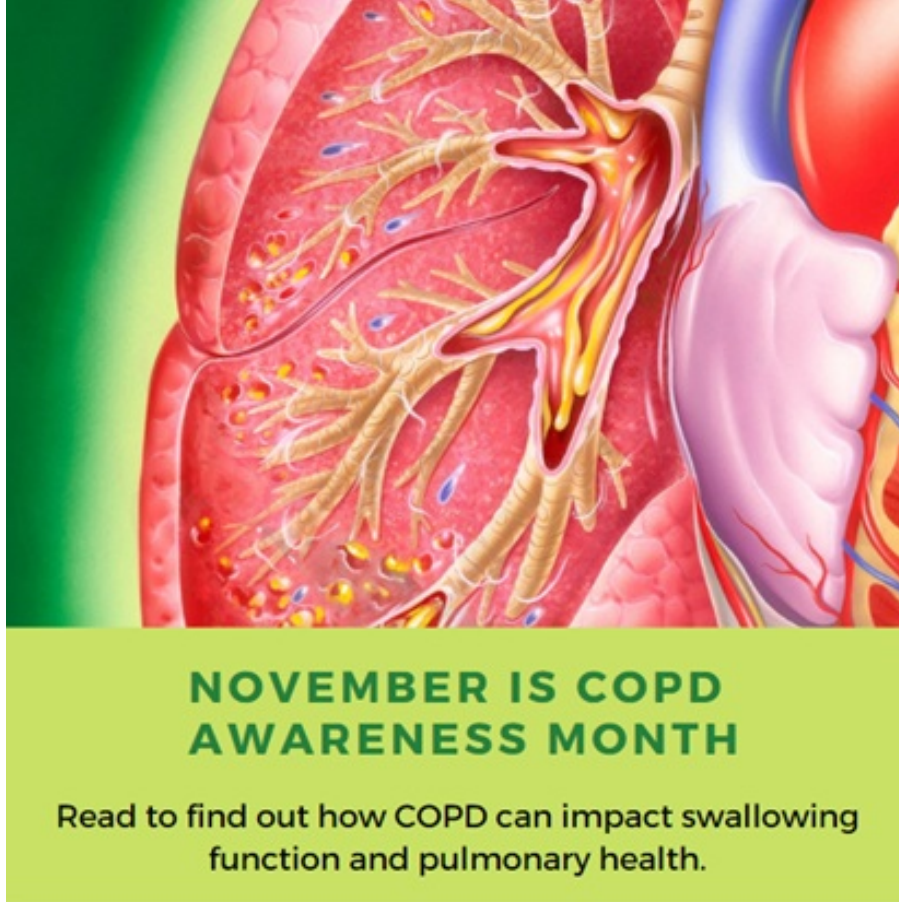
Xerostomia, or dry mouth, can be uncomfortable and bothersome. It can also increase your risk of dental decay and gum disease.

1. Staying hydrated by drinking water can help dry mouth.
2. Avoid habits that lead to dry mouth (smoking, limiting alcohol consumption, reducing caffeine intake).
3. Increase humidity in the room by using a cool mist humidifier while you sleep.
4. Use over-the-counter mouth moisturizing products such as mouth rinses and sprays that contain xylitol.⁵

1. Deo PN, Deshmukh R. Oral microbiome: Unveiling the fundamentals. *J Oral Maxillofac Pathol.* 2019;23(1):122-128. doi:10.4103/jomfp.JOMFP_304_18
2. Tada, A., & Miura, H. (2012). Prevention of aspiration pneumonia (AP) with oral care. *Archives of gerontology and geriatrics*, 55(1), 16-21.
3. Lucchese A, Bondemark L, Marcolina M, Manuelli M. Changes in oral microbiota due to orthodontic appliances: a systematic review. *J Oral Microbiol.* 2018;10(1):1476645. Published 2018 Jul 3. doi:10.1080/20002297.2018.1476645
4. Cassolato, S. F., & Turnbull, R. S. (2003). Xerostomia: clinical aspects and treatment. *Gerodontology*, 20(2), 64-77.
5. Guchelaar, H. J., Vermes, A., & Meerwaldt, J. H. (1997). Radiation-induced xerostomia: pathophysiology, clinical course and supportive treatment. *Supportive care in cancer*, 5(4), 281-288.

November is National COPD Awareness Month

The ABSSD would like to highlight November as National COPD Awareness Month!



Chronic obstructive pulmonary disease (COPD) is a progressive lung disease that affects over 16 million Americans. Symptoms of COPD include increased mucus production, wheezing, dyspnea, and chest tightness. While smoking is a leading risk factor for the development of COPD, approximately 25% of people with COPD have never smoked.¹

Dysphagia occurs in up to 85% of patients with COPD.² Whether patients are in stable or exacerbated COPD states, increased respiratory rate is observed when compared to healthy individuals. The normal breathing-swallowing pattern can become disrupted in patients with COPD, even when the disease is stable, resulting in inhalation to occur before and after the swallow. In addition, patients with COPD have lower lung volumes in comparison to healthy adults, which may contribute to breathing-swallowing incoordination.³

Physiologic impairments that impact swallow function in patients with COPD include reduced oral containment, decreased anterior-to-posterior lingual propulsion, reduced tongue base retraction, delayed pharyngeal swallow, decreased laryngeal elevation, and delayed laryngeal vestibule closure. A comprehensive approach to swallowing assessment and management of dysphagia in patients with COPD can improve swallowing physiology and mitigate adverse outcomes.³

1. <https://www.nhlbi.nih.gov/health-topics/copd>

2. Lindh, Margareta Gonzalez, et al. "Prevalence of swallowing dysfunction screened in Swedish cohort of COPD patients." *International journal of chronic obstructive pulmonary disease* 12 (2017): 331.

3. Nagami, Shinsuke, et al. "Breathing–swallowing discoordination is associated with frequent exacerbations of COPD." *BMJ open respiratory research* 4.1 (2017): e000202.

Meet the Masters

We are happy to announce our continued partnership with Bracco in planning the Meet the Masters Symposium. This year's presentation will be one before the ASHA convention,

so please mark your calendars for **Nov 10th at 8:00 pm-10:00 pm EST**. It will also be on-demand as well. [Click here to learn more!](#)



Save the Date

Meet the Masters

From Physiology to Food:
Using the VFSS to Inform Dietary
Recommendations Across the Lifespan

Join us for this live event
November 10, 2021
8:00 pm-10:00 pm EST
(webinar option available)

ABSSD CEU Opportunities

We are thrilled to announce two pediatrics on-demand continuing education courses:

THE ABSSD CE COMMITTEE
PRESENTS



TWO PEDIATRIC FOCUSED CEUS
HIGHLIGHTING RESEARCH & BEST PRACTICES

**Pediatric Airway Disorders
& Feeding-Swallowing**

**Christina Rappazzo BCS-S
Deepak Mehta MD
(Otolaryngologist)**

Course covers:

Laryngomalacia
Supraglottoplasty
Laryngeal Clefts
Tracheostomy
Subglottic Stenosis
Airway Reconstruction
Intubation Risks

Surgical Videos Included

**Congenital Heart Defects
& Feeding-Swallowing**

**Hema Desai BCS-S
Nita Doshi MD
(Cardiologist)**

Course covers:

Cardiac Dx Overview
Pathophysiology of CHD
Neurologic Disruptions & CHD
Vocal Fold Immobility &
Ultrasound assessment
Feeding-Swallowing
Assessment & Management of
CHD

2 HOURS ASHA CEUS EACH

www.swallowingdisorders.org/page/courses

*Dysphagia in Pediatric Patients with
Airway Disorders*

Christina Rappazzo, MA
Deepak Mehta, MD

*Dysphagia in Pediatrics Patients with
Cardiac Conditions*

Hema Desai, MS
Nita Doshi, MD

Please check out the [ABSSD's Continuing Education page](#) to access these new courses!

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