
Dysphagia FAQs

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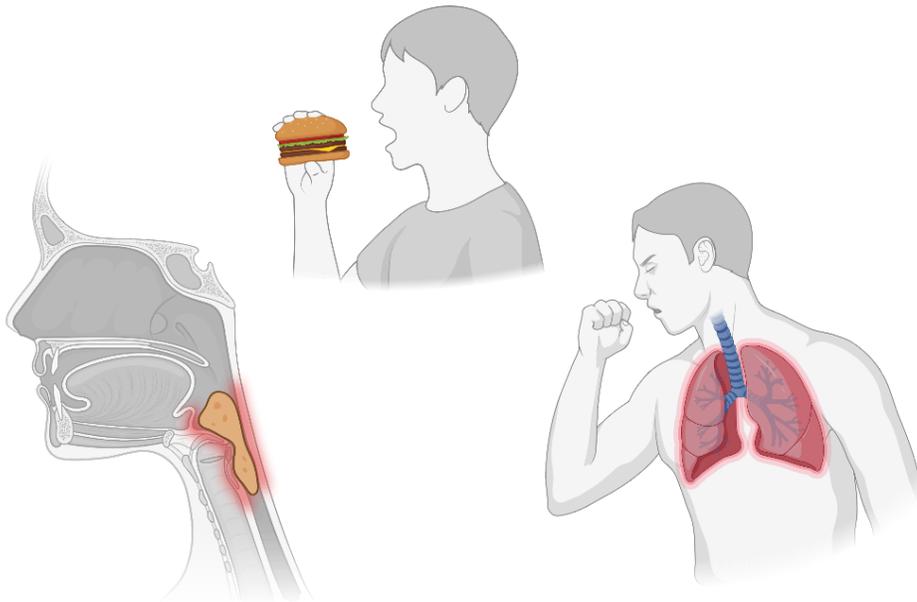
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It can be frustrating that Parkinson's disease impacts something as automatic as swallowing. It can also be overwhelming to learn about all of the ways that a swallowing problem can impact your health, and options for management.

We wanted to provide introductory resources to learn about dysphagia. This handout is for educational purposes only, and is not meant to replace medical advice.

Terms defined in this handout include:

Dysphagia, Oral Hygiene, Aspiration, Modified Diets, and Swallow Exercises.



Q:

WHAT IS "DYSPHAGIA"?

People with Parkinson's disease are at risk for dysphagia. Dysphagia is a swallowing disorder that can affect how food, liquid, or saliva travel from the mouth through the throat and esophagus.

Acute or chronic dysphagia can sometimes result in 'aspiration' of food or liquid into the lungs. This means that food, liquid, or saliva may be 'going down the wrong pipe'. Aspiration can make you cough, but it is important to know that *you may not always feel it or have a cough response*.

A:

If you have concerns about swallowing, you may be referred for an exam with a speech-language pathologist (SLP). SLPs may also be called speech therapists, or speech and swallowing specialists.

Two procedures, a modified barium swallow study or a fiberoptic endoscopic evaluation of swallowing, allow us to see what happens when you swallow.

When someone has dysphagia because of Parkinson's disease, aspiration can occur rarely, only at certain times of the day, or always. Similar to other symptoms of Parkinson's disease, it can vary. Sometimes, aspiration can lead to pneumonia.

Q:

WHAT ARE SOME SYMPTOMS OF DYSPHAGIA?

A:

- Drooling or difficulty managing your saliva
- Coughing or throat clearing more often when you eat or drink
- Feeling like food or liquid gets stuck
- Feeling like eating and drinking take a lot of effort
- Difficulty swallowing pills
- Having to avoid certain foods or liquids because they are difficult to swallow

Pro-tips: If you have symptoms of dysphagia, we encourage you to talk to your doctor about seeing an SLP.

Sometimes, someone with Parkinson's may have difficulty feeding themselves, possibly due to arm tremors or rigidity. Occupational therapists, who often work in the same clinic as an SLP, can be a great resource for that!

Q:

WHAT IS "ORAL HYGIENE", AND WHY DOES IT MATTER FOR PEOPLE WITH DYSPHAGIA?

A:

Oral hygiene refers to how clean your mouth is. Good oral hygiene does not fix a swallowing disorder, but it is extremely important to keep track of. Keeping the mouth clean may help protect against pneumonia for people who have dysphagia and who aspirate.

Good oral hygiene means toothbrushing at least twice a day, flossing, using mouthwash, and regularly visiting the dentist to take care of cavities and tooth replacements.

Pro-tips: Oral moisturizers can be helpful if you experience dry mouth.

Q:

WHAT IS A "MODIFIED DIET"?

A modified diet can include easier-to-eat textures or types of food, and thickened liquids.

The recommendation for a modified diet depends on many things, such as the judgement of the care team, preference of the patient, risk of malnutrition and dehydration, risk of pneumonia, and cognitive status.

A:

If you have trouble with some of your favorite meals or drinks, have discussions with a speech-language pathologist and a dietician to understand your level of risk and options. They will help you look for recipes that help balance appropriate textures, appetizing flavors, and nutritional content.

Swallowing pills can also be tricky and difficulty can happen for many different reasons - SLPs can give individualized strategies for that too.

Pro-tips: If thickened liquids are recommended to you, gel-based thickeners taste better when the liquid is very cold (put it in the fridge!), and thickened water tastes better when flavoring is added.

Q:

WHAT ARE "SWALLOW EXERCISES"?

There are many exercises that a speech-language pathologist can prescribe for your mouth and throat. Different exercises target different muscles - we use over 30 to swallow!

A:

The exercises that someone may need for swallowing are highly individualized. Depending on the results of a full exam with an SLP, patients may be asked to complete repetitions against resistance, voice exercises, or to practice certain dynamic movements such as an 'Effortful' swallow.

Devices may be also used to facilitate certain types of exercise, such as breathing into a respiratory strength training device.

More resources

Podcast ▾

How oral hygiene helps people with Parkinson's:

[A Parkinson's Foundation Podcast \(Episode 47\)](#)

Website ▾

A way to find speech-language pathologists in your area:

[ASHA Pro-Find](#)

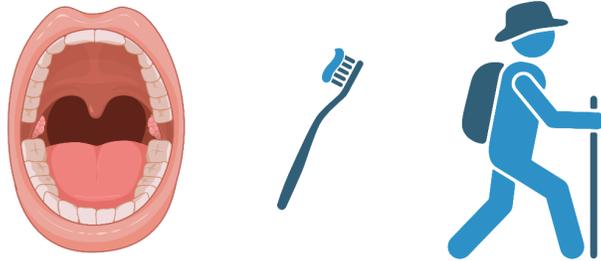
Website ▾

[Michael J. Fox Foundation: Resources and Tools](#)

PDF ▾

[Parkinson's Foundation resources on speech and swallowing](#)
(Found at [Parkinson's Foundation resource library](#))

& the [National Foundation of Swallowing Disorders](#)



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If you are experiencing symptoms of dysphagia, it is strongly recommended to *let your doctor know*. They can write a referral to a speech-language pathologist, who will complete an evaluation and develop a treatment plan specific to your symptoms and preferences.