Speech Language Pathologists' Role in Treating Older Adults with Dysphagia

Sam Hubbard, First Year Graduate Student, Gloriajean Wallace, PhD, CCC-SLP, BC-ANCDS, Amy Rose, PhD, CCC-SLP

Department of Health and Human Sciences, Communication Sciences and Disorders, Western Carolina University

ABSTRACT

Speech language pathologists (SLP) are essential healthcare providers for people who have communication, cognitive, and swallowing disorders. The American Speech-Language-Hearing Association (ASHA) is a 100-year-old organization that compiles knowledge and informs much of what SLPs do. Dysphagia is a term to describe swallowing difficulties in older adults. Older adults with swallowing difficulties are a major group who receive SLP services. This is due to a myriad of causal medical conditions that are prevalent with advanced age. These include: stroke, dementia, and neurological disease. This poster will detail the incidence, prevalence, causal factors, and SLP management of dysphagia with focus on persons of advanced age. Brief information pertaining to the identification of signs of swallowing difficulty, and follow-up guidance for care partners will be provided to enhance health literacy for poster participants.

LEARNING OUTCOMES

- Upon completion, participants will have an understanding of what dysphagia is and how common this problem is in the U.S., especially with older adults who are more at risk for neurological disease.
- Upon completion, participants will have an understanding of the SLP's role with people with dysphagia.
- Upon completion, participants will be able to identify health risks associated with dysphagia and who to reach out to for help with observations of person(s) demonstrating symptoms.

INCIDENCE

To restate, dysphagia is a swallowing difficulty that can occur in all adults, but it becomes more common among older people. People who have experienced a stroke, traumatic brain injury (TBI), dementia, Parkinson's, or radiation therapy for head and neck cancer are more likely to acquire a diagnosis of dysphagia. Additionally, natural aging can result in swallowing difficulties (ASHA, n.d.a; NIDCD, 2017; Mayo Clinic Staff, 2024).

PREVALENCE

- 1 in 6 adults have dysphagia in the United States (Adkins et al., 2019).
- 68% of people in long-term care facilities have dysphagia (ASHA, n.d.a).
- 13-38% of older adults living independently have dysphagia (ASHA, n.d.a).
- 2-20% of the global population have dysphagia (Adkins et al., 2019).

HEALTH RISKS

Dysphagia's severity can range from mild-severe and can result in death. Risks drastically increase for choking, aspiration pneumonia (lung infection), and malnutrition for older adults with dysphagia (ASHA, n.d.a; NIDCD, 2017; Mayo Clinic Staff, 2024).

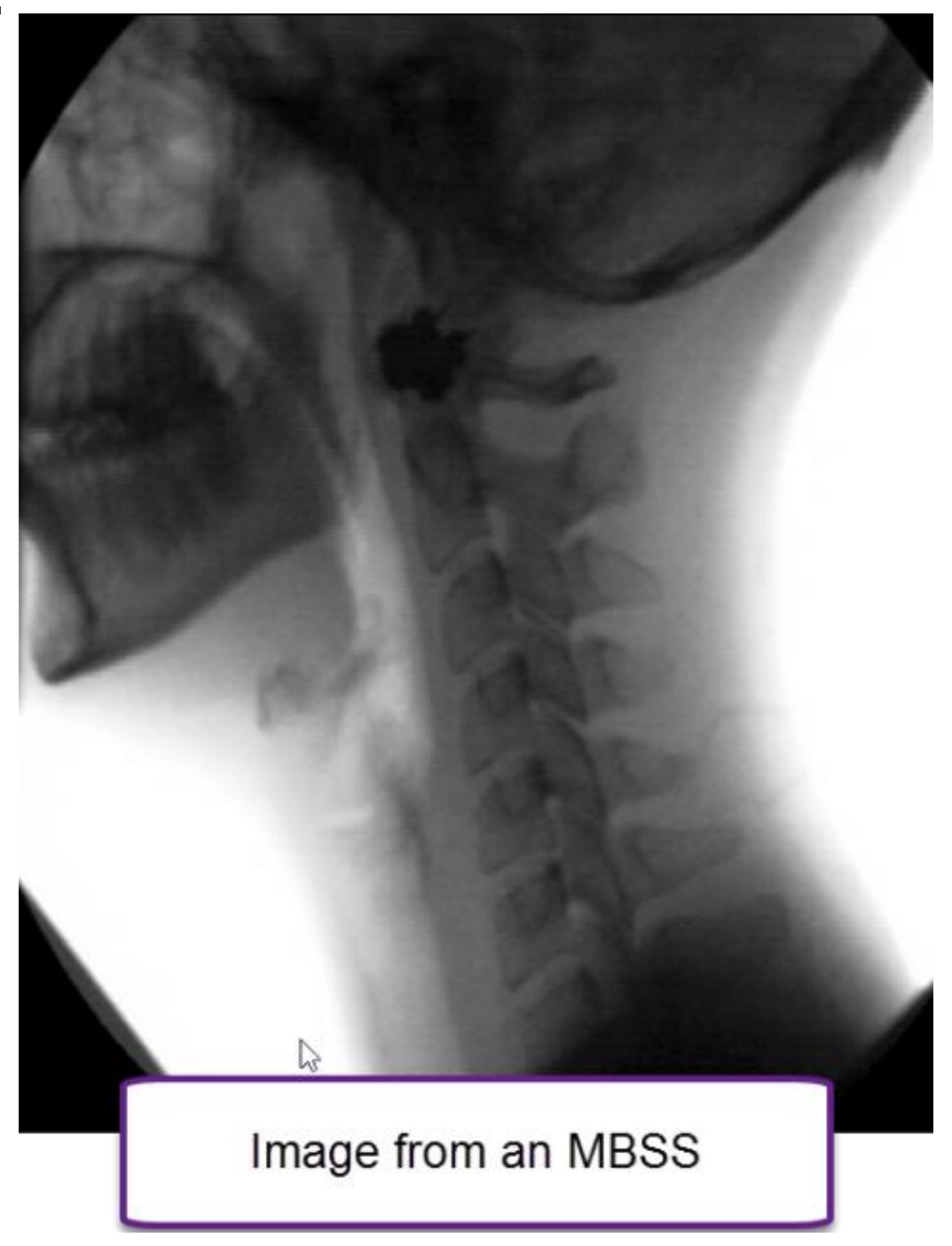
ASSESSMENT

SLPs are the professionals who assess dysphagia. Screenings, like the bedside screening protocol demonstrated below, are used to help determine the need for a more thorough assessment.

(John Hopkins Medicine, Photo)

Non-instrumental assessments can be used to determine presence of dysphagia symptoms. However, SLPs cannot use non-instrumental assessments to determine information about dysphagia in the pharyngeal phase of swallowing.

Instrumental swallow assessments are an essential part of a comprehensive assessment. They allow for the most accurate understanding of what is happening with an individual's swallow, including information on the pharyngeal phase. This is highly important because of the individualized characteristics of dysphagia. These include: flexible endoscopic evaluation of swallowing (FEES) and modified barium swallow study (MBSS) (ASHA, n.d.a).



(UCLA Health, Photo)

TREATMENT/MANAGEMENT

Treatment goals described by ASHA include:

- support adequate nutrition and hydration and return to oral intake (including incorporating the patient's dietary preferences and consulting with family members/caregivers to ensure that the patient's daily living activities are being considered);
- determine the optimum supports (e.g., posture, or assistance) to reduce patient and caregiver burden while maximizing the patient's quality of life; and
- develop a treatment plan to improve the safety and efficiency of the swallow. (ASHA, n.d.a)

Traditionally, treatment methods involve implementing swallowing techniques/strategies, swallowing maneuvers, and diet texture modification (ASHA, n.d.a; ASHA, n.d.b).

Biofeedback, feeding tubes, and electrical stimulation are more recent interventions. Electrical stimulation has grown in its reliability and is being considered for use alongside traditional methods. It is also being considered for more severe cases of dysphagia to help postpone or prevent the need for a feeding tube being surgically implanted in patients with severe dysphagia symptoms (i.e. choking, pneumonia) (ASHA, n.d.a; Alamer et al., 2020; Cheng et al., 2022; Williams et al., 2024).

Counseling is another major component of how SLPs interact with their clients who have dysphagia. SLPs have the responsibility of meeting people where they are at and building a professional relationship for the duration of their time with clients.

ADVOCACY & DYSPHAGIA HISTORICALLY

In many cases, people who have dysphagia have other diagnoses that may impact their communicative ability. SLPs are equipped with the knowledge and experience to assist people who have impaired communicative, cognitive, and swallowing skills. The role of the SLP is to listen and view their client in a holistic way. This is to ensure that the wants and needs of the client are met and they can feel confident in the process of rehabilitation for their swallowing difficulties (Sheffler, 2016).

SLPs have worked with dysphagia for approximately 40 years. Delegation of dysphagia related medical work by physicians is a great honor for the SLP field. Increasingly, SLPs are gaining more responsibilities associated with dysphagia in the medical setting. This is due to the close anatomical/functional understanding of the area of the body that relates to voice/swallowing (Groher, 2016).

QUALITY OF LIFE

Quality of life (QoL) can be heavily affected by dysphagia, especially by diet modification for older adults with dysphagia; therefore, SLPs must consider a delicate balance between interventions that maintain both QoL and patient safety (ASHA, n.d.b).

QoL can be impacted for someone with dysphagia psychologically, socially, and physically. Going out to eat with people is often a major source of happiness for many people. Dysphagia can make social gatherings frustrating and embarrassing. SLPs help implement strategies and techniques for helping to make mealtime with others more enjoyable.

SIGNS/SYMPTOMS TO OBSERVE

- Frequent choking, coughing while eating
- Pain when swallowing
- Weight loss/Malnutrition
- Drooling/saliva exits mouth while eating
- Poor lip closing while eating
- Acid Reflux
- Vocal change while eating (gurgling, raspy)
- Drastic increase in chewing time for foods (ASHA, n.d.a)

WHO TO CALL

Speak with your primary care physician and discuss symptoms if you or a loved one have frequently experienced any of the signs and symptoms listed above.

A referral can be given to meet with and begin working with an SLP, or rehab team, to learn more about the specific swallowing difficulties and ways that they can be managed.

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