

Treatment Efficacy Summary



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Swallowing Disorders (Dysphagia) in Adults

Difficulty in swallowing can cause food to enter the airway, resulting in choking, pulmonary problems, inadequate nutrition and hydration, weight loss, and may even lead to death from causes like aspiration pneumonia. Swallowing difficulties are commonly found in over 6 million Americans. Causes include traumatic brain injury, stroke, central nervous system infection, head and neck cancer, and degenerative diseases in young and older adults.

Treatment outcome studies have provided evidence that compensatory strategies designed to have an immediate effect on the swallow (i.e., postural changes or diet manipulation) can improve swallowing safety and efficiency.ⁱ Postural techniques eliminated aspiration on thin liquids in 75 to 80% of dysphagic patients. Likewise, data are beginning to emerge that demonstrate the utility of pharyngeal muscle strengthening exercises for improving swallowing physiology.^{ii, iii} Treatment approaches improve nutritional status and hydration, and reduce morbidity from pneumonia. The speech-language pathologist's intervention in swallowing disorders helps contain medical costs by reducing the length of hospital stays, decreasing the need for nonoral feedings, reducing nutritional problems, and decreasing expenses associated with pneumonia and other pulmonary complications.

According to data collected from ASHA's National Outcomes Measurement System (NOMS), the majority of adults treated for dysphagia in home-based settings made significant functional gains. The data reveal that approximately 60% of adults who required an alternative method of feeding (e.g., nasogastric tube, PEG) at the outset of treatment progressed to a level at the end of treatment where their swallow was safe and they no longer needed an alternative method of feeding.

Speech-language pathologists assess and treat patients with dysphagia. Assessments may include clinical bedside and/or instrumental methods such as videofluoroscopy or fiberoptic endoscopy (FEES). Studies of these assessment tools have found them to be highly sensitive in diagnosing dysphagia and guiding appropriate clinical decisions and treatments.

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ⁱⁱ Shaker, R., Easterling, C., Kern, M., Nitschke, T., Massey, B., Daniels, S., Grande, B., Kazandjian, M., & Dikeman, K. (2002). Rehabilitation of

swallowing by exercise in tube-fed patients with pharyngeal dysphagia secondary to abnormal UES opening. *Gastroenterology* 122(5), 1314-1321.

ⁱⁱⁱ Huckabee, M.L., & Cannito, M.P. (1999). Outcomes of swallowing rehabilitation in chronic brainstem dysphagia: A retrospective evaluation. *Dysphagia* 14(2), 93-109.