Swallowing problems after stroke

The Stroke Association
www.stroke.org.uk

STROKE HELPLINE 0845 3033 100 FACTSHEET 5

The ability to swallow is a complex activity involving the co-ordination of many nerves and muscles that can be damaged by a stroke. Nearly half of people who have had a stroke will initially experience difficulty swallowing. This is called dysphagia. This factsheet explains how this can be a serious problem and outlines the skilled help needed to manage it.

What are the signs?

The **signs** of **swallowing problems** include a **drooping mouth**, gurgling or **slurred speech**, coughing or **choking**, and feelings of discomfort in the **throat**. **Most people recover** their swallow **within** a matter of **weeks**. Some will take longer, and for a small proportion of people, the ability to swallow does not return.

What are the hazards?

Without treatment, people with dysphagia are vulnerable to dehydration and under-nutrition. There is also a risk that food and fluid may 'go down the wrong way', getting into the **windpipe** (trachea) and so into **the lungs**. This is called **silent aspiration**. This can cause infection and, in serious cases, can lead to a chest infection or to **pneumonia**. It may cause the stroke survivor to **choke and cough**, or there **may be no obvious signs** of it happening.

Immediate tests

Where the person is conscious and able to sit up, a nurse will give a simple **test** for signs of swallowing problems using a **small amount of water** on a teaspoon. If the person manages to swallow this safely without coughing or choking, it will be repeated, before they are given a **small glass of water**.

If the problem persists, a **speech and language therapist** will carry out a **full assessment**. This may involve a test called a **video-fluoroscopy** where the person swallows a small amount of fluid containing barium. The precise area of the swallowing problem is then highlighted on a video x-ray machine.

Is there any therapy to speed up the recovery of swallowing?

By about **two weeks** after a stroke, **over two-thirds** of people with swallowing difficulties will be **swallowing safely again**. A speech and language therapist may recommend **exercises** to help co-ordinate the swallowing muscles and re-stimulate the nerves that trigger the **swallowing reflex**. They will try ways of compensating for individual difficulties and they will suggest **techniques** to help food go down more easily.

Treatments – nil by mouth

If there are **serious difficulties**, the person will be kept **'nil by mouth'**, that is, without food or liquid. Their **fluid levels** will be maintained using a drip into a vein, and a **dietitian** will advise on any nutritional supplements required.

It is important when receiving **'nil by mouth'** that the **person's mouth** does not become dry or sore and is kept **clean, fresh** and **free from infection**. Dried saliva and mucus from the nose and chest can lead to **discomfort** and **bad breath**. A visiting relative can assist by **moistening** the dry mouth with **wet swabs** provided by nursing staff, regularly **brushing the teeth**, cleaning **dentures** and using **salve** to moisturise the lips. **Always check with the speech and language therapist that this is ok first.**

Treatments – modified consistency fluid and food

As swallowing is being recovered, food and fluid **consistencies** are altered to suit individual needs. The **patient's** speech and language **therapist** will give **advice** on modifying the **texture of food**. It may be that the patient requires a **soft diet** or food that is **puréed** before being consumed. It is a good idea to get advice on what foods are safe without modification and which foods to try to avoid.

Drinks and **foods** can be **thickened** using **commercial thickeners**, which make thin liquids and puréed foods safer and **easier to swallow**. Some **pre-thickened** juices are now available **on prescription**.

Thickeners can also be used as **soaking** solutions to make cakes, sandwiches and biscuits a **safe consistency** to swallow. Thickeners are available in tins and sachets for discretion.

Puréed fruit or yoghurt may be given, while skimmed-milk powder, boneless fish, **mashed potatoes** or other **starchy vegetables** can be used to thicken soup.

If **puréeing** food for the patient, a **thickener** will still be required to **prevent the liquid** leaching out and possibly causing **aspiration**. The thickener will ensure the food is **one consistency** and that no nutritional value is lost through leaching. Maintaining **hydration** is also very important and therefore getting **fluid** in to the patient with the food is **essential**. **Moulds** can also be used to make puréed food look like it did before it was modified. Offering moulded meals makes **food** look more **appetising** and can prevent the feelings of isolation that can be experienced by patients at meal times when their food looks different or unappetising. **Eliminating** these **feelings** and making food look more appetising is the key to ensuring patients maintain a **high nutritional intake**.

When someone has not eaten for a while, their **appetite** often needs to be encouraged with **smaller meals** at more **frequent** intervals. Nutritional supplement drinks may be used to increase calorie intake. A dietitian will advise on individual food requirements. **Physical disability** may make it difficult for the person to feed him or herself, and they may need **special**

cutlery. It may be helpful for a **relative** to **visit** around mealtimes so that they can offer **encouragement and assistance**. Food or fluid which has been modified may taste different as it stays in the mouth for longer. It can also help if relatives try everything as well – it is often relatives' facial expressions when they see the puréed food that put patients off. However, it is important that any other **visitors are kept to a minimum during meals** as it is easier to chew and swallow properly in a calm and quiet environment.

Over a period of time it may be that a **patient's ability** to tolerate **normal food and drink** will **improve**. The patient's speech and language therapist will continue to **assess** their **swallowing function** and make gradual changes in the hope the patient may eventually be able to **consume normal** consistency food and fluid. More **solid food** and more **fluid drink** will gradually be introduced as and when they are considered **safe** for the patient. This should only be carried out under the **advice** of the speech and language **therapist**.

Some tips for safe swallowing

- Eating in a **quiet**, relaxed **environment.**
- **Sitting upright** while eating and stay upright for 30 minutes after eating.
- Taking only **one teaspoonful at a time**, ensuring that the food has been swallowed before the next spoonful.
- **Closing lips** around the **spoon**.
- **Do not mix food** and **drink** in the same mouthful.
- Asking the patient's doctor if **medicines** can be prescribed in **liquid** or **syrup form** (these will still need to be thickened to the consistency required to prevent aspiration).

What is the longer-term treatment?

If swallowing difficulties persist, **tube feeding** will be required to remove the risk of food or fluid entering the lungs, but this is a last resort. A **naso-gastric tube (NG)** is a narrow tube that is inserted through the **nose** into the back of the **throat** and down into the **stomach**. The tube is secured to the nose with medical tape. A **liquid diet** is then dripped slowly into the **tube**. Some people find this slightly uncomfortable and there is a risk of it being inadvertently pulled out. However, most people tolerate the tube very well.

If swallowing problems continue and artificial feeding is necessary for longer than a few weeks, a **gastrostomy tube** (or **PEG**) may be recommended. A local anaesthetic will be used while the **PEG** (a flexible, fine, hollow tube) is inserted directly into the **stomach** through the **abdominal wall**. It is held in place by a flat plastic disc. The **PEG** is less likely to irritate or to fall out than a naso-gastric tube and is hidden under clothing.

Before leaving hospital, the stroke survivor and their carer need to be **taught** how to **care** for the **skin around** the **tube** and how to recognise any sign that the area may be **infected**. If the tube **blocks**, or there is

infection, then the **GP** or **community nurse** will be able to help. A **dietitian** will offer advice about the types of liquid food that can be taken.

The **ability** to **eat** and **drink safely** and with enjoyment is a **major part of life**. **Swallowing problems** have a **huge impact** on someone who has had a stroke and their family. It is important to **manage** any **difficulties** with support and help from **local health professionals**.

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