

Problems with Swallowing in Parkinson's Disease

Swallowing can be a neglected problem for many patients with Parkinson's Disease (PD) despite the fact that swallowing problems can have a tremendous impact upon a person's quality of life at home and their social life. Most people with PD will experience some difficulty with swallowing (known as dysphagia) at some point. These problems are not always noticeable to the person with PD.

Why is Swallowing Affected in Parkinson's Disease?

Generally, we all swallow more than 500 times a day and usually clear our mouths subconsciously. The rigidity of PD affects the muscles involved in our automatic swallow and the muscles of the jaw and face may be weakened. This results in a reduction in swallowing and affects the control a person may have over their teeth. The weakened muscles may also reduce the tightness that a person achieves in closing their lips. Everyone has difficulty swallowing if they cannot close their lips tightly.

If a person cannot chew their food adequately it can also cause problems. Some particles of food are swallowed easily but some may remain in the mouth. This is called piecemeal swallowing and is a common feature of PD. People are unaware that they have more food to swallow and as a result may choke. Food remaining in the mouth can harbour infections.

Often the tongue bunches up in PD and this can cause food to be pushed out through the teeth instead of controlled down the throat.

PD may also affect the muscles involved in carrying the food down into the stomach and make the process much slower.

It can also make the person feel full up, as the food passing down the oesophagus is moving so slowly.

What are the Signs of Problems with Swallowing?

Indications that a person may have a swallowing problem include:

- Loss of appetite;

- Weight loss;
- Drooling (due to poor lip seal and inadequate posture);
- Inability to clear mouth from food;
- Food sticking in the throat;
- Gurgly voice;
- Coughing when eating or drinking;
- Choking on food, liquids or saliva;
- Difficulty in swallowing medication;
- Pain when swallowing;
- Discomfort in the chest or throat;
- Heartburn or reflux;
- Repeated chest infections.

Why Worry About Problems With Swallowing?

There is a high incidence of silent aspiration in PD – this is when food enters the airway and passes down into the lungs without any of the usual signs of coughing or choking.

The main risks associated with swallowing problems are:

- Asphyxiation – food blocking the airway and stopping breathing;
- Aspiration pneumonia – an infection on the chest as a result of food, liquid or infected secretions from the mouth going into the lungs rather than into the stomach;
- Malnutrition – not eating enough to maintain good general health (e.g. because it takes so long to eat the food, which can by then be cold and unappetising or slow transit through the oesophagus resulting in a false

impression of feeling full). Malnutrition may make someone more susceptible to infections. See the Parkinson's Association's Information Sheet on Problems with Eating and Drinking in Parkinson's Disease for further information on the impact of swallowing problems on eating and drinking and self-help tips to deal with this problem;

- Dehydration – not drinking enough leading to other medical complications, such as constipation;

In light of these risks, it is important that people experiencing difficulties swallowing alert their doctor.

Do Swallowing Problems Only Occur With Parkinson's Disease?

Swallowing problems occur in many other medical conditions, including cancers of the head and neck, strokes and progressive neurological disorders, such as motor neurone disease. Changes in swallowing function have also been noted as part of the normal ageing process and in people who become physically weak as a result of any other illness. It is therefore important to be certain that swallowing difficulties are attributable to PD rather than other causes.

What Specialist Help is Available for Swallowing Problems?

Anyone worried about or experiencing problems with swallowing should seek a referral to a Speech and Language Therapist.

Your doctor or consultant can refer you to a Speech and Language Therapist working in the HSE. However, there is unfortunately a shortage of qualified Speech and Language Therapists working in the HSE in Ireland.

You can also refer yourself to see a private Speech and Language Therapist. A medical referral may be required for swallowing problems and this can be done by a GP, Consultant or Parkinson's Disease Nurse Specialist within a hospital. See the Parkinson's Association's Information Sheet on Speech and Language Therapy for more information on Speech and Language Therapy in Parkinson's Disease.

If you decide to seek assistance from Speech and Language Therapist privately, you will have to pay for this private treatment. However there may be some reimbursement for such therapies under private health insurance schemes. You will need to check your individual policy for specific reimbursement entitlements. Tax relief may be obtained on specialist therapy fees (see current revenue guidelines for applicable threshold and rates).

As well as advising on speech and language problems, these professionals are also experts in swallowing. They can assess swallowing problems and may be able to give the person exercises to help overcome them. This may include Lee Silverman Voice Therapy (LSVT) which has been shown to result in sustained improvements in swallowing following therapy.

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Other Relevant Information Sheets:

EX2: Physiotherapy and Parkinson's Disease

NM2.1: Speech and Language Therapy in Parkinson's Disease

NM2.3: Problems with Eating and Drinking in Parkinson's Disease

Further Information:

Irish Association of Speech and Language Therapists (IASLT)

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Irish Association of Speech and Language Therapists in Private Practice (IASLTPP)

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LSVT Global- Rehabilitative Therapy for People with Parkinson's

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DISCLAIMER – The information on these pages is not intended to be taken as advice. No changes to your treatment should be made without prior consultation with your doctor or allied health professional.

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