

## Early Detection and Intervention

When it comes to detecting a swallow disorder, early detection and intervention is key. Aside from providing patients with a better chance for improvement, early detection reduces a patient's risk for aspiration pneumonia and other pulmonary complications.

It's imperative to monitor some of the more subtle signs and symptoms of dysphagia such as, weight loss, reduced interest in eating and drinking, dehydration, chest pain, and globus sensation (feeling like something is stuck in the throat). Just because a patient isn't coughing during meals, doesn't mean they aren't aspirating. We often see silent aspiration with our patients. Of those patients that aspirate, on average about 80% are silent aspirators. This means they are not showing overt signs and symptoms of food and liquids entering the airway. That's why it is crucial to look at the whole patient. Not just if they are coughing and choking during meals.

### Other things to ask are:

1. Is my patient pocketing food? Usually if there is an issue with the oral stage, more often than not, there may be an issue with the pharyngeal stage. The tongue plays a major role in what happens when food and liquid enter the pharynx and if food/liquid slips off the base of the tongue before the pharyngeal muscles are prepared, then that could be problematic for the overall swallow.
2. Is my patient taking an exceedingly long time to break down foods? Again, another indicator that the muscles required to swallow may need to be strengthened.
3. Does this patient have a history of poor respiratory support? Respiratory coordination plays a major role in swallowing. Have you ever been told not to talk when you have food in your mouth? Aside from societal standards for politeness, it really is a safety precaution. When swallowing, you swallow on an inhale. If one were to swallow on an exhale, the airway would be wide open, placing one at risk for food and liquid to fall down the "wrong pipe." If a person has difficulties with respiration, especially with the coordination of their breathing, then they could be at risk for eating on an exhale rather than an inhale.

Being attuned with the subtleties of our patient's swallow is essential to their success with dysphagia therapy.