SASLHA

South African Speech-Language-Hearing Association

Guidelines: Dysphagia in Adults

Ethics and Standards Committee 2011
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Guidelines for assessment and management of patients with Dysphagia

Introduction

Speech-language therapists involved in the management of dysphagia are required to adhere to the Code of Ethics which states that therapists may "provide only those services for which we hold the appropriate qualification and for which we are competent by training". The management of patients with dysphagia is essentially an exercise in clinical reasoning and decision-making. Appropriate decision-making is dependent on the knowledge base of the therapist and his/her skill in integrating and interpreting clinical findings. Ideally, all beginning clinicians should work under the supervision of an experienced therapist for a period of at least six months. Should this not be possible, he/she must have an experienced clinician as a mentor who can be consulted for advice and support. All clinicians, whatever their level of expertise, should strive to have regular discussion with their colleagues. Adult and paediatric dysphagia are two distinct areas and knowledge and competence in one area does not presuppose competence in the other. Clinicians require specific training in the area/s in which they are working.

Ethical issues in the management of dysphagia

There are many ethical issues involved in dysphagia management. These include informed consent, decision-making capacity in patients who may have compromised communication and/or cognition, and end-of-life issues. The dysphagia clinician must be conversant with the ethical principles which govern the profession. If a course of action is chosen which the clinician believes may harm the patient, s/he must record such opinion in writing.

Minimum requirements to perform the tasks

Knowledge required for the management of dysphagia

- Anatomy, neuroanatomy and physiology of normal and abnormal respiration, airway protection and swallowing
- Changes in the anatomy and physiology with the developmental process and with normal aging
- Effects of common medical conditions and surgical procedures on swallowing and the possible effects of commonly used drugs
- Current evidence-based practice in dysphagia management

- Signs and symptoms of dysphagia
- Risks of aspiration
- Advantages and limitations, indications and contra-indications of the various assessment procedures and the procedures for their execution
- Appropriate intervention procedures, both compensatory and rehabilitative, and the rationale for their implementation
- Effect of cognitive, communicative, cultural, psychological and behavioural factors on swallowing management
- Indications and contra-indications of non-oral feeding, and the use of pump sets, types of enteral feeds and bolus feeding
- Universal precautions for infection control
- Code of ethics for the profession

Skills required for the management of dysphagia

- Obtaining a detailed case history
- Performing a clinical swallowing evaluation including ensuring appropriate positioning, using disinfection protocols and following universal precautions
- Interpreting risk factors for dysphagia
- Determining the need for objective (instrumental) assessment
- Interpreting data from all assessment procedures
- Appropriate use of compensatory procedures during Videofluoroscopic Swallowing Studies (VSS) or Fiberoptic Endoscopic Evaluation of Swallowing (FEES) procedures
- Selecting appropriate bolus size and consistency during VSS or FEES procedures
- Evaluating the integrity of airway protection during swallowing
- Identifying radiographic landmarks and disordered anatomy and physiology
- Counselling patient about diagnosis and providing patient and family with options and advantages and disadvantages of each treatment option
- Developing and implementing a treatment plan
- Disseminating information to the health care team and maintaining team communication
- Training of team members and caregivers
- Identifying patient's need for diet modification
- Determining the risk of aspiration and ways to prevent it

- Appropriate documenting of assessment, team decisions and recommendations
- Advocating for swallowing services for patients if necessary
- Compiling and updating a database for review and research purposes.

Professional values and attitudes

Intervention in dysphagia may place a patient at risk. Dysphagia management thus requires clinicians who have good insight into the strengths and limitations of their own knowledge and clinical skills. The clinician must be able to know when s/he has reached the limits of the intervention that s/he may safely provide.

The management of dysphagia is a team enterprise, and the clinician must be able to work within and communicate effectively with a multidisciplinary team. Where dysphagia teams do not already exist, the clinician must work towards building one. The final responsibility for decision-making rests with the patient's doctor, and the clinician must be able to provide information accurately to facilitate this decision-making.

Other relevant issues

Management of dysphagia in adults

Screening

Swallowing screening is usually performed by other members of the health care team to identify patients who require comprehensive evaluation. Speech-language therapists should be involved in the design of screening procedures and in training other health care professionals to identify clinical signs of dysphagia. Screening results should not be used to plan intervention.

Assessment

Effective treatment of dysphagia is reliant on accurate diagnosis, whether the treatment is compensatory or rehabilitative in nature. While it is accepted that many clinicians will not have access to resources for objective assessment, it is incumbent on the clinician to ensure that the best possible assessment is performed whatever the context.

All assessments should consist of the following:

- Review of the patient's medical records, including the medical diagnosis, surgical procedures performed, medication used, airway status, pulmonary status, nutritional status and temperature charts

- Interview with patient (or caregiver if the patient is not able to provide the information), including the main complaint, the patient's perception of the problem, the nature of the problem (consistency, timing, frequency, pain, globus), the clinical course of the problem (onset, change over time etc), the effect of the problem on activities of daily living, previous treatment received
- Clinical ("bedside") Swallowing Examination, incorporating mental status, communication ability, articulation, respiration, resonance, voice, cough, positioning and examination of the structure and function of the lips, muscles of mastication, teeth, tongue, velum, oral and pharyngeal sensation
- If the patient is taking food and/or liquid orally, observation of feeding and swallowing of liquids and a variety of food consistencies in as natural a context as possible
- If the patient is not taking food or liquid orally (NPO), trial swallows of various consistencies should be attempted with the permission of the treating doctor
- Integration of the findings of the various components of the assessment is then required. The clinician must decide if there is sufficient information to proceed with intervention, or if further instrumental assessment is needed. The purpose of objective (instrumental) assessment is not only to determine if the patient is aspirating or not, but to determine **why** aspiration is occurring, and to evaluate the efficacy of compensatory manoeuvres, diet modification or other techniques to eliminate aspiration.

If objective assessment is required, the clinician should:

- Determine whether VSS or FEES would be more appropriate, if both are available
- Obtain informed consent from the patient for the procedure, explaining both the procedure and its implications and motivate to the treating doctor for a referral for the procedure
- During the assessment:

- Identify normal and abnormal anatomy, structural movements, temporal co-ordination of movements and the trajectory of the bolus
- Evaluate the effect of changes to the volume, consistency and rate of delivery of the bolus
- Evaluate the efficacy of changes in positioning and the use of compensatory manoeuvres.

Provision of nutrition

Patients who are considered to be at high risk for aspiration, or who cannot meet all of their nutritional needs orally, should be considered for enteral feeding within one week of the onset of the dysphagia. The decision for enteral feeding should be made by the team in consultation with the patient/family. For patients requiring enteral feeding for longer than four weeks, feeding via gastrostomy/jejuostomy is usually the preferred option. All patients receiving enteral feeds require regular review. Detailed assessment is required for all patients being weaned from enteral feeding to oral feeding in order to determine the appropriate techniques to be used.

Compensatory strategies

Compensatory strategies are defined as "those manoeuvres that provide an immediate but typically transient effect on the efficiency or safety of swallowing" (Huckabee and Pelletier, 1999,p94). Management of dysphagia via compensatory strategies should be short-term or intermittent. There are five broad areas of compensation, namely postural, bolus control, airway protection strategies, dietary modification and the use of prostheses.

Rehabilitation of swallowing

Rehabilitative approaches aim to change the underlying physiology of the swallow. Effective rehabilitation can only be provided where there is accurate diagnosis and a clear understanding of the specific physiology. Detailed, ongoing assessment is required to determine whether rehabilitative approaches are achieving their aim, or whether compensatory strategies are still necessary. Current rehabilitative techniques fall broadly under the following categories: improved oral motor efficiency; improved strength and co-ordination of pharyngeal contraction and laryngeal movement; improved airway protection and improved sensory feedback. The evidence supporting various rehabilitative techniques is growing rapidly, and it is incumbent on the clinician to remain up to date.

Resources (internet links, documents)

It is essential for the dysphagia clinician to have access to up to date information. There is a large and growing number of books, journal articles and multimedia materials available. The resources listed below are only a few examples.

Books

Huckabee, ML and Pelletier, CA (1999) *Management of adult neurogenic dysphagia*. Singular: San Diego.

Logemann, JA (1998) *Evaluation and treatment of swallowing disorders*. Pro-Ed: Austin, Texas.

Murray, J (1999) *Manual of dysphagia assessment in adults*. Singular: San Diego.

Murry, T and Carrau, RL (2006) *Clinical management of swallowing disorders*. Plural: San Diego.

Sullivan, PA and Guilford, AM (1999) *Swallowing intervention in oncology*. Thomson-Delmar: New York.

Journals

Dysphagia. Springer-Verlag. Contents pages and abstracts can be viewed for free on http: //springerlink.com and articles can be ordered.

Other general journals such as *Seminars in Speech and Language* and *Journal of Medical Speech Language Pathology* frequently include articles on dysphagia.

Video materials

ASHA produces a range of training videos which can be ordered online via www.asha.org.

The Dynamic Swallow *DVD is available from the Department of Speech Pathology, Flinders University, Adelaide, Australia.*

Acknowledgements:

Ethics and Standards Committee, 2005 – 2008; Ingrid von Bentheim, Speech Therapist, Cape Town.