

# Newsletter

## to Health Professionals

Number 8

### Swallowing problems

Recommendations according to the experts in spinocerebellar disorders by the medical and paramedical council of the AFAF, CSC, ASL associations

#### Edito

Swallowing problems can occur in the development of cerebellar disorders. It is therefore important to check whether the patient shows any signs of dysphagia, which may sometimes be ignored or denied. In addition to discomfort during meals (coughing, lengthy mealtimes), swallowing problems can result in malnutrition due to insufficient food intake. Repeated choking can cause pneumopathy.

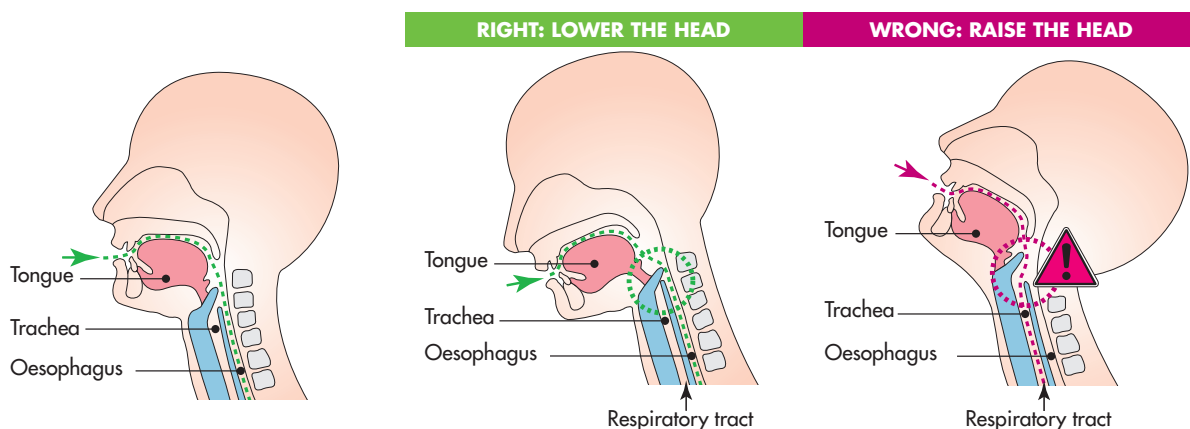
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## Questions and answers ...



### SWALLOWING MECHANISMS:

Swallowing is the mechanism of **taking food** into the mouth, **preparing** it then propelling the bolus from the oropharynx to the stomach while ensuring that the respiratory passageways are protected. Dysphagia is a disruption of one of the voluntary or reflex mechanisms involved in the swallowing process (coordination, progression, sequence).





**To detect these problems, the patient will need to be questioned about their eating habits and the nature of their disorder when appropriate:**

- When the problems first appeared and in what form
- How they have developed
- Variations throughout the day (fatigue at the end of the day can affect swallowing)
- Frequency
- Triggering factors
- Signs
- What the patient feels

**Attention must also be paid to any outward signs of swallowing problems. Does the patient experience the following?**

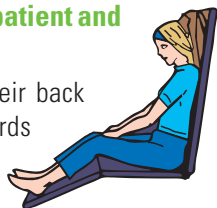
- Choking and, if so, what type of texture is involved (liquid/solid)
- Coughing (when?)
- The impression that the larynx is blocked
- Dribbling
- Nasal reflux
- Food stasis (fragments of food remain in the mouth that stick to the palate and cheek folds)
- Vomiting

And finally, the patient must be questioned about the duration of mealtimes which is often longer (eating for a long time does not mean eating a lot or even enough), chewing difficulties, changes in their preference for certain foods or their elimination from the diet, coughing during or after meals, gurgling noises when swallowing and weight loss.

Based on these data, joint therapy by a speech therapist and dietician can be prescribed.

**Depending on the problems involved, the therapist and dietician will be able to guide the patient and advise them on the following:**

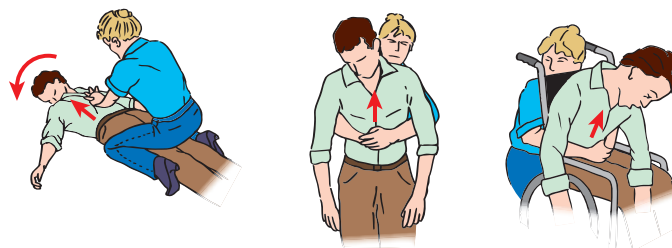
- **Posture:** the person should sit with their back straight and chin tucked slightly towards the chest when swallowing in order to protect the respiratory tract (diagram)



- **A calm environment** during mealtimes (since concentration is required, distractions such as television and radio should be avoided).
- The possibility of **splitting up meals** so that they won't be too long or tiring.
- Appropriate textures for **solid** foods (minced, pureed, mixed), with a preference for tender, creamy foods in sauces that make propulsion easier and provide sufficient calories (cream, mayonnaise, etc.). "Difficult" foods should be avoided or well prepared (grains, stringy vegetables, juicy fruits).
- For liquids, cold gassy drinks should be preferred as they stimulate the swallowing reflex and thicker drinks (thick fruit juices, tomato juice and liquid yoghurt) served in a wide-rimmed glass or with a straw so that **the head does not need to be raised when drinking. The use of narrow glasses should be excluded** as well as drinking directly from the bottle or lying down as it means the patient has to put their head back to prevent choking.



**What to do in the case of choking**



If choking prevents the patient from breathing, Heimlich's manoeuvre (or abdominal thrusts) should be used to expel the food obstructing the respiratory tract.

Speech therapists are trained to treat dysphagia. Do not hesitate to refer patients so that their swallowing problems can be evaluated and the therapist can advise them on the best way to manage the problem, make them less anxious about mealtimes, prevent choking, limit weight loss and thus improve the patient's quality of life.

**Written by the Medical and Paramedical Council of AFAF, ASL and CSC.**

It is chaired by **Dr A. Dürr** (neurogenetician - Paris) and composed of **M. L. Babonneau** (psychologist - Paris), **Dr P. Charles** (neurologist - Paris), **Dr F. Cottrel** (rehabilitation physician - Paris), **Pr P. De Lonlay** (paediatrician specialising in metabolics - Paris), **E. Delumeau** (social worker - Paris), **M. Gargiulo** (psychologist - Paris), **Dr C. Goizet** (genetician - Bordeaux), **Th. Hergueta** (psychologist - Paris), **A. Herson** (psychologist - Paris), **Dr D. Mazevet** (rehabilitation physician - Paris), **Pr A. Munnich** (genetician - Paris), **MC. Nolen** (psychologist - Paris), **C. Pointon** (speech therapist - Paris), **Pr L. Vallée** (neuropaediatrician - Lille). **The contact details for health professionals are available on [www.crn.org](http://www.crn.org) and the websites of the different associations: [www.afaf.asso.fr](http://www.afaf.asso.fr) - <http://assoc.wanadoo.fr/asl.spastic> - [www.csc.asso.fr](http://www.csc.asso.fr).**

**Questions and responses can be addressed to the French Medical and Paramedical Ataxia Council by writing to [conseilmedicalataxie@yahoo.fr](mailto:conseilmedicalataxie@yahoo.fr) or 12, place Brisset, 02500 Hirson.** The file used to communicate this document has been declared to the CNIL. In application of the provisions of articles 39 et seq. of the French act on Data Processing, Data Files and Individual Liberties amended, you have the right to access and amend data by applying to the presidents of the associations quoted. You can also, for legitimate reasons, oppose the use of any data concerning you.