

SWALLOWING PROBLEMS WITH PARKINSON'S DISEASE

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Swallowing is a motor function and, therefore, can be affected in Parkinson's disease. Swallowing is a very complex activity that begins with the sight of food. A person begins salivating in anticipation of tasting the food. Next, the food is taken into the mouth and chewed. The tongue is active in forming the food into a ball, or bolus. Food gets moved from side to side for chewing and tasting. When the tongue pushes the bolus to the back of the mouth, the food touches the tonsil area and a swallow is triggered. This sets into motion a series of muscle movements that squeeze the food through the throat and into the esophagus. At that point the swallow is completed.

Sometimes the movements of swallowing become uncoordinated and result in choking or aspiration (food going into the lungs). Swallowing can also be affected by too much or too little saliva. Slow eating and choking can impair nutrition and add an additional burden to the family caregiver. These problems are best evaluated by a speech pathologist, trained in the anatomy and physiology of swallowing. While they can not restore normal function, they can improve the eating process by making changes in texture, position, or pacing.

SUGGESTIONS TO AID SWALLOWING: TIPS FOR PATIENTS AND FAMILIES

1. Sit upright at a 90-degree angle for 10 minutes before, during, and for 30 minutes after eating.
2. Incline the head slightly forward for easiest swallowing. If help is needed with head position, a person should help by placing his hands gently on top of the head for stabilization. Do not place hands on the back of the neck.
3. Maximize all sensory input. Check dentures for placement and fit and wear hearing aids or glasses at meal times.
4. Minimize distractions. Turn off TV, close the room door, and do not talk when the mouth contains food.
5. Avoid milk products and other foods that increase mucous levels. Avoid sticky foods (mashed potatoes, white bread) as they may increase swallowing difficulty.
6. Initiation of swallowing can be delayed in Parkinson's

disease. Verbal cues can often be helpful. This is done by verbally describing each step of the swallowing process as follows: Open your mouth as wide as you can; close your lips around the spoon; keep your lips closed and work the food around; put your tongue up on the ridge behind your teeth and swallow. Indicate with a yes/no when you are ready for another mouthful.

7. Never use a spoon larger than a teaspoon. Food should be eaten in small bites and sips, as chewing and swallowing movements are often slow and reduced. Allow ample time to swallow each bite.
8. Decreased saliva and dry sticky food can make food difficult to maneuver in the mouth. Do not "wash down" food with liquid. Alternating food with liquid may be appropriate providing the food has been completely swallowed each time.
9. Completely swallow each bite before another is taken.
10. Eating is slowed in Parkinson's disease. Watch the fatigue level while eating. Soft and pureed food requires less chewing. It is sometimes necessary to eat smaller portions more frequently.
11. Every three to four bites, check to be sure that the food is being swallowed completely and that food is not getting packed into the mouth and cheeks.
12. Choking is most common with thin liquids. Taking small sips, not using a straw, sitting in an upright position, and adding a thickening agent to liquids can reduce the risk of choking and aspiration.
13. If there is trouble opening the mouth, apply light downward pressure to the chin.
14. Practice good oral hygiene after meals. After brushing, lemon-glycerine swabs or toothettes may be helpful in removing food particles from the sides of the mouth.