



EATING SAFELY AND TALKING ABOUT IT

KIERA N BERGGREN, MA/CCC-SLP, MS

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DISCLOSURES

- I have no personal financial relationships with commercial interests relevant to this presentation to disclose

LEARNING OBJECTIVES

- Overview of swallow function and changes in FSHD
- Overview of speech/communication changes in FSHD

DEFINITIONS

- Dysphagia – abnormal swallowing
 - Can affect mouth, throat, or esophagus
- Dysarthria – abnormal speech
 - Several different types of dysarthria, but flaccid and spastic tend to be the most common in neuromuscular diseases

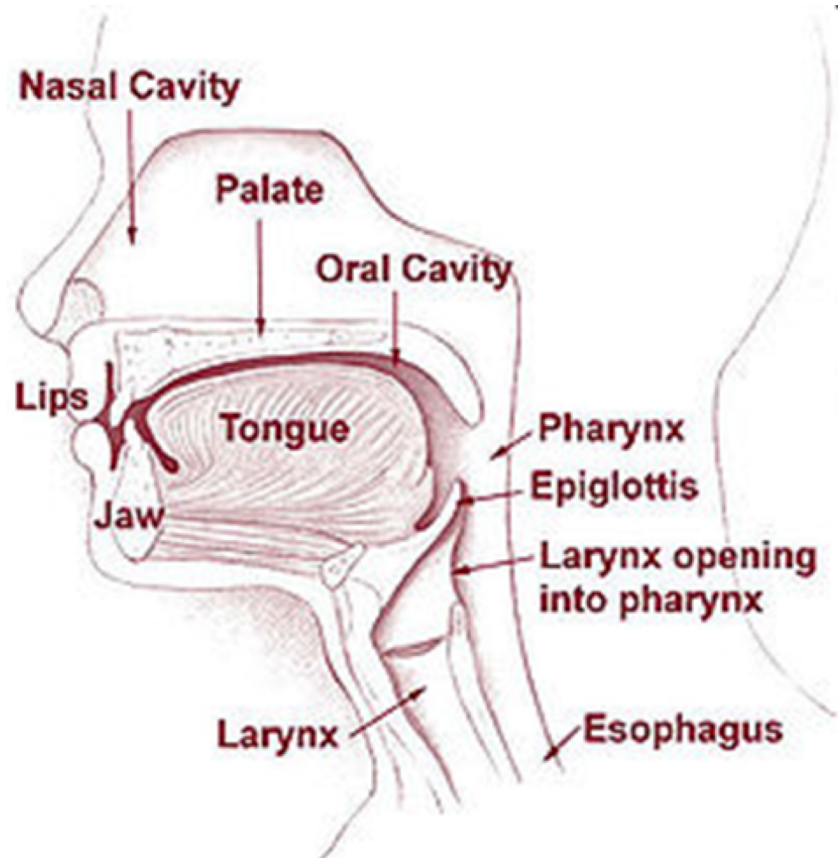
DEFINITIONS

- Communication – exchanging information between 2 or more people
 - Language
 - Written/Oral
 - Sign/body language
 - Expressions
 - Inflection/tone

DEFINITIONS

- Cognition – thinking skills
 - Attention
 - Memory
 - Problem solving
 - Executive function skills
 - Processing speed

ANATOMY AND PHYSIOLOGY



- 50 pairs of muscles involved in swallow
- When eating food passes from mouth, through throat and esophagus, to stomach in about 2 sec
- Total meal time is usually 10-30 min

<http://en.wikipedia.org/wiki/Esophagus>

GENERAL SIGNS OF DYSPHAGIA

- Oral preparatory and propulsive phases
 - Difficulty moving food or liquid around in the mouth
 - Incomplete chewing
 - Spillage of food and liquid from the mouth
 - Food or liquid residue in mouth after first swallow

GENERAL SIGNS OF DYSPHAGIA

- Pharyngeal phase
 - Nasal regurgitation
 - Coughing or choking while eating
 - Frequent throat clearing, especially during meals
 - Gurgly or wet vocal quality during meals
 - Wet sounding breathing
 - Multiple swallows/bite
 - Complaint of food “stuck in the throat”

GENERAL SIGNS OF DYSPHAGIA

- Esophageal phase
 - Complaint of food “stuck in the throat”
 - Substernal pain
 - “Feeling full” in thoracic area
 - Feeling as if food takes time to pass through esophagus
- Progressively slower rate of food intake
- Changes in respiratory function

GENERAL SIGNS OF DYSPHAGIA

- Regurgitation of food after it has been swallowed
- Frequent congestion or respiratory issues
- Frequent temperatures
- Consistent or significant, unintended weight loss

These symptoms may be due to an unrelated, but serious, medical condition and should be discussed with a physician

WHAT NEXT FOR SOMEONE WITH DYSPHAGIA

- Swallow test
 - No one “fails” a swallow test
 - Objective assessment includes management of dysphagia and treatment plan
 - Diet recommendations for viscosities/consistencies deemed safer
 - Postural changes to capitalize on preserved function and ability
 - Strategies when eating
 - Therapeutic exercises
 - Discussion of end-of-life requests

ORAL HYGIENE IS IMPORTANT

- American Dental Association recommends
 - Brush teeth twice a day with fluoride toothpaste
 - Clean between teeth daily
 - Eat a healthy diet that limits sugary beverages and snacks
 - See a dentist regularly for prevention and treatment of oral disease

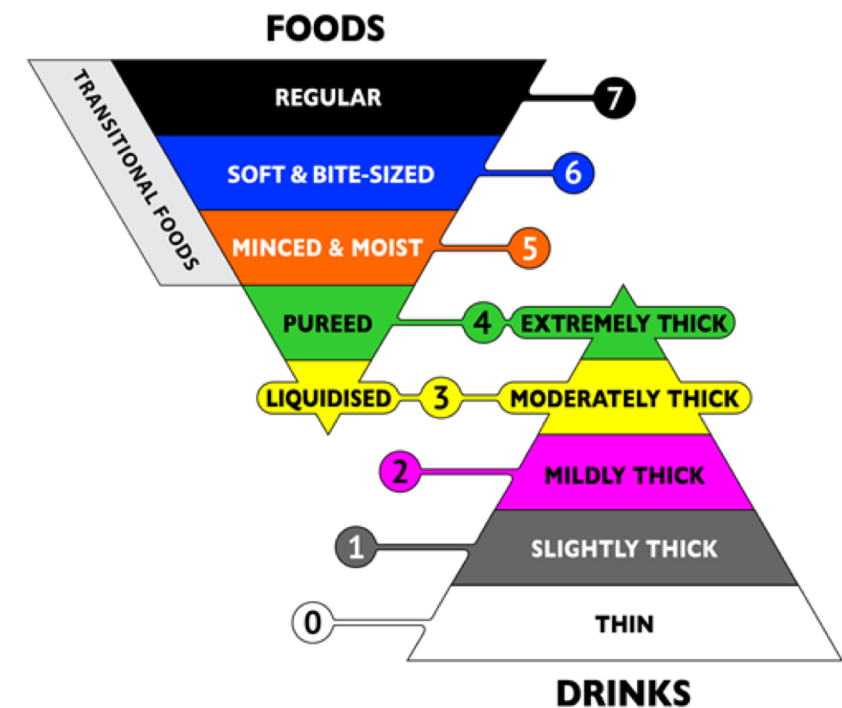
https://www.ada.org/~media/ADA/Science%20and%20Research/Files/SCI_HomeOralCareGuide_Jan2018_Web_FINAL.pdf?la=en

DIET RECOMMENDATIONS (OLDER TERMINOLOGY)

- Liquids
 - Thin
 - Nectar thick
 - Honey thick
 - Pudding thick
- Solids
 - National Dysphagia Diet 1 - Puree
 - National Dysphagia Diet 2 - Mechanically altered
 - National Dysphagia Diet 3 - Advanced
 - National Dysphagia Diet 4 - General

DIET RECOMMENDATIONS – NEW CLASSIFICATION

- International Dysphagia Diet Standardisation Initiative (IDDSI)
 - Framework finalized in November 2015 to standardize description of liquid viscosities and food consistencies



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WAYS TO HELP AT HOME

- Upright at 90°
- Support trunk
- Smaller bites/sips
- Single bites/sips
- Alternate bites with sips to help wash down the food
- Trial usage of straws to help keep chin parallel to the floor or slightly tucked

WAYS TO HELP AT HOME

- Use larger handled or angled utensils
- Use plates with a lip or bumper
- Use special drinking cups with cups, lids, and straws
 - One way drinking straws



WAYS TO HELP AT HOME

- Limit distractions
- Avoid talking with food in mouth
- Moisten drier foods with sauces, gravies, salsa, sour cream, etc.
- Consider taking medications/vitamins in puree (applesauce, yogurt, pudding, etc.)
- Encourage additional swallows to clear mouth if residue is visible

WAYS TO HELP AT HOME

- Consider smaller, more frequent meals to limit fatigue at mealtimes
- Stage meals to have more difficult items earlier in the day or in a meal
- Slow cooker items, casseroles, and/or pressure cooker items are generally softer and easier

Manage the situation to maximize safety

DYSARTHRIA SYMPTOMS

- Imprecise articulation
- Reduced volume
- Slowed rate of speech
- Equalized stress
- Monotone or reduced use of prosody
- Hypernasality
- Nasal emission
- Reduced control over breathing

STRATEGIES TO IMPROVE SPEECH

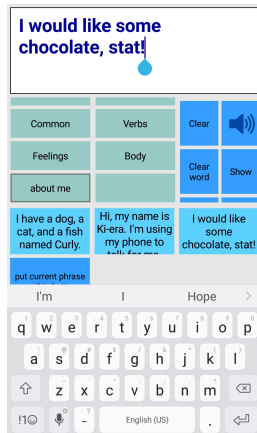
- Reduce rate of speech
- Control rate of speech
 - Tapping to establish pace
- Coordinate speech with breathing
 - Begin speaking at peak or just after peak of intake of breath
- Over articulate
- Stress target word in utterance
 - Address use of prosody, pitch, and loudness

HOW COMMUNICATION PARTNERS CAN HELP

- Minimize distractions when having conversations
- Encourage use of gestures
- Repeat the part we understood
- Have important conversations when not tired
- Slow our rate of speech
- Be patient

HOW CAN SPEECH THERAPY HELP?

- Communication
 - Augmentative and alternative communication (AAC)
 - Use alternative techniques such as word boards, white boards, alphabet boards, picture boards, or electronic devices



- <http://www.spectronicsinoz.com/blog/tools-and-resources/free-downloadable-alphabet-boards-for-people-using-aac/>
- <http://talkingboxes.blogspot.com/2011/02/no-tech-aac-solutions-are-they-really.html>
- <http://www.boardmakershare.com/Activity/1802248/Rehab-Communication-Board>

HOW CAN SPEECH THERAPY HELP?



- AAC continued
 - Portable voice amplifier
 - Computerized AAC options



HOW TO ACQUIRE A SPEECH GENERATING DEVICE

- Meet with an SLP for an evaluation
 - Be sure they are familiar with AAC
- Be sure to trial multiple devices
 - There is NO one size fits all!
- Communication is a system
 - Explore several options for various life situations
 - Low tech for in bed, bathing, etc.
 - Higher tech for out in the community

HOW TO ACQUIRE A SPEECH GENERATING DEVICE (CONTINUED)

- Prescription from MD for device
- SLP will document need and submit to manufacturer
- Primary insurance usually limited to 80%
 - If you've met out of pocket this can help with cost
 - Explore foundations for funding assistance
 - Secondary insurance may help

REFERENCES

- American Dental Association.
https://www.ada.org/~media/ADA/Science%20and%20Research/Files/SCI_HomeOralCareGuide_Jan2018_Web_FINAL.pdf?la=en
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Questions and thank you!

kiera.berggren@hsc.utah.edu

