EATING SAFELY AND TALKING ABOUT IT

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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

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
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://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

- The International Dysphagia Diet Standardisation Initiative 2016 @http://iddsi.org/framework/
- National Institute on Deafness and Other Communication Disorders. https://www.nidcd.nih.gov/health/dysphagia
Questions and thank you!

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