

# Dysphagia

A plain-English guide for you and your family

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## WHAT IS HAPPENING

Swallowing is a fast, automatic job your body does every time you eat or drink. Your tongue pushes food back. The muscles in your throat squeeze it down. A tiny flap called the epiglottis closes over your windpipe so food goes into the swallowing tube (the esophagus), not your lungs. Then the tube squeezes the food all the way down to your stomach. When any part of that chain breaks — maybe a stroke damages the brain signals, Parkinson's or ALS weakens the muscles, myasthenia gravis makes the muscles tire out, a tumor blocks the path, or a tight scar called a stricture narrows the tube — food stops moving smoothly. You might cough or choke while eating because food is touching your airway. Meals take forever because every bite feels slow or stuck. You lose weight because eating becomes hard or scary, so you eat less. The biggest danger is aspiration pneumonia: food or spit goes into your lungs, carries bacteria, and starts an infection. None of this is your fault or in your head. Your body is doing its best to protect you — the cough is trying to clear your airway, the slow eating buys time to swallow safely — but the root problem (weak nerves, weak muscles, or a blocked tube) has to be found and treated so you can eat safely again.

## What you might feel

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- Food sticks or feels slow going down
- Coughing or choking when swallowing
- Food or liquid comes back up into the nose or mouth (regurgitation)
- Voice sounds wet or gurgly after swallowing
- Pain when swallowing (called painful swallowing (odynophagia))
- Unintended weight loss
- Repeated lung infections (aspiration pneumonia)
- Drooling or unable to control saliva
- Feeling of a lump in the throat (globus sensation)
- Heartburn or chest discomfort during swallowing

## Call the doctor right away if...

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- Sudden complete inability to swallow solids or liquids (may signal a full blockage in the esophagus or an acute stroke cutting off swallowing signals)
- Severe chest pain or vomiting blood with swallowing trouble (may mean a tear in the esophageal wall called a perforation, or bleeding from an ulcer or tumor)
- Fast, unexplained weight loss or night sweats (may signal esophageal cancer or another serious illness)
- New trouble swallowing after age 50 (higher risk of cancer or stricture needing urgent evaluation)
- Repeated lung infections or pneumonia from aspiration (shows food is entering the lungs and needs immediate swallowing assessment to prevent respiratory failure)

## What the care team will do

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- Keep the patient NPO (nothing by mouth) until a speech-language pathologist completes a swallow evaluation or a provider clears oral intake
- Position the patient upright at 90 degrees during meals and for at least 30 minutes afterward
- Monitor oxygen saturation continuously and watch for wet or gurgly voice, coughing during meals, or temperature spikes above 100.4°F
- Provide oral care with teeth brushing and mouth rinses every 8 hours, especially before meals
- Document daily calorie counts and weigh the patient at the same time every day in the same clothing
- Administer medications in applesauce, pudding, or crushed form only after confirming with pharmacy that crushing is safe
- Educate the patient and family on aspiration warning signs: coughing or choking during meals, shortness of breath, chest pain, and fever
- Collaborate with the dietitian to provide thickened liquids (nectar, honey, or pudding consistency) and soft or pureed solid foods as ordered by the speech-language pathologist

## Medicines you may be given — and why

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### Botulinum toxin (Botox)

Botox blocks the signal between a nerve and a muscle. In swallowing problems caused by tight muscles (spasms) at the top of the esophagus or the upper esophageal sphincter (the gate between the throat and the food pipe), Botox relaxes that gate so food can pass through more

easily. It stops the muscle from squeezing too hard by blocking acetylcholine (the chemical messenger that tells the muscle to contract).

### **Proton pump inhibitors (omeprazole, pantoprazole, esomeprazole)**

PPIs turn off the pumps in the stomach that make acid. They are used when acid reflux (stomach acid backing up into the esophagus) causes inflammation, strictures (scars that narrow the food pipe), or pain that makes swallowing difficult. By lowering acid, these drugs let the esophagus heal and reduce irritation that can worsen trouble swallowing (dysphagia).

### **Pyridostigmine**

Pyridostigmine helps when swallowing muscles are weak because the nerve signal is not strong enough, as in myasthenia gravis (an autoimmune disease where the body attacks the nerve-muscle connection). It works by stopping the breakdown of acetylcholine (the chemical that carries the 'contract' signal from nerve to muscle). More acetylcholine stays in the gap between nerve and muscle, so the signal is stronger and the muscle can work better.

### **Nifedipine or sildenafil (off-label for esophageal spasm and achalasia)**

These drugs relax smooth muscle in the esophagus. Nifedipine blocks calcium from entering muscle cells, and calcium is what makes muscle squeeze; less calcium means less squeezing. Sildenafil increases a molecule called cGMP (a chemical messenger that tells smooth muscle to relax). Both can help when the lower esophageal sphincter is too tight (as in achalasia or esophageal spasm), making it easier for food to pass into the stomach.

## **Where this information comes from**

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- American Gastroenterological Association (AGA) Clinical Practice Update on the Evaluation and Management of Dysphagia 2022
- American Speech-Language-Hearing Association (ASHA) Dysphagia Practice Portal
- American Society for Gastrointestinal Endoscopy (ASGE) Guidelines on the Management of Ingested Foreign Bodies and Food Impaction
- Cochrane Database – Interventions for Oropharyngeal and Esophageal Dysphagia

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