



## YOU CAN: SWALLOW More Safely

Difficulty with swallowing (dysphagia) may occur frequently in people with MS. Problems are typically mild or transient and may also be present without awareness of symptoms. Dysphagia may interfere with how safely and efficiently a person swallows, whether there is adequate hydration/nutrition, or risk of aspiration pneumonia.

Common swallow problems for those with MS follow:

- Delay in triggering the swallow: "I can't get my swallow started."
- Residue in the throat after the swallow due to weakness: "It still feels like there is something stuck in my throat."
- Inadequate airway protection (with possible aspiration) due to weakness or poor timing: "It goes down the wrong tube and I cough."

A speech language pathologist (SLP) can evaluate/infer specific swallowing problems during clinical assessment of drinking or eating. More technical procedures, such as a modified barium swallow (MBS) in radiology, allows for direct observation. Barium is mixed with a variety of textures (liquids and solids), and performance during the three phases of the swallow: oral, pharyngeal, and upper esophageal may be observed. Of primary concern is to rule out aspiration, as pneumonia may result. Based on the results of each evaluation, an SLP can recommend specific diet and swallow strategies.

**You can swallow more safely** (Sample strategies, depending upon need, as prescribed by the SLP, and based on modified barium swallow procedure):

- 1) **Thorough Oral Care 2x/day** by all (brushing teeth and tongue): to reduce bacteria and risk of pneumonia, should aspiration occur.
- 2) **Seated Upright:** Full 90 degree positioning.
- 3) **Small Sips/Bites:** To safely control amounts.
- 4) **Follow-Up Dry Swallows:** To clear any residue left in the throat.
- 5) **Cough/Clear Your Throat and Swallow Again:** To protect airway.
- 6) **Various Postures** (Chin tuck, head turn/tilt left or right): Only as recommended by SLP and based on MBS.

At times non-oral feeding may be recommended, such as nasogastric or PEG tube feeding. Swallowing is best treated by a team of specialists: M.D., SLP, Radiologist, Dietitian, RN, with referrals to DDS and OT, as indicated.