

# HARD TO SWALLOW

## Eating, drinking and swallowing difficulties

### A serious issue

- Eating, drinking and swallowing difficulties (dysphagia) are common and often occur with other health conditions affecting infants, children and young people and adults.
- Dysphagia has potentially life-threatening consequences. It can result in choking, pneumonia, chest infections, dehydration, malnutrition and weight loss resulting in avoidable hospital admission and in some cases death.
- Eating, drinking and swallowing difficulties can lead to poorer quality of life for the individual and their family. This may be due to embarrassment and lack of enjoyment of food, which can have profound social consequences.
- Speech and language therapists play a key role in the identification and management of dysphagia and supporting people to live well and have as good quality of life as possible. 15% of hospital admissions of people with dementia with dysphagia could be prevented by contributions from a speech and language therapist at an earlier point.<sup>1</sup>

### The size of the problem

Up to  
**100%** of people with motor neurone disease.<sup>2</sup>

**79%** of people at the end of their lives.<sup>6</sup>

**85%** of people with dementia.<sup>3</sup>

Up to  
**90%** of people in Intensive Care Units.<sup>7</sup>

**42%** of people who have had a stroke.<sup>4</sup>

Up to  
**40%** of infants born prematurely.<sup>8</sup>

**55%** of people with head and neck cancer.<sup>5</sup>

**15%** of adults with learning disabilities.<sup>9</sup>

# The role of speech and language therapy

## Speech and language therapists have a unique role in the assessment, diagnosis and management of swallowing difficulties. They –

- Complete detailed and accurate assessments. Early identification and management of dysphagia by speech and language therapists improves quality of life, and reduces the possibility of further medical complications and death.
- Provide an accurate diagnosis of dysphagia, which may assist with diagnosing other conditions.
- Balance risk factors with quality of life, taking into account the individual's preferences, culture and beliefs.
- Work with other health professionals, particularly dietitians, to optimise nutrition and hydration. Improved nutrition and hydration have a positive impact on physical and mental wellbeing.
- Improve swallowing through oral motor/sensory exercises, swallow techniques, biofeedback and swallow stimulation.

## Annie's Story

Annie was an 88 year old care home resident living with dementia. She was referred following an increased resistance to care and spending long periods of the day in bed. She had been assessed by a Speech and Language Therapist whilst in hospital with pneumonia, and pureed diet and thickened fluids were recommended as safest for her to swallow. However, back in her care home, Annie often requested chips, cake and 'normal', unthickened coffee.

Following assessment of Annie's swallowing at a mealtime and weighing up risks and quality of life with her family, carers and GP, she was offered 'normal' lunch every day. Specific and detailed written guidance on how best to support this was given to those around her. Annie enjoyed being able to have her favourite foods and increased social opportunities were also reported, such as having a special meal with her family. Annie sadly died a couple of months after, but it was felt that her quality of life was better in these final months.

<sup>1</sup>Inpatient Hospital Episode Statistics. Health & Social Care Information Centre, Public Health England, 2015. <sup>2</sup>Panebianco M, Marchese-Ragona R, Masiero S, Restivo DA. Dysphagia in neurological diseases: a literature review. *Neural Sci.* 2020 Nov;41(11):3067-3073. doi: 10.1007/s10072-020-04495-2. Epub 2020 Jun 7. PMID: 32506360; PMCID: PMC7567719. <sup>3</sup>[www.mdpi.com/2072-6643/12/3/863](https://www.mdpi.com/2072-6643/12/3/863). <sup>4</sup>Banda, K.J., Chu, H., Kang, X.L. et al. Prevalence of dysphagia and risk of pneumonia and mortality in acute stroke patients: a meta-analysis. *BMC Geriatr* 22, 420 (2022). <https://doi.org/10.1186/s12877-022-02960-5>. <sup>5</sup>Zebralla, V., Wichmann, G., Pirlich, M. et al. Dysphagia, voice problems, and pain in head and neck cancer patients. *Eur Arch Otorhinolaryngol* 278, 3985–3994 (2021). <https://doi.org/10.1007/s00405-020-06584-6>. <sup>6</sup>Bogaardt, H., Veerbeek, L., Kelly, K. et al. Swallowing Problems at the End of the Palliative Phase: Incidence and Severity in 164 Unsedated Patients. *Dysphagia* 30, 145–151 (2015). <https://doi.org/10.1007/s00455-014-9590-1>. <sup>7</sup>Macht M, Wimbish T, Bodine C, Moss M. ICU-acquired swallowing disorders. *Crit Care Med.* 2013 Oct;41(10):2396-405. doi: 10.1097/CCM.0b013e31829caf33. PMID: 23939361. <sup>8</sup>Uhm KE, Yi SH, Chang HJ, Cheon HJ, Kwon JY. Videofluoroscopic swallowing study findings in full-term and preterm infants with dysphagia. *Annals of Rehabilitation Medicine* 2013; 37(2): 175-182. <sup>13</sup>Lee JH, Chang YS, Yoo HS, Ahn SY, Seo HJ, Choi SH, Jeon GW, Koo SH, Hwang JH, Park WS. 2011. Swallowing dysfunction in very low birth weight infants with oral feeding desaturations. *World Journal of Pediatrics* 2011; 7(4): 337-343. <sup>9</sup>PHE, *Dysphagia in people with learning difficulties: reasonable adjustments guidance* May 2016.

## What you can do:

- Raise awareness of swallow awareness day on your social media channels.
- Call on the Minister for Health and Social Services, Local Health Boards and Health Education and Improvement Wales to deliver sustained increases in speech and language therapy training places and the number of speech and language therapists per head of the population in Wales.

For further information, please contact [walesoffice@rcslt.org](mailto:walesoffice@rcslt.org)

# ANODD LLYNCU

## Anawsterau bwyta, yfed a llyncu

### Mater difrifol

- Mae anawsterau bwyta, yfed a llyncu (dysffagia) yn gyffredin ac yn aml yn digwydd gyda chyflyrau iechyd eraill sy'n effeithio ar fabanod, plant a phobl ifanc ac oedolion.
- Gall dysffagia fod â chanlyniadau sy'n bygwth bywyd. Gall arwain at fygu, niwmonia, haint ar y frest, dadhydradu, diffyg maeth a cholli pwysau gan arwain at dderbyniadau i ysbyty y gellid eu hosgoi ac, mewn rhai achosion, farwolaeth.
- Gall anawsterau bwyta, yfed a llyncu arwain at ansawdd bywyd gwaelach i'r unigolyn a'u teulu. Gall hyn fod oherwydd embaras a diffyg mwynhad o fwyd, a all fod â chanlyniadau cymdeithasol dybryd.
- Mae gan therapyddion lleferydd ac iaith rôl allweddol wrth adnabod a rheoli dysffagia a chefnogi pobl i fyw'n dda a bod â chystal ansawdd bywyd ag sydd modd. Gellid atal 15% o dderbyniadau ysbyty pobl gyda dementia gyda dysffagia drwy gyfraniadau ar bwynt cynharach gan therapydd lleferydd ac iaith.<sup>1</sup>

### Maint y broblem

Hyd at  
**100%** o bobl gyda chlefyd niwronau motor.<sup>2</sup>

**79%** o bobl ar ddiwedd eu bywydau.<sup>6</sup>

**85%** o bobl gyda dementia.<sup>3</sup>

Hyd at  
**90%** o bobl mewn Unedau Gofal Dwys.<sup>7</sup>

**42%** o bobl a gafodd strôc.<sup>4</sup>

Hyd at  
**40%** o fabanod a anwyd yn gynnar.<sup>8</sup>

**55%** o bobl gyda chanser y pen a'r gwddf.<sup>5</sup>

**15%** o oedolion gydag anableddau dysgu.<sup>9</sup>

## Rôl therapi lleferydd ac iaith

### Mae gan therapyddion lleferydd ac iaith rôl unigryw wrth asesu, gwneud diagnosis a rheoli anawsterau llyncu. Maent yn –

- Llenwi asesiadau manwl a chywir. Mae adnabod cynnar a rheoli dysffagia gan therapyddion lleferydd ac iaith yn gwella ansawdd bywyd, ac yn gostwng y posibilrwydd o gymhlethdodau meddygol pellach a marwolaeth.
- Rhoi diagnosis cynnar o ddysffagia, a all gynorthwyo wrth ddiagnosisio cyflyrau eraill.
- Cydbwysu ffactorau risg gydag ansawdd bywyd, gan roi ystyriaeth i ddewisiadau, diwylliant a chredoau'r unigolyn.
- Gweithio gyda gweithwyr proffesiynol ieuchyd eraill, yn arbennig ddietegwyr, i wella maeth a hydradu. Gall maeth a hydradu gwell gael effaith gadarnhaol ar les corfforol a meddyliol.
- Gwella llyncu drwy ymarferion modur/synhwyraidd geneuol, technegau llyncu, bioadborth ac efelychu llyncu.

## Stori Annie

Roedd Annie yn 88 oed ac yn byw gyda dementia mewn cartref gofal. Cafodd ei hatgyfeirio gan ei bod yn gynyddol yn gwrthod gofal ac yn treulio cyfnodau hir o'r dydd yn y gwely. Cafodd ei hasesu gan therapydd lleferydd ac iaith pan oedd yn yr ysbyty gyda niwmonia, a chafodd diet puree bwyd a hylifau wedi eu tewychu eu hargymell fel bod yn fwyaf diogel iddi eu llyncu. Fodd bynnag, yn ôl yn ei chartref gofal, roedd Annie yn aml yn gofyn am sglodion, teisen a choffi 'arferol', heb ei dewychu.

Yn dilyn asesiad o'r ffordd yr oedd Annie yn llyncu adeg prydau bwyd a phwyso a mesur risgiau ac ansawdd bywyd gyda'i theulu, gofalwyr a meddyg teulu, cafodd gynnig cinio 'arferol' bob dydd. Rhoddwyd canllawiau ysgrifenedig penodol a manwl i'r rhai o'i hamgylch ar y ffordd orau i gefnogi hyn. Roedd Annie yn mwynhau medru cael ei hoff fwydydd a soniwyd am gynnydd mewn cyfleoedd cymdeithasol, tebyg i gael pryd arbennig gyda'i theulu. Gwaetha'r modd, bu Annie farw ychydig fisoedd wedyn ond teimlid fod ei hansawdd bywyd yn well yn y misoedd olaf hyn.

<sup>1</sup>Inpatient Hospital Episode Statistics. Health & Social Care Information Centre, Public Health England, 2015. <sup>2</sup>Panebianco M, Marchese-Ragona R, Masiero S, Restivo DA. Dysphagia in neurological diseases: a literature review. *Neural Sci.* 2020 Nov;41(11):3067-3073. doi: 10.1007/s10072-020-04495-2. Epub 2020 Jun 7. PMID: 32506360; PMCID: PMC7567719. <sup>3</sup>www.mdpi.com/2072-6643/12/3/863. <sup>4</sup>Banda, K.J., Chu, H., Kang, X.L. et al. Prevalence of dysphagia and risk of pneumonia and mortality in acute stroke patients: a meta-analysis. *BMC Geriatr* 22, 420 (2022). <https://doi.org/10.1186/s12877-022-02960-5>. <sup>5</sup>Zebralla, V., Wichmann, G., Pirlich, M. et al. Dysphagia, voice problems, and pain in head and neck cancer patients. *Eur Arch Otorhinolaryngol* 278, 3985–3994 (2021). <https://doi.org/10.1007/s00405-020-06584-6>. <sup>6</sup>Bogaardt, H., Veerbeek, L., Kelly, K. et al. Swallowing Problems at the End of the Palliative Phase: Incidence and Severity in 164 Unsedated Patients. *Dysphagia* 30, 145–151 (2015). <https://doi.org/10.1007/s00455-014-9590-1>. <sup>7</sup>Macht M, Wimbish T, Bodine C, Moss M. ICU-acquired swallowing disorders. *Crit Care Med.* 2013 Oct;41(10):2396-405. doi: 10.1097/CCM.0b013e31829caf33. PMID: 23939361. <sup>8</sup>Uhm KE, Yi SH, Chang HJ, Cheon HJ, Kwon JY. Videofluoroscopic swallowing study findings in full-term and preterm infants with dysphagia. *Annals of Rehabilitation Medicine* 2013; 37(2): 175-182. <sup>13</sup>Lee JH, Chang YS, Yoo HS, Ahn SY, Seo HJ, Choi SH, Jeon GW, Koo SH, Hwang JH, Park WS. 2011. Swallowing dysfunction in very low birth weight infants with oral feeding desaturations. *World Journal of Pediatrics* 2011; 7(4): 337-343. <sup>9</sup>PHE, *Dysphagia in people with learning difficulties: reasonable adjustments guidance* May 2016.

## Beth fedrwrch chi ei wneud:

- Sôn ar eich sianeli cyfryngau cymdeithasol am Ddiwrnod Ymwybyddiaeth Llyncu.
- Galw ar y Gweinidog Iechyd a Gwasanaethau Cymdeithasol, Byrddau Iechyd Lleol ac Addysg a Gwella Iechyd Cymru i sicrhau cynnydd yn nifer y lleoedd hyfforddi therapi lleferydd ac iaith a'r nifer o therapyddion lleferydd ac iaith fesul pen o'r boblogaeth yng Nghymru.

I gael mwy o wybodaeth cysylltwch â [walesoffice@rcslt.org](mailto:walesoffice@rcslt.org)