



# Dysphagia is so Myth-Understood

## Fact vs. Fiction in Dysphagia Management

### The More You Know:

Dysphagia management research has grown tremendously in the last decade. Because of this growing body of evidence at our disposal, we now know more than ever about dysphagia rehabilitation. We also know that some commonly used swallowing techniques are not effective.

#### Myth #1:

A Chin Tuck Fixes Everything

#### FICTION:

- If any person has trouble swallowing, using a chin down or chin tuck maneuver will improve the swallow and reduce the risk of aspiration.

#### FACT:

- While the chin tuck maneuver can be helpful for SOME individuals, it can actually make the swallow worse or have no benefit at all in others (Logemann, 1993; Sheffler, n.d.).
- Terre & Mearin (2012) found the chin tuck to be effective in only 55% of individuals with dysphagia.
- Only a FEES or VFSS can tell us if in fact the chin tuck is effective by assisting in redirecting the bolus away from the airway.

#### Myth #2:

The Thicker the Better!

#### FICTION:

- Thickener always prevents aspiration. If someone coughs with thin liquid, give them nectar or honey thickened liquids.

#### FACT:

- Thickened liquids do NOT prevent aspiration in all people with dysphagia (Kaneoka et al, 2017; Vilardell et al, 2016).
- Studies have shown that up to 40% of individuals aspirate nectar thickened liquids (Vilardell et al, 2016).
- Thickened liquids have been associated with dehydration which can also lead to negative health outcomes such as UTI, electrolyte imbalance, constipation, fecal impaction, cognitive impairment, functional decline, and even death (Langmore, 2002; Panther, 2016).
- In 2008, 150,000 elderly adults were admitted to the hospital for dehydration, costing more than \$2 billion (Panther, 2016).
- Pulmonary injury is worst in individuals aspirating cornstarch-based thickeners. Xanthan gum-based thickeners, though better than cornstarch based thickeners, are worse for the lungs than thin water (Nativ-Zeltzer et al., 2018).
- In low risk patients, no significant difference was noted regarding the occurrence of aspiration pneumonia between individuals on thickened and thin liquids (Kaneoka et al, 2017; Panther, 2016).



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### Myth #3:

Silence is Golden!

#### FICTION:

- If a patient does not cough during meals, they don't have dysphagia.
  - Although a cough or throat clear don't necessarily mean dysphagia or that someone is aspirating either!

#### FACT:

- Silent aspiration (aspiration with no coughing or other sensory response) occurs in as many as 25-52% of individuals in the acute care setting (Leder et al, 2011).
- Oral phase dysphagia may not result in aspiration, but can have a profound negative effect on an individual's health status.
  - Decreased mastication may lead to decreased appetite and reduced food intake (Hollis, 2018).
  - Presence of oral phase dysphagia doubles the likelihood of depression in elderly adults (Shin et al., 2016).

### Myth #4:

PEG Tubes = NPO

#### FICTION:

- If a patient has a PEG tube, it's because of dysphagia, so they should be kept strict NPO.

#### FACT:

- Although PEG tubes are frequently placed due to severe dysphagia, the presence of a PEG tube does not necessarily mean that the patient cannot eat.
- PEG tubes are often placed due to poor oral intake or an inability to achieve adequate nutrition/hydration by mouth.
- Most often this is due to dementia, head/neck cancer, or acute illness/injury resulting in decreased alertness or ability to eat (Shaw et al., 2015)
- Frequently, patients significantly improve functioning in post-acute care settings, meaning they can participate in therapy exercises for dysphagia (which involves eating) and work towards weaning from the PEG (Mittal et al, 2015).

### Myth #5:

PEG Tubes Improve Outcomes

#### FICTION:

- PEG tubes prevent aspiration and pneumonia, improving outcomes and reducing negative effects from dysphagia.

#### FACT:

- Individuals with PEG tubes are likely to encounter negative outcomes such as aspiration of reflux, pneumonia, malnutrition, site infections, GI bleeds, etc (Komiya et al, 2018).
- There is no current evidence to support use of PEG tube feeding in improving outcomes for individuals with dementia or dysphagia (Komiya et al, 2018).
- Patients with PEG tubes are often kept NPO, which prevents rehabilitation of the swallow mechanism (Mittal et al, 2015).



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### Myth #6:

Aspiration Always Leads to Pneumonia

#### FICTION:

- If a patient is seen to aspirate on FEES/VFSS, they will get pneumonia unless they're on thickened liquids, modified diets, or NPO.

#### FACT:

- Susan Langmore (2002) listed the predictors of aspiration pneumonia to be:
  1. Suctioning
  2. COPD
  3. CHF
  4. Feeding Tube
  5. Bedfast
  6. High Case Mix Index
  7. Delirium
  8. Weight Loss
  9. Dysphagia
  10. UTI
- We know there are 3 main factors that contribute to the development of aspiration pneumonia (Ashford, n.d.):
  1. Compromised Immune System
  2. The Presence of Aspiration
  3. Poor Oral Health
- Only 12% of individuals who aspirate develop aspiration pneumonia (Robbins et al., 2008).
- As many as 18% of healthy young adults silently aspirate regularly without pulmonary complications reported (Butler et al, 2018).

Notice that Dysphagia  
is #9 on this list!

### Myth #7:

Pink Swabs are Effective for Oral Care

#### FICTION:

- A quick once over with a pink swab or two dipped in mouthwash is adequate for oral care.

#### FACT:

- Foam swabs/toothettes are NOT successful in removing plaques and biofilm that harbor pathogenic microorganisms (which contributes to the development of aspiration pneumonia) (Sheffler, 2018).
- Nothing has been proven to be more effective at decreasing oral bacteria than vigorous cleaning with a toothbrush and toothpaste! (Sheffler, 2018)
- For tube fed patients, Maeda & Akagi (2014) found that standard oral care given 2x/day resulted in a 40% decrease in hospitalizations. And pneumonia was twice as high in the group that had no oral care protocol as compared to those getting oral care.



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### In Conclusion:

- Swallow compensation techniques need to be tested during a FEES/VFSS to determine whether they are effective (Logemann, 1993; Sheffler, 2015; Terre & Mearin, 2012).
- Modifying diets or using compensatory strategies without instrumentals can lead to poor outcomes or even death (Langmore, 2002; Panther, 2016).
- PEG tubes don't necessarily lead to improved outcomes (Komiya et al, 2018).
- Aspiration pneumonia doesn't occur in isolation. Many factors contribute to the development of aspiration pneumonia (Ashford, n.d.).
- Nothing replaces a toothbrush! (Sheffler, 2018)

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