Safe and effective swallowing involves both motor and non-motor skills in addition to learned automatic movement sequences. Parkinson’s will affect all of these actions.

Dysphagia (swallowing changes) related to Parkinson’s vary from slight to severe and can be embarrassing and challenging for people with Parkinson’s and family members. The severity of Parkinson’s does not always correlate with the severity of dysphagia. This may present as:

- Aspiration
- Choking
- Coughing
- Delayed swallow
- Sialorrhea (drooling)
- Xerostomia (dry mouth)

While choking is uncommon in Parkinson’s, it is always a potential problem. Prevention is the key, therefore a review by a speech and swallowing therapist and the introduction of a modified diet will maximize safety. If choking occurs, first aid measures should be used. The first aid management of choking changes frequently, therefore maintaining up to date knowledge is recommended.

Coughing while drinking or eating may be an early sign that dysphagia is occurring. Taking smaller mouthfuls and swallowing each mouthful before taking the next may be of benefit. Referral to a speech and swallowing therapist is recommended.

Delayed swallow is due to gradual changes in muscle control in the mouth and throat. This results in difficulty in moving the food or liquids from the front of the mouth to the back of the throat. When drinking, the delayed swallow may result in the entry of liquid into the lungs. The body may adjust to this occurrence, hence the term ‘silent aspiration’.

Correct posture is vital for safe swallowing. Maintaining a straight back if possible combined with a slightly forward head position is the safest position. Do not extend the neck backwards. Avoiding dual tasking such as eating and talking, or eating and reading, will assist with safety.

Approximately a litre of saliva is produced daily and this is swallowed automatically. However, in Parkinson’s the automatic mechanism and frequency is disrupted, resulting in sialorrhea. This may be one of the most troublesome symptoms of Parkinson’s due to its antisocial nature.

Apply conscious attention to swallowing before speaking or eating. Apply conscious attention to mouth closure. A waterproof pillow cover may be used overnight. Discuss treatment options with your treating specialist. A Botox injection into the salivary glands is a current mode of treatment.

For further information contact your state Parkinson’s organisation:
Freecall 1800 644 189 www.parkinsons.org.au
SWALLOWING AND PARKINSON’S

If saliva is thick the use of paw paw extract may be of benefit. One theory is that thick saliva is the body’s safety mechanism against aspiration of saliva.

Xerostomia is a troublesome symptom of Parkinson’s but may also occur as a side effect of medications. Xerostomia may result in difficulty in swallowing and may impair communication.

Xerostomia can lead to dental decay and difficulty with dentures. Xerostomia and sialorrhea may occur intermittently. Sipping water frequently will assist. Avoid mouth washes and toothpaste containing alcohol. Lemon drops or sugarless gum will temporarily increase saliva production. Frequent dental reviews are recommended to prevent increased dental decay.

Severe or longstanding dysphagia may result in pneumonia. While Parkinson’s is regarded as a non-fatal condition, pneumonia can be associated with end of life and requires prompt medical attention.

Medications may be difficult to swallow due to their size. Taking a drink of water prior to the medication will lubricate a dry mouth and throat. Taking a medication in a small amount of yoghurt will assist with the swallowing mechanism. It is vital to check whether a medication can be crushed as this is contraindicated in slow release formulations.

If dysphagia presents as part of Parkinson’s symptoms a review by a speech and swallowing therapist is recommended. This can result in suggestions of a modified diet and thickened fluids. In some cases alternative means of feeding may be suggested. This can be via a Percutaneous Endoscopic Gastrostomy (PEG).

The ultimate decision regarding alternative feeding methods lies with the individual and is often addressed in making advanced health care directives.

For further information contact your state Parkinson’s organisation: Freecall 1800 644 189 www.parkinsons.org.au

11 2013 ©Parkinson’s Australia