



Stroke and Dysphagia

When a Common Function Becomes Uncommon

Dysphagia, the feeling of difficulty passing food or liquid from the mouth to the stomach, often accompanies stroke and can complicate the treatment and health of affected patients. Stroke patients with dysphagia are three times more likely to have a prolonged hospital stay than those without dysphagia. Aspiration (breathing)-related pulmonary complications represent a major health risk for these patients. This aspiration may be *silent*, meaning that it is not apparent to the untrained observer in as many as 1/2 of affected patients. Early recognition, evaluation, and treatment of dysphagia in stroke patients have been demonstrated to decrease patient morbidity and improve patient outcome. Physicians and institutions that care for these patients should insure that standardized dysphagia screening processes are implemented to ensure optimal outcomes.

What You Should Know:

1. Stroke patients with speech changes such as aphasia (language loss) and dysarthria (trouble with articulation) should undergo formal speech and dysphagia evaluation, since swallowing dysfunction often co-exists.
2. Those patients who display poor management of oral secretions (coughing, drooling, pooling of saliva) should be considered at high risk for dysphagia.
3. A weak voice may be a sign of poor laryngeal function with impaired airway protection, increasing the risk of aspiration.
4. The ability of conscious stroke patients to tolerate an oral diet should be assessed by a otolaryngology and speech-language pathology team prior to dietary decisions.
5. Early therapeutic intervention can reduce risk and help alleviate swallowing safety concerns.
6. Assessing aspiration risk and performing appropriate intervention may reduce duration of hospitalization.
7. Ongoing and frequent reassessment of diet modification may be necessary in the acute stages post-stroke: as awareness, speech, motor function, and cognition change, so do dietary concerns.
8. Families need to be involved in decision-making as patients may not be able to accurately assess their own disability. Families and caregivers also need to be educated by professionals with regard to aspiration risk precautions.