

# Dysphagia in Myositis

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# “Dysphagia”

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- Medical term referring to swallowing difficulty
- Includes difficulty in any of the three phases of swallowing

# Normal Swallow Stage 1: Oral (Mouth)

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- Under voluntary control
- Lips/jaw close
- Saliva is produced
- Chewing mixes food and saliva
- Tongue controls food movement and forms a “bolus”
- The tongue moves the bolus toward back of mouth

# Normal Swallow Stage 2: Pharyngeal (Throat)

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- Reflexive muscles take over
- The bolus goes beyond the soft palate and falls into the throat
- Constrictor muscles push the bolus toward the esophagus, as the
  - Soft palate elevates
  - Larynx elevates
  - Epiglottis tilts

# Normal Swallow Stage 3:

## Esophageal (tube leading to stomach)

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- Reflexive muscle actions continue
- Upper esophageal sphincter (UES) relaxes open to allow food into esophagus
- Esophageal peristalsis pushes the food down to the stomach

# Dysphagia associated with Myositis

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- Dysphagia occurs in approximately 1/3<sup>rd</sup> of persons diagnosed with myositis ([www.myositis.org](http://www.myositis.org)).
  - \* IBM: higher occurrence
- It can involve phases 1, 2 and/or 3 depending on which muscles are affected.
  - \* Most common: pharyngeal & esophageal phases
- It can be mild, moderate or severe.
- It may be temporary (if the symptoms associated with myositis are temporary).
- It can be managed.

# Possible Symptoms of Dysphagia

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- Coughing or choking associated with eating/drinking
- Difficulty with managing saliva, e.g., coughing, drooling, wet sounding voice
- Wet voice quality after eating or drinking
- Sensation of food “stuck” in throat or chest
- Difficulty chewing
- Weight loss
- Difficulty clearing food from the mouth
- Difficulty initiating a swallow
- Heartburn
- Needing more time to finish a meal
- Pain associated with swallowing
- Chest congestion
- Fever
- Pneumonia

# Secondary complications of dysphagia

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- Aspiration pneumonia
- Inadequate or malnutrition
- Dehydration
- Weight loss
- Death (severe cases)

Early identification and treatment can minimize and/or prevent these complications

# Possible Contributing Factors

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## EXAMPLES:

- ❑ Acid Reflux
- ❑ Excess oral dryness
- ❑ Fatigue
- ❑ Medication side effects
- ❑ Additional injuries or diagnoses that might affect swallowing

**These factors can exacerbate (worsen) dysphagia symptoms**

**Treating or managing contributing factors may result in improvements with swallowing**



# Role of the Medical Speech-Pathologist with Dysphagia

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- Diagnose dysphagia (type, phase involved, etc)
- Contribute toward determining a cause of dysphagia
- Determine risk for aspiration (airway protection)
- Determine need for additional tests or consults
- Recommend appropriate treatments and management techniques

# Clinical Swallowing evaluation

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- Interview/ Review of Medical Records
- Evaluation of muscles for speech & swallowing
- Observation with food / liquid
  - Signs / symptoms aspiration or other symptoms of dysphagia
  - Laryngeal palpation
- Instrumental evaluation of swallowing (as needed)
  - Videofluoroscopic swallow study (VFSS), aka Modified Barium Swallow Study (MBSS)
  - Fiberoptic endoscopic evaluation of swallowing (FEES)



# Swallowing evaluation: VFSS

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- Allows direct observation of airway protection and swallow structures not visible on clinical evaluation
- Requires swallowing food with Barium
- Caveat: exposure to radiation

# Swallowing evaluation: Fiberoptic endoscopic evaluation of swallowing (FEES)

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- Allows direct observation of airway protection and structures not visible on clinical exam
- Food/liquids usually mixed with food coloring
- Involves a scope with a camera inserted through the nose

# Treatment & Management: Dysphagia

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- Appropriate treatment & management recommendations depend on a variety of factors, e.g.,
  - What stage of swallowing is impaired?
  - How severe is the dysphagia?
  - What is the underlying type of impairment, e.g., weakness, reduced coordination, muscle spasms, etc.
- A skilled Speech Pathologist can recommend appropriate interventions following evaluation
- The following review of treatment & management techniques is a general overview only; if you have dysphagia, you should consult with a medical speech pathologist for advice

# Basic safe swallowing precautions

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## □ DIET MODIFICATION

- Food texture modifications, e.g., softer, cohesive foods
- Liquid viscosity modifications, e.g., nectar or honey thick liquids
- Medication intake modifications, e.g., broken or crushed in puree
- Avoid mixing food textures, e.g., soup with chunks of food
- Sensory enhancements, e.g., cold temperature and/or carbonated liquids may enhance sensation

# Basic safe swallowing precautions (cont'd)

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## □ Proper POSITION

- Sit upright
- Neck flexion
- Minimize neck extension, e.g., use a straw or short cup
- Head / neck support (if needed), e.g., soft collar with chin cut out
- Remain upright for a period of time after eating

## □ AMOUNTS

- Small sips / bites
- One bite / sip at a time

# Basic safe swallowing precautions (cont'd)

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## □ OTHER STRATEGIES

- Double swallow
- Slower speed (take your time)
- Energy conservation (eat more frequently; smaller meals)
- Thorough oral care
- Maintain adequate hydration / nutrition (with or without supplemental feeding tubes)

# Tips for Managing Saliva

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## □ Too THICK

- Adequate hydration
- Avoid caffeine
- Can use papaya enzyme or club soda to thin secretions
- Avoid mucus thickening agents
- Humidifier
- Discuss meds with MD

## □ Too THIN

- Avoid putting tissue inside mouth
- Swallow more frequently (conscious effort)
- Suction to clear excess secretions
- Discuss meds with MD

# Other interventions for dysphagia

(Caution: not appropriate for all persons)

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- PEG (Percutaneous endoscopic gastrostomy)
- Cricopharyngeal dilation / Cricopharyngeal myotomy for UES tightness / spasm
- Compensatory strategies, e.g.,
  - Mendelsohn Maneuver
  - Supraglottic swallow
  - Other postural strategies

# PEG (percutaneous endoscopic gastrostomy) Tube

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- May be considered for persons with severe dysphagia of longer duration
- Simple procedure
- Reversible
- Purpose: maintain adequate nutrition & hydration
- Does not preclude eating limited amounts by mouth as tolerated

# References & Resources

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- [www.myositis.org](http://www.myositis.org)
- Logemann, J. A. (1983). *Evaluation and Treatment of Swallowing Disorders*. San Diego, CA: College-Hill Press
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