

Swallowing Issues

Swallowing problems can appear as your Parkinson's disease progresses, affecting some people more than others.

Difficulties with chewing and swallowing can lead to weight loss, poor nutrition and other health problems. For many people with Parkinson's these problems, can be reduced or eliminated by changing how they eat as well as what they eat based on input from their doctor and/or speech language pathologist or dietician.

People with Parkinson disease actually swallow less frequently because swallowing is no longer automatic. Therefore, it requires a conscious effort on your part. Failure to swallow properly can lead to choking, and inhaling solids and/or liquids. This is not only embarrassing but can also be dangerous. Swallowing your saliva less frequently can also lead to drooling. Signs that you are having trouble swallowing include: coughing during meals, clearing your throat frequently, feeling that food or pills are getting stuck, or developing a "wet" (gurgled) voice during the meal. Here are a few suggestions for coping with swallowing problems:

- Sometimes an iced, carbonated drink can help you swallow. The cold and the bubbles provide a 'cue' to your mouth and throat muscles to swallow. Take frequent sips between bites of food and, if necessary, when you have food in your mouth.
- Divide your meals and eat several smaller meals throughout the day.
- Take small bites of food and chew thoroughly before you swallow.
- Always take small sips of liquids. Even when you are very thirsty, avoid "chugging" an entire glass of liquid at one time and be careful using straws.
- Some people prefer to eat quietly at home before social events involving food. This will allow you to enjoy the occasion without fear of embarrassment and may be less stressful.
- When eating at home, try to avoid distractions like talking while chewing, as using your airway while eating can lead to choking. Also, watching television while eating can distract you, causing you to chew your food less or take too large a bite or sip.
- If eating takes longer, consider six small meals a day instead of three larger ones.
- Sit in a straight-backed chair while eating.
- Avoid lying down right after eating. Try to sit upright for 30 minutes after a meal.

- Some people swallow better when their chin is tucked down. (This helps keep food from entering your airway.) Ask your swallowing specialist if this is a good technique for you.
- If your pills become difficult to swallow, try taking them with a puree, like apple sauce. If you are taking multiple pills, do not swallow them all at once.
- Certain food consistencies such as hard, dry solids like dry cereals, raw vegetables, crackers, potato chips, crumbly cakes, muffins and whole nuts, may be more difficult to swallow. Before making changes to consistencies of food and liquid consider having a swallowing assessment.
- Based on input from the swallowing assessment, change the consistency of your food. Solids may need to be softer, chopped, in a sauce, or pureed. Liquids may need to be thickened; certain consistencies may have to be avoided.
- Tilt your head slightly forward, not backwards, as you swallow.
- If possible, avoid sticky foods such as peanut butter, fresh white bread, dry mashed potatoes, bagels, caramel, sticky buns, thick fudge or butterscotch sauce.
- Loose-fitting dentures will make chewing and swallowing more difficult. Address this with some adhesive or speak to your dentist.
- Mouth care is important. When you brush your teeth, it is important to also brush your tongue to remove excess bacteria that can eventually be swallowed.
- Consider having your partner learn the Heimlich manoeuvre.

If you are worried about, or are experiencing, any of the problems stated above, ask your doctor for a referral for a swallowing assessment.

See also Parkinson Canada's *Nutrition and Parkinson's Disease* resource.

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