

# From Sandie's Desk

## When It's a Hard Issue to Swallow

Depending on how the question is asked, 30% - 95% of people with Parkinson's say they have difficulty swallowing. Before I go further, see if you recognize any of the following symptoms:

1. Coughing or throat clearing during, or immediately after consuming food.
2. Unexplained weight loss.
3. Episodes of food going down the wrong way e.g. feeling like you are choking.
4. Food gets stuck in the back of your throat, and you need a drink to wash it down.
5. Drooling - a little or a lot.
6. An increase in saliva, or thickened mucous like saliva.
7. It takes a long time to finish eating.
8. Difficulty swallowing pills.

If you answered yes to any of these symptoms, then you have a swallowing problem that should not be ignored, as even a minor problem can become a major one as your PD progresses.

It is important to understand that the same slowness and rigidity that affects the muscles in your arms and legs affects the muscles in your throat. The difference is, you can't see your throat muscles, so you may not be aware that those muscles can cause problems too, because they may not be working in a coordinated, spontaneous, smooth way. Your tongue and jaw muscles prepare food to be swallowed by chewing it and mixing it with saliva. Then, the muscles in the back of your mouth and throat start the swallow. Those same muscles seal off your windpipe and nose to keep food and liquids from backing up into them. Next, the muscles of your oesophagus propel the food into your stomach. Slow or rigid muscles during any of these steps can result in difficulty swallowing.

People with Parkinson's who have difficulty swallowing should alert their physicians immediately because of the danger of ASPIRATION—a condition in which particles of food and liquid pass into the lungs instead of going down the oesophagus into the stomach. People who aspirate food are at risk of developing ASPIRATION PNEUMONIA, an infection process that makes breathing difficult. This is a very serious complication that can in some cases lead to death.

Treating the primary motor symptoms of PD—rigidity and slowness—by increasing or adjusting your levodopa, is sometimes enough to improve swallowing function BUT if your doctor suspects that your swallowing problems pose a risk of developing aspiration, he or she will usually refer you to a speech language pathologist with experience in swallowing dysfunction for assessment.



### Sandie Jones

Sandie Jones trained as a registered nurse, specializing in psychiatry. In 1998, she joined Parkinson Canada, and is now an integral part of the Information & Referral team. In this role she has provided information on support, education, medical aspects, coping strategies, community services, and other information about Parkinson's disease and its management, not only to people living with Parkinson's disease and their families, but to professionals working with these people as well. This role has given her a comprehensive insight into the problems of people living with Parkinson's disease, as well as their carepartners.



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In a common test called a barium swallow, individuals are asked to consume foods and liquids containing barium, with a variety of textures. An x-ray then follows the foods and liquids as they move through the swallowing process, which results in a treatment plan based on the problem area. An individual diet is often recommended, as many people with PD can swallow thick slippery textures well, but choke on thin liquids or dry crumbly foods. Sometimes eating soft foods or food cut into very small pieces, or using thickening agents is the treatment of choice.

**REMEMBER—EVERYONE WITH PARKINSON’S DISEASE IS UNIQUE** even when it comes to swallowing difficulties, so it is very important to talk to your doctor, and get referred to a speech language pathologist, so that your particular problem can be addressed as quickly as possible.

For those people whose swallowing problems and weight loss are not adequately managed with conservative therapies as previously mentioned, a surgical procedure can be performed in which a tube is inserted through the abdominal wall into the stomach. This procedure, called a percutaneous endoscopic gastrostomy (PEG), is used to provide nutrition and medications to a patient who cannot swallow, or is at risk for aspiration from eating or drinking.

The insertion of a PEG tube is a serious step and all less invasive measures, including adjusting the antiparkinson medication, must have been tried first. The patient’s basic quality of life should also be taken into account, as a PEG tube is most often done as a palliative measure, and not all individuals want to take this step. Though not always a comfortable topic, having a discussion with your loved ones well before these kinds of choices need to be made is important, so that your wishes are being acknowledged if/when this option is ever offered.

It is also important to understand that while the insertion of a PEG tube allows a person to be fed, and to receive proper nutrition and medication, individuals still can and do swallow their own infected saliva, so it is still possible for people with Parkinson’s to develop aspiration pneumonia even with a PEG tube.

**AGAIN—PLEASE TALK TO YOUR DOCTOR** and don’t attempt to self-diagnose your swallowing problem. It could be a condition completely unrelated to your PD.

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This article does not substitute for medical advice specific to an individual, but is for general information purposes. Please speak to your doctor(s) for all diagnostic and therapeutic information.