

Safer Swallowing with Respiratory Conditions

You have been seen for an assessment of swallowing by a Speech and Language Therapist. This leaflet provides you with more information to take home and contacts for the future.

How are swallowing and breathing linked?

- The structures and muscles in the mouth and throat have multiple roles for breathing, speaking, chewing and swallowing. Feeding and breathing share the same anatomy.
- Swallowing is very complex. It involves the careful coordination of breathing and the temporary closure of the airway.
- Difficulties with swallowing are called **dysphagia**. Dysphagia can have many causes including changes in nerve/brain/muscle/ breathing functions. Dysphagia can cause **aspiration** when food/drinks go down into your lungs, which increases the risk of developing chest infections, choking, poor nutrition and reduced quality of life.
- If you have a breathing difficulty, the coordination of swallowing and breathing can be impaired. This can reduce airway protection and increase the risk of aspiration. You may also have a weak cough. This means you may have reduced ability to fully protect your airway. This puts you at higher risk of chest infections.
- It is common for individuals with breathing difficulties to have problems eating and drinking – over a quarter of people who have COPD (Chronic Obstructive Pulmonary Disease) experience this.

How can breathing difficulties affect eating and drinking?

- If you need oxygen therapy, you may need to wear an oxygen mask. This may make eating and drinking more difficult.
- You may have dry mouth (**xerostomia**). This is common if you wear oxygen mask or if you are a mouth-breather. Chewing and clearing food from your mouth can be more difficult if you have dry mouth.
- You may find that you have an increased breathing rate when eating and drinking due to the effort it takes to chew and swallow harder textures. This can increase the risk of food and drink going down the wrong way into your lungs.
- Many people with respiratory problems often suffer from **gastro-oesophageal reflux** (bringing food and drink back up from the stomach), particularly if they have oxygen therapy and take certain medications. This can cause bloating, belching and sensation of airway irritation which can cause you to cough more. Sometimes 'reflux' can enter the airway putting you at risk of aspirating stomach contents.
- Increased breathing rate uses energy which can cause your

muscles to tire quickly. If you are exhausted or feel weak you may find that it takes longer to finish a meal. You may not be meeting your nutrition and hydration requirements. If this occurs you may need to be reviewed by a Dietitian.

How do you know if your swallow is getting worse?

- Coughing during or just after eating and drinking.
- Chestiness or recurrent chest infections.
- Shortness of breath during mealtimes.
- Difficulty chewing and avoiding hard crunchy textures
- Wet/gurgly voice during and/or after mouthfuls.
- Reduced appetite.
- Taking longer to finish a meal.
- Sensation of food sticking in the throat.
- Fatigue during and after meals.
- Anxiety linked to eating or drinking.
- Worsening acid reflux symptoms.
- Difficulty swallowing tablets.

What can you do?

- If possible, have your oxygen via nasal cannula at mealtimes.
- Have someone to assist you at mealtimes if you wear an oxygen face mask.
- Make sure that your mouth is clean and moist.
- Use saliva replacement products if you suffer from dry mouth.
- If your mouth is dry, ensure you use sauces to moisten your food.
- Always sit fully upright for mealtimes, or in an altered position as advised by a Physiotherapist.
- If you wear dentures make sure they fit well. If they are loose they can increase the time and effort to chew and clear food.
- Ensure cutlery and food is within close, easy reach. This will reduce fatigue during mealtimes.
- Minimise distractions and avoid talking during mealtimes.
- Schedule regular rest periods throughout the day. Aim to have your meal after periods of rest when you have the most energy.
- Eat slowly with smaller mouthfuls.
- Softer food options may be easier as they require less chewing.

- Be careful about using spouts or straws. These can alter your breathing rate and impair your swallowing, increasing the risk of aspiration.
- Aim to eat little and often. Your Dietitian will be able to provide you with advice on this.
- Aim to be upright for at least 30 minutes after a meal.

Concerned?

If you are extremely breathless or find that you are developing worsening symptoms, please seek advice from a medical professional or your GP for guidance and treatment as soon as possible. Fast treatment can prevent hospital admission.

If you require further eating, drinking or swallowing advice or find that your swallow is getting worse, please do not hesitate to contact your local Speech & Language Therapy Department. Please see contacts section.

If you are concerned about hydration/nutrition request a referral for a Dietician assessment via your GP.

Local Speech & Language Therapy Contacts (Sussex Community Foundation NHS Trust)

Brighton & Hove area

01273 242075 sc-tr.brightonandhoveslt-adults@nhs.net

Crawley, Horsham & Mid-Sussex areas

01293 600300 Ext.3764 sc-tr.westsussexnorthslt-adults@nhs.net

High Weald, Lewes, Havens areas

01825 769999 Ext.5141 sc-tr.hwlhsalt@nhs.net

Worthing area

01273 242298 or 01273 696011 Ext. 6041
sc-tr.westsussexsouthslt-adults@nhs.net

Chichester & Bognor area

01243 623614 sc-tr.westsussexsouthslt-adults@nhs.net

This leaflet is intended for patients receiving care in Brighton & Hove or Haywards Heath

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