

What is the true definition of dysphagia?

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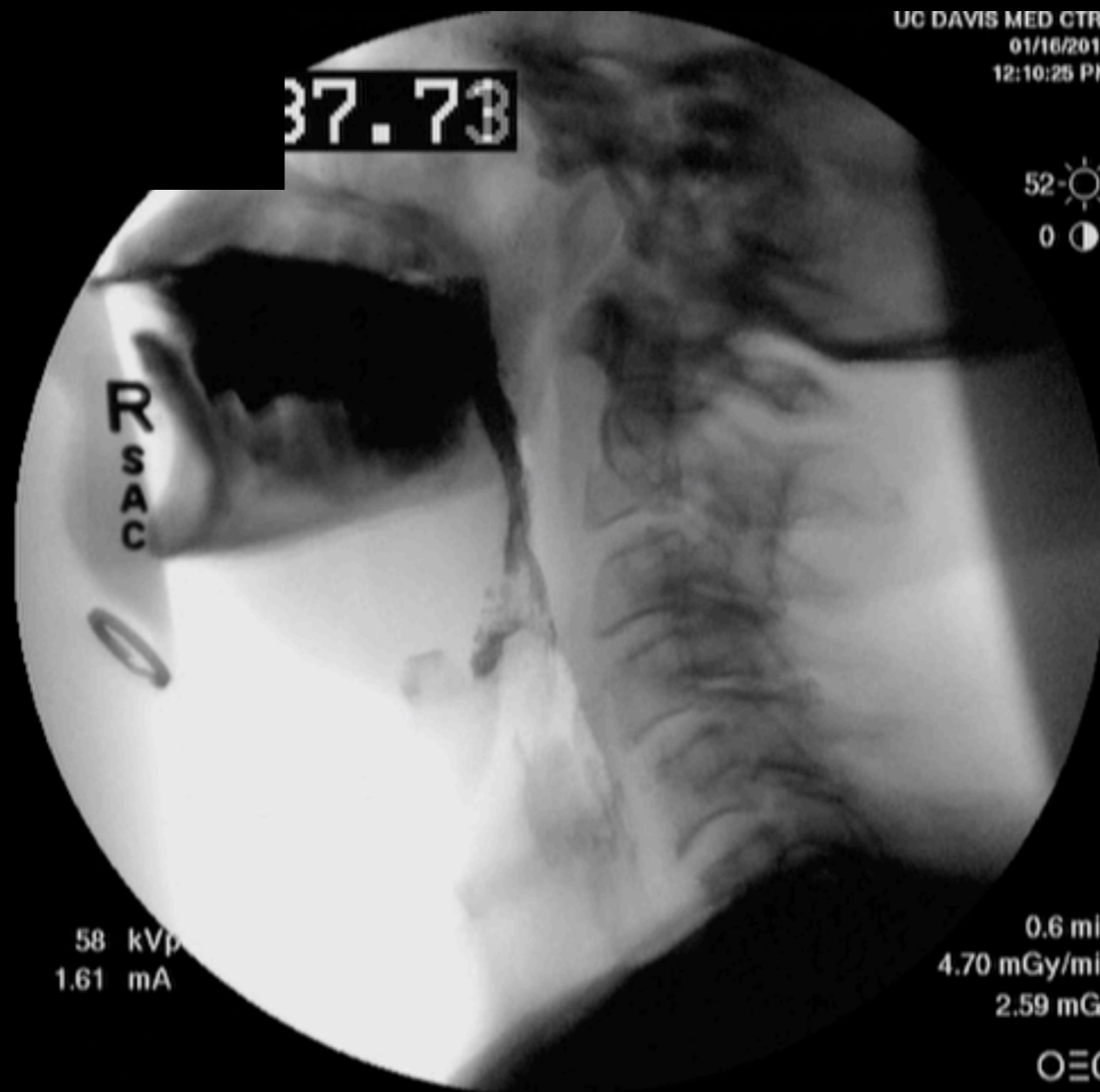
code 20 83 76

What is your definition of dysphagia?



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Does this 83yo man have dysphagia?

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82yo Male

EAT-10: 0

Recurrent pneumonia

PAS 8 VFSS

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34 year old male

EAT-10: 22

Normal FEES

Normal esophagoscopy

Normal VFSS

Normal esophagography

Normal pharyngeal HRM

Normal esophageal HRM

Normal Smart Pill

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GOALS

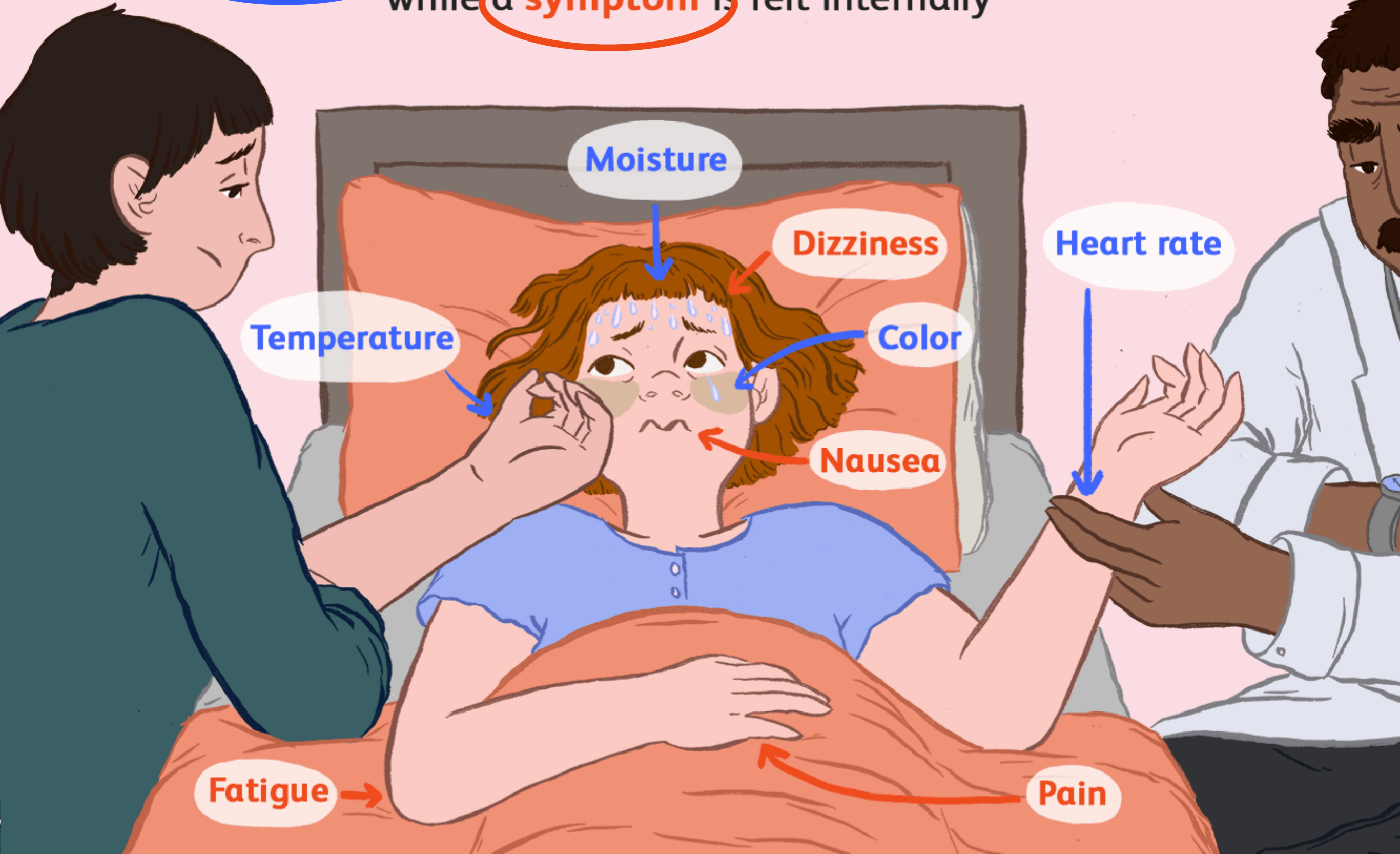
- Convey that the definition of **DYSPHAGIA** is at best ambiguous and at worst grossly misrepresented
- **DYSPHAGIA** is a **SYMPTOM** not a **SIGN**
- **DYSPHAGIA** should be differentiated from **SWALLOWING DYSFUNCTION**
- Why it matters

Symptom Vs Sign

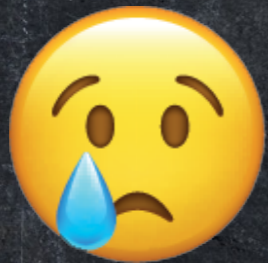


What is the Difference Between a Sign and a Symptom?

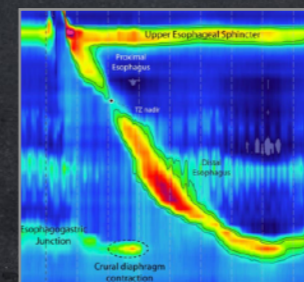
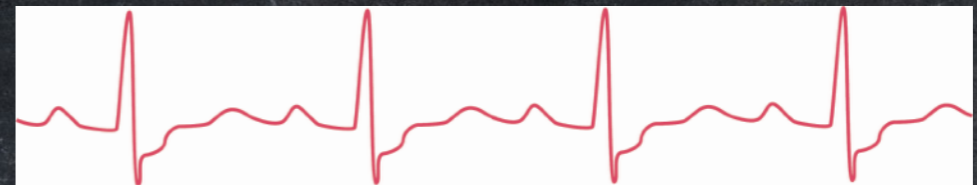
A **sign** is something that can be observed externally, while a **symptom** is felt internally



Symptoms

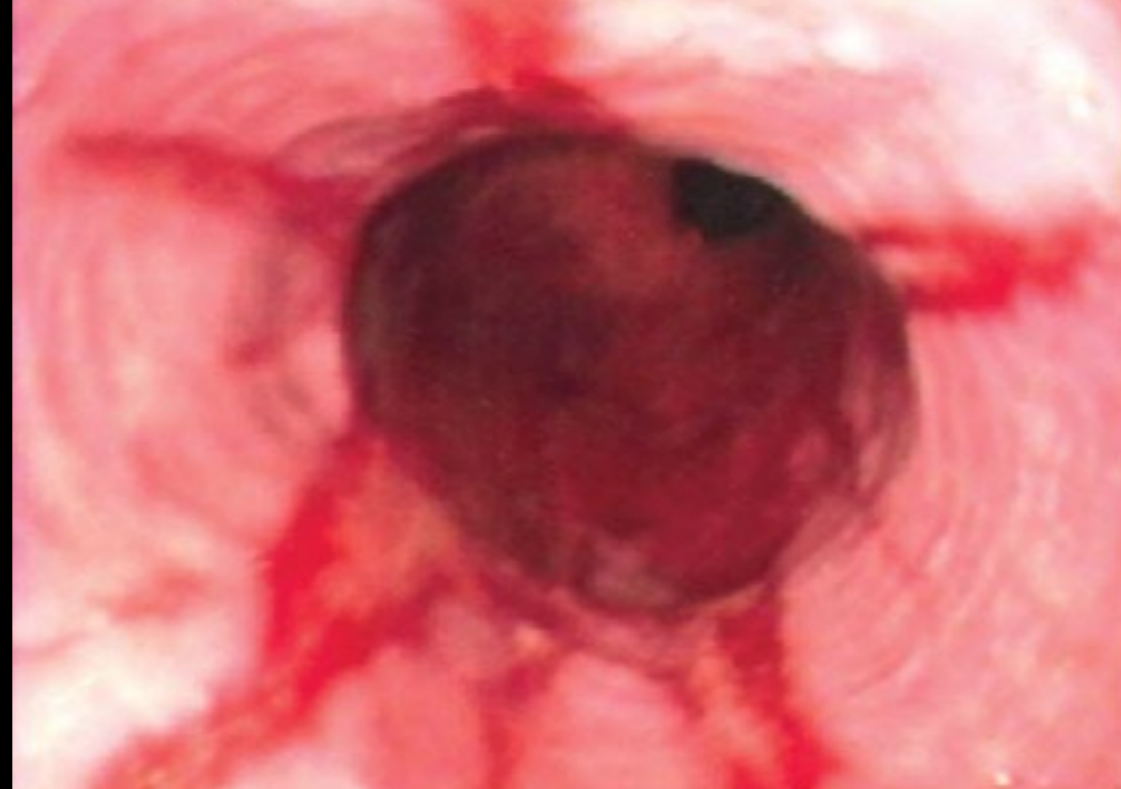


Signs











SINCE 1828

GAMES | BROWSE THESAURUS

dysphagia

DICTIONARY



dysphagia noun

 Save Word

dys·pha·gia | \dis-'fā-j(ē-)ə  \

Definition of *dysphagia*

: difficulty in swallowing



ucd.eat

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Symptom

Dysphagia

EAT-10

To what degree to you experience the following problems? Circle an answer between 0 and 4	0 = No problem 4 = Severe problem				
1. My swallowing problem has caused me to lose weight.	0	1	2	3	4
2. My swallowing problem interferes with my ability to go out for meals.	0	1	2	3	4
3. Swallowing liquids takes extra effort.	0	1	2	3	4
4. Swallowing solids takes extra effort.	0	1	2	3	4
5. Swallowing pills takes extra effort.	0	1	2	3	4
6. Swallowing is painful.	0	1	2	3	4
7. The pleasure of eating is affected by my swallowing.	0	1	2	3	4
8. When I swallow food sticks in my throat.	0	1	2	3	4
9. I cough when I eat.	0	1	2	3	4
10. Swallowing is stressful	0	1	2	3	4
Add up the sum of the numbers you circled for a TOTAL EAT-10 Score:					

PILL5

TABLE 1 | PILL-5 assessment tool.

Please circle the response that indicates how frequently you experience these symptoms.

0 = Never; 1 = Almost Never; 2 = Sometimes; 3 = Almost Always; 4 = Always

1. Pills stick in my throat	0	1	2	3	4
2. Pills stick in my chest	0	1	2	3	4
3. I have a fear of swallowing pills	0	1	2	3	4
4. My problem swallow pills interferes with my ability to take my medicine	0	1	2	3	4
5. I can't take my pills without crushing, coating, or using other forms of assistance	0	1	2	3	4

Sign

Objective Measures Swallowing Dysfunction

PAS
Laryngochoyoid elevation
UES₀
PCR
Manometric abnormalities

Complications of Swallowing Dysfunction

Malnutrition
Dehydration
Pneumonia
Death

Dysphagia

Swallowing
Dysfunction

COMPLICATIONS
OF SWALLOWING
DYSFUNCTION

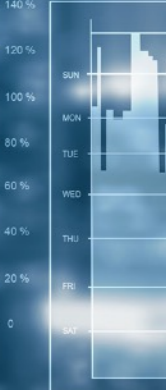
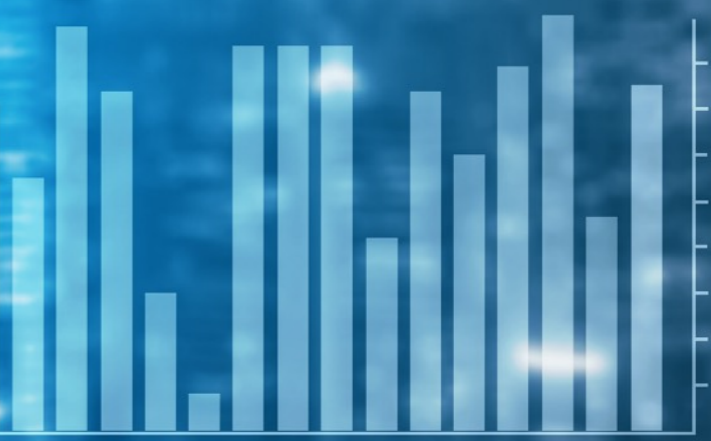
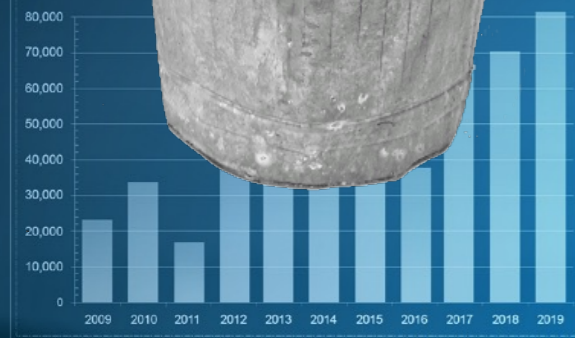
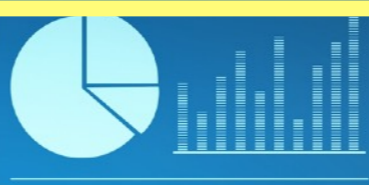
If you can not measure it, you cannot improve it....



William Thomson, Lord Kelvin.



+111.51 ▲ -99.31
 +92.21 ▲ -87.59
 +87.14 ▲ -67.54
 +74.68 ▼ -67.24
 +94.71 ▲ -61.41
 +77.91 ▼ -59.36



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100 1 0 100 1 10 1 101 0 1 0 1010
01 01 0 1100 11 101 10 0 0 10 1 1
10 00 0 1 1 1 010 1 01 01 10 10
1100 11 10 1 101 0 1 11010 10
1 1 1 010 1 01 01 10 10 1 01
11 01 010 11 0 10 101 1 01 1
110 1 010 0 01 1 1 01 00 0 1
101 01110110 10 1 10 10
10 1 1 0 10 1 1 10 10 1 0 1 10 1 0
1010 1011010 1 10 10
1 11 0 10 0 10 1 1 0 11
01 1 2 10 1 01 01 01 01
0 11 01 1 101 00 1010
100 1 0 110 1 10 1 1 1
01 01 0 1100 11 101
10 00 0 1 1 010 1
01 1 010 01 1 01 1
011 0 10 1 01 01 1
0 11 01 1 101 01
100 1 0 110 1 1 1
01 01 0 1101 1 1 1 1 1 0 1 1 0 1
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01 1 010 01 1 01 1
011 0 10 1 01 01 1
0 11 01 1 101 01
100 1 0 110 1 1 1
01 01 0 1101 1 1 1 1 1 0 1 1
10 00 0 1 1 010 1
01 1 010 01 1 01 1
011 0 10 1 01 01 1
1011 10 10 1 010 0
  
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PRODUCT EXPORT	
EU	56%
US	87%
JP	71%
CH	37%
SE	76%
TH	53%
SG	42%
PH	22%
NO	65%
CN	78%
EN	34%
DK	61%



The Swallowing Experts Can't be Wrong...

N = 245

Is the term dysphagia used correctly in the medical literature?

38% used the term dysphagia incorrectly

A Rameau, I Joseph, A Tran, G Han, K Sarhadi, P Belafsky

Top 3 specialties that used term incorrectly

- Neurology
- Rehabilitation
- SLP

Top 3 countries that used term incorrectly

- USA
- China
- Australia

Epub 2016 Mar 12.

A Systematic Review of the Prevalence of Oropharyngeal Dysphagia in Stroke, Parkinson's Disease, Alzheimer's Disease, Head Injury, and Pneumonia

Claire Takizawa¹, Elizabeth C. Gemmell², James Kenworthy³, R. Speyer^{4,5}

Affiliations + expand

PMID: 26970760 DOI: 10.1007/s00455-016-9695-9

Abstract

Swallowing dysfunction

Oropharyngeal dysphagia is a common complication of stroke, Parkinson's disease (PD), and Alzheimer's disease (AD) and can cause serious complications including malnutrition, aspiration pneumonia, and premature mortality. Despite its high prevalence among the elderly and associated serious complications, dysphagia is often overlooked and underreported in vulnerable patient populations. This systematic review aimed to improve understanding and awareness of the prevalence of dysphagia in susceptible patient populations. MEDLINE, EMBASE, the Cochrane library, PROSPERO, and disease-specific websites were systematically searched for studies reporting oropharyngeal dysphagia prevalence or incidence in people with stroke, PD, AD, traumatic brain injury, and community-acquired pneumonia, from the USA, Canada, France, Germany, Italy, Spain, UK, Japan, China, and regional studies. The quality of study descriptions were assessed based on STROBE guidelines. A total of 1207 publications were identified and 33 met inclusion criteria: 24 in stroke, six in PD, two in traumatic brain injury, and one in patients with

RESULT

[Dysphagia and Swallowing Rehabilitation]

[Article in Japanese]

Takashi Shigematsu¹, Ichiro Fujishima

Affiliations + expand

PMID: 25681362 DOI: [10.11477/mf.1416200109](https://doi.org/10.11477/mf.1416200109)

Abstract

Swallowing dysfunction

Dysphagia is a life-threatening disorder caused by various medical conditions such as stroke, neurological disorders, tumors, etc. The symptoms of dysphagia are quite variable and diagnosed by observation or through screening involving instrumental swallowing examinations such as video-fluoroscopy and video-endoscopy, to determine the severity and treatment-prognosis. Direct- and indirect-therapy is used with or without surgery, respectively. Swallowing rehabilitation is very effective, and could be used in conjunction with complementary techniques. Here we present an overview of dysphagia and swallowing rehabilitation.

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Adult Dysphagia

[Overview](#)[Incidence and Prevalence](#)[Signs and Symptoms](#)

Swallowing dysfunction

Signs of ~~dysphagia~~ may include

- drooling and poor oral management;
- food or liquid remaining in the oral cavity after swallow;
- inability to maintain lip closure, leading to food and/or liquids leaking from the oral cavity;
- food and/or liquids leaking from the nasal cavity;
- complaints of food "sticking";
- globus sensation or complaints of a "fullness" in the neck;

Dysphagia: Current Reality and Scope of the Problem

Pere Clavé ¹, Reza Shaker ²

Affiliations + expand

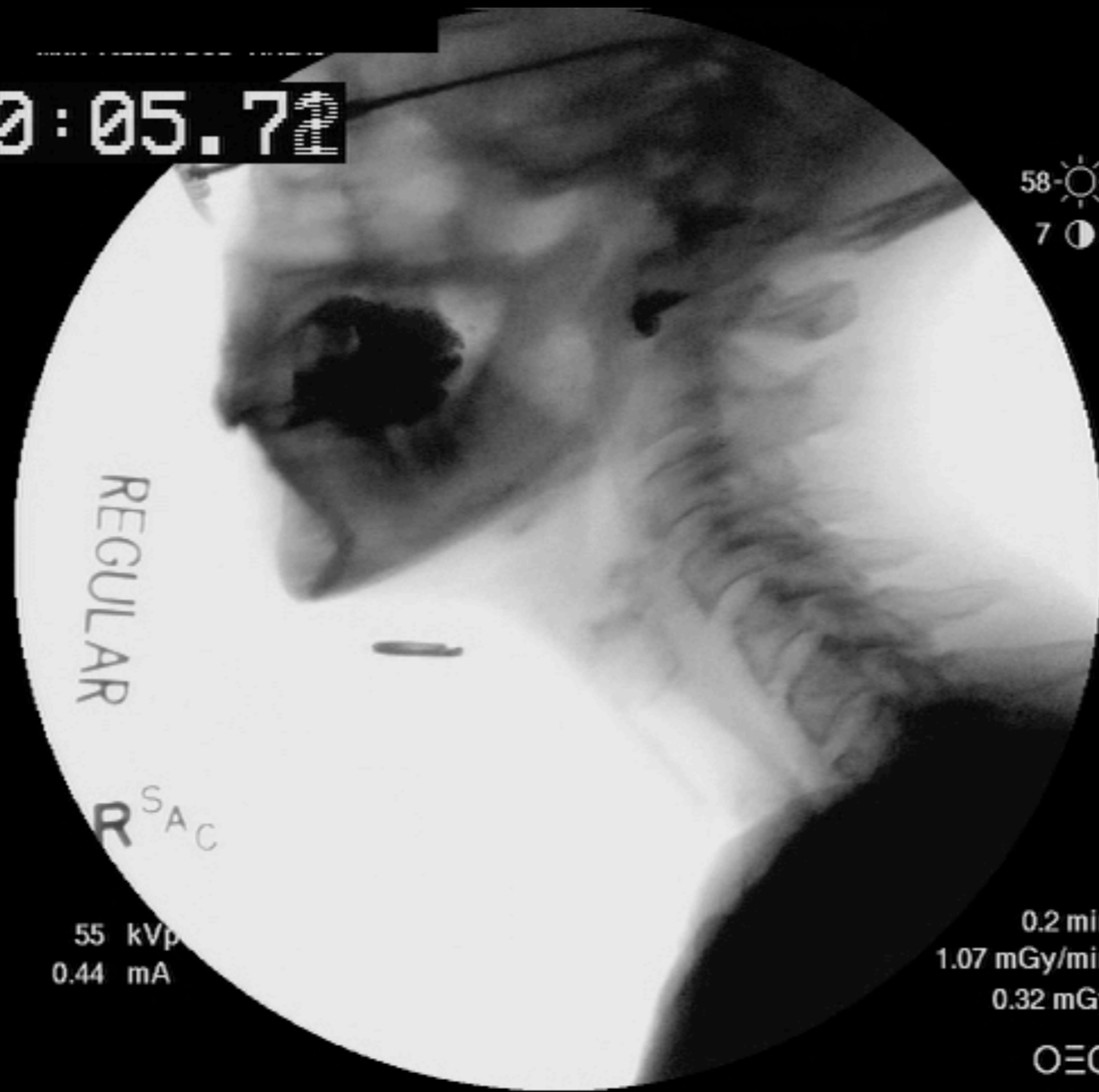
PMID: 25850008 DOI: [10.1038/nrgastro.2015.49](https://doi.org/10.1038/nrgastro.2015.49)

Abstract

Dysphagia is a symptom of swallowing dysfunction between the mouth and the stomach. Although oropharyngeal dysphagia is a common condition (occurring in up to 50% of elderly people and 50% of hospitalized patients), it is associated with aspiration, severe nutritional deficiencies, weight loss and mortality. In the hospital setting, most patients are not diagnosed and do not receive appropriate treatment. In contrast, oesophageal dysphagia is less prevalent and less severe, but with broader differential diagnoses and symptoms caused by conditions affecting the enteric nervous system and/or oesophageal muscle layers. The clinical relevance and complications of oesophageal and oropharyngeal dysphagia are well recognized among health-care professionals in many fields. In addition, the emphasis is now on the need to screen and assess swallow function at both the oropharyngeal and oesophageal levels. Recent advances in understanding the pathophysiology of these conditions have opened a new era of intensive research and active therapeutic strategies for affected patients. A unified field of deglutology is developing, with new professional profiles to cover the needs of all patients with dysphagia in a nonfragmented way.



50:05.72



58-☀
7 🌑

EAT 10 - 24
FOIS - 2
PAS - 8
PCR 0.47
PES 0.18
L elev 0.46

55 kVp
0.44 mA

0.2 min
1.07 mGy/min
0.32 mGy

⊖⊕

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PAS 8 VFSS

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SUMMARY



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