What is the true definition of dysphagia?

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What is your definition of dysphagia?
Does this 83yo man have dysphagia?

Go To www.menti.com and use the code 20 83 76
82yo Male
EAT-10: 0
Recurrent pneumonia
PAS 8 VFSS

Go To www.menti.com and use the code 20 83 76
34 year old male

EAT-10: 22
Normal FEES
Normal esophagoscopy
Normal VFSS
Normal esophagography
Normal pharyngeal HRM
Normal esophageal HRM
Normal Smart Pill

Go To www.menti.com and use the code 20 83 76
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
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.
<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>😊</td>
<td>Blood pressure monitor</td>
</tr>
<tr>
<td>😞</td>
<td>ECG</td>
</tr>
<tr>
<td>😲</td>
<td>X-ray</td>
</tr>
<tr>
<td>👃</td>
<td>Ultrasound</td>
</tr>
</tbody>
</table>
dysphagia noun

Definition of dysphagia

: difficulty in swallowing
Symptom

Dysphagia

EAT-10

To what degree do you experience the following problems?

<table>
<thead>
<tr>
<th>Problem</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. My swallowing problem has caused me to lose weight.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. My swallowing problem interferes with my ability to go out for meals.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. Swallowing liquids takes extra effort.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. Swallowing solids takes extra effort.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. Swallowing pills takes extra effort.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. Swallowing is painful.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. The pleasure of eating is affected by my swallowing.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. When I swallow food sticks in my throat.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. I cough when I eat.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. Swallowing is stressful.</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Add up the sum of the numbers you circled for a TOTAL EAT-10 Score:

Sign

Objective Measures

Swallowing Dysfunction

PAS
Laryngohyoid elevation
UESo
PCR
Manometric abnormalities

Complications of Swallowing Dysfunction

Malnutrition
Dehydration
Pneumonia
Death
Swallowing Dysfunction

Dysphagia

Swallowing Dysfunction

Complications of Swallowing Dysfunction
If you can not measure it you do not improve it.
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
A Systematic Review of the Prevalence of Oropharyngeal Dysphagia in Stroke, Parkinson's Disease, Alzheimer's Disease, Head Injury, and Pneumonia

Claire Takizawa, Elizabeth Gemmell, James Kenworthy, and Ruth Speyer

Abstract

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. Given its high prevalence among the elderly and associated serious complications, dysphagia is often overlooked and under-treated 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 the inclusion criteria: 24 in stroke, six in PD, two in traumatic brain injury, and one in patients with pneumonia.
Dysphagia is a life-threatening disorder that can manifest in 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 cause, severity, and treatment-prognosis. Direct- and indirect-therapy is used, 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.
Swallowing dysfunction in adults may include:

- drooling and poor oral management;
- food or liquid remaining in the oral cavity after swallowing;
- 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

Abstract

Dysphagia is a symptom of swallowing disorders that occurs between the mouth and the stomach. Although oropharyngeal dysphagia is one of the most prevalent conditions (occurring in up to 50% of elderly people and 50% of patients with neurological conditions and in one-third of all those with a health, most patients are not diagnosed and do not receive proper care. In contrast, oesophageal dysphagia is less prevalent and less severe, but with both conditions, symptoms can be caused by a variety of diseases affecting the enteric nervous system and/or oesophageal muscle layers. This review addresses clinical relevance and complications of oesophageal and oropharyngeal dysphagia and their impact among health-care professionals in many fields. In addition, the emphasis is on the need to screen and assess swallow function at both the oral and pharyngeal levels and the need for advances in understanding the pathophysiology of these conditions. Despite the current 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.
EAT 10 - 24
FOIS - 2
PAS - 8
PCR 0.47
PES 0.18
L elev 0.46
82yo male

EAT-10: 0

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