



## February is Heart Month

- The link between heart health and dysphagia is clear!
  - **Undiagnosed or under diagnosed dysphagia** is a major, preventable, contributor to repeat hospital admissions. Unfortunately the treatment varies greatly by practitioner. (Cook & Kahrilas, 1999; Kind et al, 2011; Loeb et al, 2003)
  - **After Cardiac Surgery**, the likelihood of the patient experiencing dysphagia increases depending on the length of time they were intubated for anesthesia or oxygen: **up to 67% within 48 hours of the surgery**. (MD EDGE, Fed Prac.2016:33(2))
  - Dysphagia after cardiac surgery is associated with **a higher risk of aspiration pneumonia, and a poor prognosis** if not identified and managed effectively. (MD EDGE, Fed Prac.2016:33(2))
  - Patients with **Ischemic Heart Disease (IHD) were 1.8X more likely to have dysphagia** than those without IHD. Female cardiac patients in this category had even higher chances to have dysphagia. (Hadeer et al, DOI:10,57721-61085, 2015)
  - **Cardiac outpatients taking 1-4 medications** are **2.8X** more likely to have dysphagia than those taking no medications, and **3.2X** more likely if taking **5 or more medications**. (Hadeer et al, DOI:10,57721-61085, 2015)
  - **CHF ( Congestive Heart Failure) is the most common diagnosis** in cardiac patients over 65. (Linne' et al. Eur J Heart Fail-2000)

## How Can We Maintain Our Lifestyle and Enjoy Valentine's Day While Being Safe?

- **Heart health is vital to a strong swallow!** Keeping the lungs clear from food and liquid that may fall in to your airway allows maximum oxygen to blood exchanges. This helps to fuel your body's tissues and your brain, and helps to recover from your heart event. Whether you've had congestive heart failure (CHF), a stent put into place, heart surgery, or have peripheral artery disease, being aware of the risks of dysphagia can help you **manage your symptoms and make you stronger!**
- Having dysphagia doesn't mean you can't enjoy meals with the entire family, celebrate a holiday or go out to dinner. Here are just a few of the many suggestions that your DMS Team can help you identify in order to maintain the patient's dignity and enjoyment of life!
  - ♥ **Valentine Candy:** focus on sharing chocolate cremes, avoiding nuts, toffee, caramel, or any hard candies!
  - ♥ **Restaurants:** Enjoy your holiday outing by choosing a fish restaurant where you can order a baked fish with a sauce on it ( no chunky items in the sauce). To alter this to a safe consistency, simply 'fork mash' it a few times so that it will requiring less chewing during the oral phase of the swallow. No one will notice and you can save the energy for the swallow!
  - ♥ **Desserts:** Choose a dessert like a chocolate mousse, ice cream or pudding, or a key lime pie with a graham cracker crust. Stay away from cookies or sprinkles or any crunchy additives to your smooth desserts! Whipped cream is fine!
  - ♥ **Breakfast:** For a morning outing, pancakes with syrup can be fork-mashed for safe consumption for the patient on a soft diet. No berries, chocolate chips or nuts in the pancakes though! Quick with eggs and cheese and no chunks of vegetables or shrimp can be safe, and poached eggs on a biscuit instead of with toast or an english muffin can be safe. The toast and english muffin are too difficult to chew, and can ball up dangerously in the throat of the patient at aspiration risk.

### Light And Fluffy 4-ingredient Mousse Recipe:

1 1/2 C canned coconut cream  
1/4C cocoa powder 2-3  
TB pure maple syrup  
1/3 Bar of chopped dark chocolate  
1tsp vanilla

1. Melt the dark chocolate
2. Add the coconut cream, cocoa powder, maple syrup, melted dark chocolate and vanilla extract in large mixing bowl
3. Mix until all ingredients are light and fluffy
4. Pour mixture into 4 serving dishes or glasses

May garnish with a Lorna Doone cookie if the patient can tolerate mechanical soft textures, or serve as a puree for those with a more severe dysphagia. The key is to serve something delicious to everyone so the patient doesn't feel excluded!



## What Does It Feel Like To Have Dysphagia? An Exercise for the Caregiver

- 1) There is a simple exercise you can do in order to see what it feels like to have dysphagia. The following items are needed: Big birthday balloon and long clown balloon, milkshake straw, regular straw, coffee straw, Hershey's Kisses (2), peanut butter or cheese cracker, water or juice (4 oz), and pair of glasses.
- 2) Take a small sip of your water. Notice how you have to hold your breath for one to two seconds in order to transit the liquid through the mouth, down into the pharynx, and swallow? This happens with every single swallow, hundreds of times through a meal. It can be fatiguing for those with respiratory compromise and weakness. This activity is an attempt to show you how hard it can be.
- 3) Blow up the big balloon and let the air out. This is a healthy lung that expands and contracts. This ease of expansion and contraction allows for breathing to proceed with little effort.
- 4) Blow up the clown balloon and let the air out. This is a COPD or Pneumonia lung that is very difficult to expand and contract. Since it takes holding your breath to swallow, this compromises the swallow when a person who has to put this much effort into holding their breath has to do it repeatedly to eat!
- 5) Now breathe in and out through your mouth to mimic a non-compromised lung with easy breathing.
- 6) Breathe through the milkshake straw for 1 min - This is a lung with congestion. Does it feel claustrophobic? That is the word that often is expressed with this exercise.
- 7) Breathe through the regular straw for 1 min - this is a lung that has CHF or COPD & more congestion. Folks say they become anxious with this exercise as air seems very difficult to move into the lungs.
- 8) Breathe through the coffee straw for a few seconds - this is a lung with active pneumonia. This is incredibly difficult. Notice how your upright position may help move the air because of gravity?
- 9) Take the Kiss and bite off the tip. Place the flat kiss under one side of your tongue. Continue to hold it down for the following exercises to mimic one-sided weakness or paralysis of the tongue and mouth.
  - a) Take a sip of juice or water using the straw. Notice how hard it is to move the liquid?
  - b) Take a sip of juice or water using a cup. This becomes even more difficult to swallow without being able to use your tongue or one side of your mouth.
  - c) Take a bit of a peanut butter or cheese cracker. Try to move the food to the back of your mouth, all the while holding down the Kiss under your tongue to mimic weakness/paralysis
  - d) Follow the bite with a sip to clear the mouth, holding the Kiss under your tongue.
  - e) Place a piece of scotch tape over one side of your glasses. Now attempt to take a bite of your cheese or peanut butter cracker while holding down the Kiss under your tongue. Notice how your frame of reference, depth perception, and ability to visualize your surroundings affect your eating skills? The patient with visual disturbance is at a great disadvantage for control.

**THIS is only a small part of how dysphagia feels! We can help!**

## What Can We Do At Home To Reduce Risk?

- **Patient stability** when returning to the home, assisted living or independent living community relies on a **complex coordination** of patient abilities, symptoms, and functional processes to **reduces the risk of returning to the hospital**. Evaluating and managing dysphagia is key to **reducing risk**, especially when managing a cardiac diagnosis or recovering from a cardiac event.
- **The First Step is accurate diagnosis of risk.** Your first two appointment at DMS entail a thorough speech-language and dysphagia diagnosis in order to determine what your individual situation is, what the reactions to the diagnosis or cardiac event have been. The second appointment focuses on a dysphagia or swallowing instrumentation in order to assess your swallow, the function of your oral and pharyngeal swallowing stages, and whether you are experiencing reflux and/or aspiration which can be silent (meaning you don't know its happening and you don't feel it, or have the urge to cough after it happens).
- **The Second Step in the process is to figure out how to reduce your risks while maintaining or improving your lifestyle.** This happens in 1-3 therapy appointments. By the end of this time, we will arrange a few face time appointments with you from the comfort of your home, and make sure that no further modifications need to be made to keep you safe!
- **What if I need ongoing therapy to regain my strength or rehabilitate my swallow?** If this is the case, we will arrange for you to have a combination of face-time sessions (called tele-practice) from home and visits to the office for follow up.
- **How long will I need to worry about my swallowing safety after my cardiac event or with my cardiac diagnosis?** This is an individual question that we will address in your diagnostic and therapy sessions. You may have short term dysphagia following a cardiac event or surgery, or you may need longer-term maintenance with a chronic cardiac diagnosis. Dysphagia Management Systems is here to identify, explain, and help you make long term decisions on managing your dysphagia.