UNIVERSITY OF HAWAI`I
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COMMUNICATION SCIENCES & DISORDERS

Swallowing Difficulties in Older Adults: What's Normal, What's Not, & What to do.

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About Me

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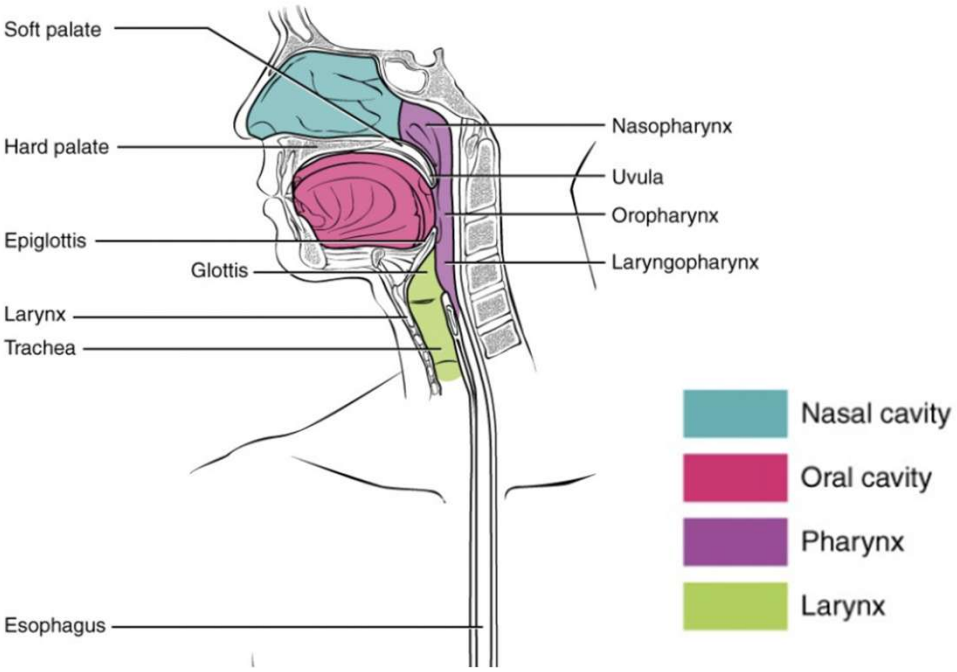
Today you will learn:

- What is dysphagia?
- What is presbyphagia; and how it differs from dysphagia
- What can cause dysphagia
- Normal changes to the swallow with aging
- Red flag symptoms to watch for
- Tips and tricks to make swallowing easier for everyone!
- What an SLP can do to help

What is Dysphagia?

Dysphagia means having trouble swallowing
It can happen in the Oral cavity (*Mouth*), Pharynx (*Throat*), or the Esophagus (*the tube that carries food to the stomach*)

Aspiration: food or drink going down the wrong way – into the lungs instead of the stomach



How common is dysphagia?

In the General Adult Population:

Each year, about 1 in 25 adults in the U.S. experiences a swallowing problem

How Common Is Dysphagia in Older Adults?

Dysphagia becomes much more common with age:

- **Older adults living independently:**
  About 15% to 22% (roughly 1 in 5) have swallowing difficulty
- **Older adults in the hospital:**
  Up to 30% have swallowing difficulties
- **Older adults in nursing homes or long-term care:**
  Over 60% have swallowing difficulty

Studies suggest that dysphagia affects 22% of adults over the age of 50 years (Howden, 2004)

When swallowing problems are not treated it can lead to:

- Dehydration or Malnutrition
- Aspiration Pneumonia
- Chronic lung disease
- Compromised general health
- Choking
- Less enjoyment of eating

Common Causes of Dysphagia:

- ❑ Stroke and other brain conditions
  (including Parkinson's disease, dementia, brain injury, ALS)
- ❑ Critical illness or long hospital stays
- ❑ Head and neck cancer or radiation treatment
- ❑ Acid reflux (GERD)
- ❑ Muscle weakness
- ❑ COPD (emphysema)
- ❑ Medication side effects

What is Presbyphagia?

Changes in the swallowing mechanism of healthy older adults that result from the normal aging process.

The swallow is:

- Slower
- A bit weaker
- Less flexible

- Most older adults still swallow **safely**
- But the system has less reserve
- Illness, fatigue, or stress can tip the balance more easily than in a younger swallow

Swallowing is complex!

Swallowing is not just one movement!

- It uses **30+ muscles**
- It is controlled by the **brain and nerves**
- It must happen in the **right order and at the right time**
- It happens in **less than 2 seconds**
- It has to:
  - Move food to the stomach
  - **And** protect the airway at the same time

Normal Changes to Swallowing with Age

Changes in the Mouth & Throat with age:

- Teeth may be missing or weaker
- Mouth may be drier
- Tongue may be weaker and slower
- Some foods (dry, crumbly, tough) are **harder to manage**
- Food may take longer to clear

Normal Changes to Swallowing with Age

The Swallow Is Slower

With normal aging:

- The swallow **starts more slowly**
- Airway protection is **a little delayed**
- Food or drink may:
  - Sit in the throat a little longer
  - Get close to the airway before the swallow happens

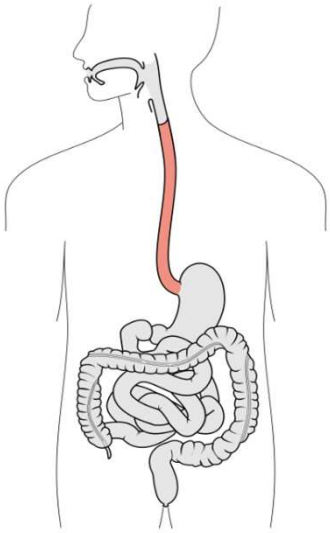
Normal Changes to Swallowing with Age

The opening to the esophagus may:

- Open less
- Not stay open as long

Food may move:

- More slowly
- With more effort



Red Flag Symptoms

- Drooling or trouble managing liquids
- Food left in the mouth or trouble chewing
- Coughing or throat clearing during or right after eating or drinking
- Repeated chest infections or pneumonia
- Feeling like food is stuck in the throat or chest
- Pain when swallowing
- Unintended weight loss, dehydration, or poor appetite
- Trouble breathing and swallowing at the same time
- Avoiding certain foods or changing eating habits
- Discomfort or stress when eating or drinking

Normal vs Abnormal

Normal Swallowing Changes with Age	May be a Problem
➔ Eating and chewing **takes a little longer** ➔ Needing **smaller bites** ➔ **Occasional** coughing with food or drinks ➔ **Dry mouth** sometimes ➔ Getting **tired** during long meals ➔ Needing **more sips of water** with meals ➔ Swallowing feels **slower** than it used to ➔ Having trouble **once in a while**, but not often ➔ Still able to eat **safely and enjoy meals**	➔ **Frequent coughing or choking** when eating or drinking ➔ Feeling like food is **stuck** in the throat or chest ➔ **Food left in the mouth** after swallowing ➔ **Trouble controlling liquids** or drooling ➔ **Pain** when swallowing ➔ **Unintended weight loss**, dehydration, or poor appetite ➔ **Repeated chest infections or pneumonia** ➔ **Avoiding certain foods** or avoiding eating ➔ Swallowing feels **stressful, scary, or uncomfortable** ➔ Problems that are **ongoing or getting worse**

Swallow Strategies: Positional

- Sit upright for meals
- Stay upright 30 minutes after eating
- Don't lie down after meals
- Keep head straight and level
- Don't eat lying down or reclined

Swallow Strategies: Safer Eating Habits

- Take small bites and small sips
- Eat slowly and don't rush
- Finish one bite before taking the next
- Avoid talking while chewing and swallowing
- Limit distractions (TV, phone, rushing)
- Alternate food and drinks
- Stop eating if you feel tired or short of breath

Swallow Strategies: Modifying Food

- Soft foods are easier than hard or dry foods
- Add sauce or gravy
- Cut food into small pieces
- Be careful with soups with chunks
- Avoid dry, crumbly foods

Swallow Strategies: Taking Pills

Pills are a common swallowing problem

❌ **Do not crush or break pills** unless a doctor or pharmacist says it's okay

Ask about:

- Smaller pills
- Liquid versions
- Crushable or dissolvable forms

Take pills sitting upright
Take them one at a time!
If pills feel stuck or cause coughing, **tell your doctor**

Why Oral Care Is So Important:

- The mouth naturally has germs and bacteria
- If food or drink goes into the lungs, those germs can go with it
- This can cause aspiration pneumonia
- Cleaning the mouth reduces germs
- Fewer germs = lower risk of pneumonia

When to ask for Help

If you experience any of the red flag symptoms we talked about, especially:

- You cough a lot when you eat or drink
- Food feels stuck
- You're losing weight or not eating well
- You're getting frequent respiratory infections
- Eating is no longer comfortable or enjoyable

What SLP can do to help:

- Collect a full history and assess your swallowing abilities
- Complete an instrumental swallowing assessment to get a full picture of your swallowing abilities
  - Modified Barium Swallow Study
  - Flexible endoscopic evaluation of swallowing (FEES)
- Recommend appropriate diet or liquid textures
- Teach exercises to strengthen the swallow
- Provide education on strategies specific to **you**!

Modified Barium Swallow Study

Key Takeaways:

- Some swallowing changes are normal with aging
- Aging alone does not cause dangerous swallowing problems
- Swallowing should be safe and comfortable
- Small changes in posture, habits, and food textures can make a big difference
- Help is available – swallowing problems can often be treated or improved with the help of an SLP
- Ask for help early if something doesn't feel right!

Contact Information

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Questions?