



GastroDoxs
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Dysphagia

A Practical Guide For Patients

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Introduction: **Dysphagia**

Dysphagia is a medical term that describes difficulty swallowing, affecting the passage of food or liquid from the mouth to the stomach. It is not a disease itself but rather a symptom of an underlying condition. Dysphagia can occur at any age but is more common in older adults and those with neurological or structural disorders. Causes may include stroke, Parkinson's disease, esophageal strictures, gastroesophageal reflux disease (GERD), or even certain cancers. Symptoms range from coughing or choking during meals to pain, sensation of food sticking, or unintentional weight loss. Diagnosis requires careful evaluation, often involving imaging or endoscopic studies. Treatment depends on the cause, ranging from dietary modifications and swallowing therapy to medical or surgical interventions.

Key Takeaways

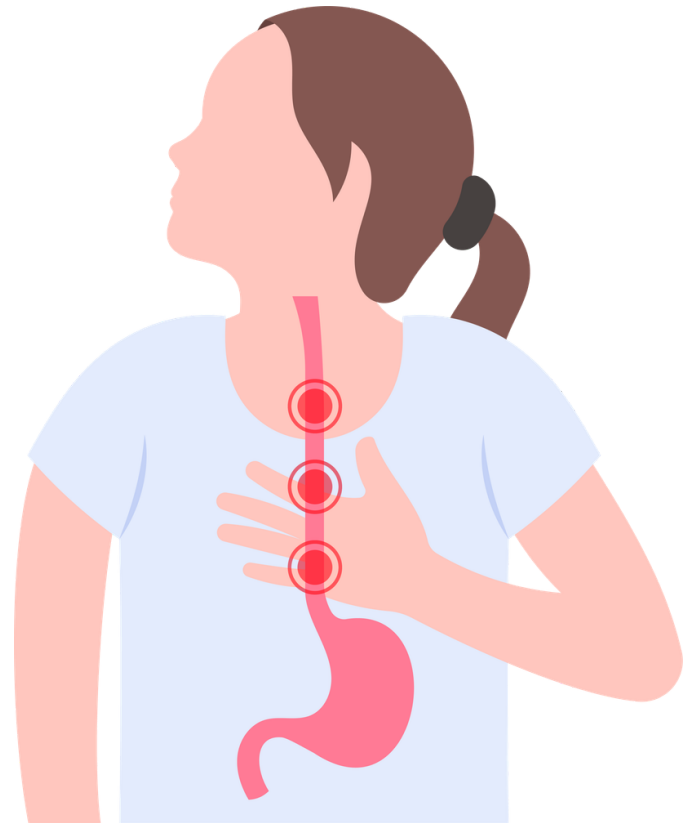
- **Definition:** Difficulty swallowing that can affect solids, liquids, or both.
- **Causes:** Neurological disorders (stroke, Parkinson's), GERD, esophageal strictures, cancers, or muscular problems.
- **Symptoms:** Coughing, choking, pain with swallowing, food sticking sensation, weight loss.
- **Diagnosis:** Includes medical history, swallow studies, endoscopy, and imaging tests.
- **Treatment:** Dietary changes, swallowing therapy, medications, dilation, or surgery depending on cause.
- **Prognosis:** Varies by underlying condition; many cases improve with proper treatment and rehabilitation.



What Causes **Dysphagia**?

Known Causes

Dysphagia can be caused by a wide range of conditions that interfere with the swallowing process. Neurological disorders such as stroke, Parkinson's disease, multiple sclerosis, and amyotrophic lateral sclerosis (ALS) often impair the nerves and muscles needed for swallowing. Structural abnormalities like esophageal strictures, tumors, diverticula, or scarring from chronic acid reflux (GERD) can physically block or narrow the esophagus. Muscle-related conditions, including achalasia or spasms, prevent normal relaxation and coordination of the esophagus. Age-related muscle weakness and certain medications can also contribute. In some cases, infections, head and neck injuries, or cancer treatments like radiation may trigger swallowing difficulties. Identifying the underlying cause is essential for effective management.



Common Signs & Symptoms

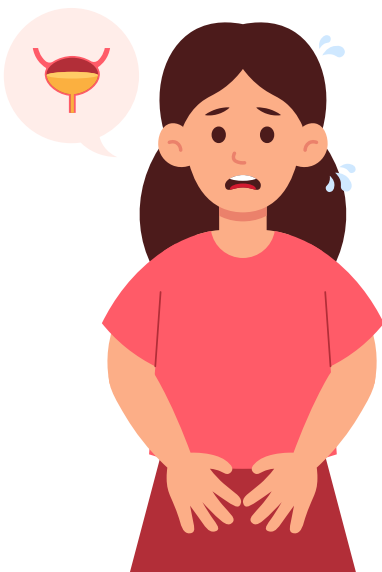
Common signs and symptoms of dysphagia include coughing or choking during eating, sensation of food sticking in the throat or chest, pain when swallowing, frequent throat clearing, drooling, hoarseness, and unexplained weight loss due to poor nutrition.

Core Symptoms Include:

- Difficulty starting to swallow
- Coughing or choking during meals
- Sensation of food or liquid sticking in the throat or chest
- Painful swallowing (odynophagia)
- Hoarseness or voice changes after eating
- Unexplained weight loss



Severe cases can also cause:



- Complete inability to swallow solids or liquids
- Frequent aspiration leading to chest infections or pneumonia
- Severe chest pain during swallowing
- Malnutrition and dehydration
- Significant, rapid weight loss
- Social withdrawal due to eating difficulties



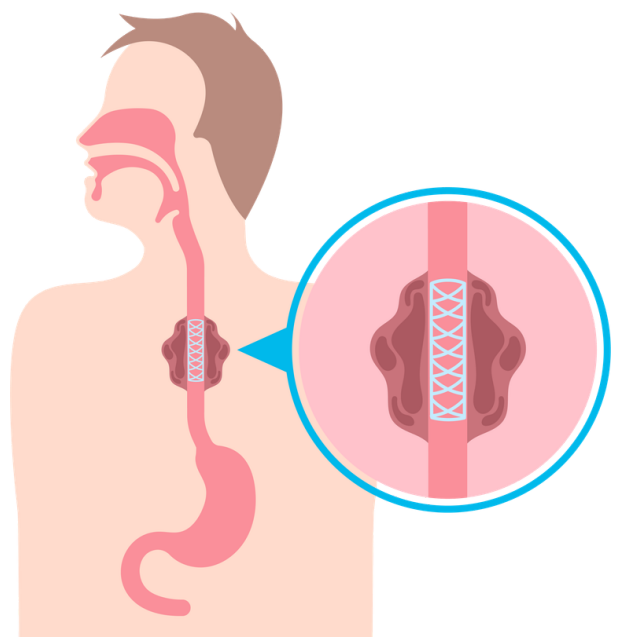
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Diagnosis & Medical Testing

Diagnosis of dysphagia involves a detailed history and physical exam, followed by tests such as barium swallow (esophagram), endoscopy, manometry, and imaging studies. These help identify structural blockages, muscle dysfunction, or neurological causes affecting swallowing.

Diagnostic Tools

- **Medical history & physical exam:** First step to evaluate symptoms and risk factors
- **Barium swallow (esophagram):** X-ray study to assess swallowing function and detect blockages or narrowing
- **Endoscopy (EGD):** Direct visualization of the esophagus, stomach, and duodenum allows biopsy if needed
- **Esophageal manometry:** Measures muscle contractions and coordination of the esophagus
- **Videofluoroscopic swallow study (VFSS):** Evaluates swallowing phases in real-time using X-ray and contrast
- **Fiberoptic endoscopic evaluation of swallowing (FEES):** Direct assessment of throat structures and swallowing safety
- **CT or MRI scans:** To detect tumors, strictures, or neurological causes
- **pH monitoring:** Identifies acid reflux contributing to swallowing problems



Diet

A dysphagia-friendly diet focuses on texture-modified foods and thickened liquids to make swallowing safer. Soft, moist, or pureed foods are recommended, while dry, tough, or crumbly items should be avoided. Proper hydration and slow, mindful eating are essential.

Key Insights

- Modify food texture: soft, moist, or pureed foods are safest.
- Use thickened liquids to reduce aspiration risk.
- Avoid dry, tough, sticky, or crumbly foods that are hard to swallow.
- Eat slowly, in small bites, and chew thoroughly.
- Sit upright during meals and remain upright afterward.
- Ensure adequate hydration with safe fluid consistencies.
- Work with a speech-language pathologist or dietitian to tailor diet.
- Monitor weight and nutrition to prevent malnutrition or dehydration.



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Medications & Treatment Options

Treatment for dysphagia depends on the cause and may include proton pump inhibitors (PPIs) for reflux-related damage, muscle relaxants for esophageal spasms, or antibiotics for infections. In many cases, swallowing therapy, dietary modifications, or endoscopic procedures are also required.

Treatment Options

- **Medications:** Proton pump inhibitors (PPIs) or H2 blockers for reflux, muscle relaxants for esophageal spasms, and antibiotics for infections.
- **Swallowing therapy:** Exercises and techniques guided by a speech-language pathologist to improve swallowing safety.
- **Dietary modifications:** Texture-adjusted foods and thickened liquids to prevent aspiration.
- **Esophageal dilation:** Endoscopic stretching to widen narrowed areas of the esophagus.
- **Surgical interventions:** Removal of tumors, correction of strictures, or treatment of achalasia.
- **Feeding support:** Temporary or long-term feeding tubes for severe cases to ensure nutrition and hydration.
- **Lifestyle changes:** Upright posture during meals, smaller bites, and avoiding trigger foods.



Advanced Therapies & Procedures

Advanced therapies for dysphagia may include endoscopic dilation for strictures, botulinum toxin injections for achalasia or spasms, and surgical procedures such as myotomy. In severe cases, feeding tubes or advanced rehabilitation with speech-language therapy ensure safe nutrition and swallowing.

Therapy Options

- **Swallowing therapy:** Exercises, posture adjustments, and safe swallowing techniques guided by a speech-language pathologist.
- **Dietary therapy:** Texture-modified foods, thickened liquids, and tailored nutrition plans.
- **Medical therapy:** Medications for reflux, spasms, or infection-related causes.
- **Endoscopic therapy:** Balloon dilation, stent placement, or botulinum toxin injections.
- **Surgical therapy:** Procedures for achalasia, strictures, or tumor removal.
- **Feeding support:** Nasogastric or gastrostomy tubes in severe or high-risk cases.
- **Rehabilitation therapy:** Ongoing training to maintain swallowing safety and prevent aspiration.



Coping With **Dysphagia**

Coping with dysphagia involves eating slowly, taking small bites, and choosing safe food textures. Using thickened liquids, sitting upright during and after meals, and following swallowing exercises prescribed by specialists help reduce risks and improve daily comfort.

Practical Strategies

- Eat **small, frequent meals** instead of large portions.
- Take slow, deliberate **bites and chew** thoroughly.
- Sit upright during meals and remain seated for **20–30 minutes** afterward.
- Use **thickened liquids** if recommended to prevent aspiration.
- Choose **soft, moist, or pureed foods**, avoid dry, crumbly, or sticky items.
- Avoid **talking or laughing** while swallowing to reduce choking risk.
- Maintain adequate **hydration** with safe fluid consistencies.
- Work with a **speech-language** pathologist for swallowing exercises.
- Keep a **food diary** to track triggers and safe foods.
- Monitor **weight and nutrition** to prevent malnutrition.
- Use adaptive **utensils or cups** if needed.



FAQS About Dysphagia



Q1: What is dysphagia?

A: Dysphagia is difficulty swallowing, affecting the ability to safely move food or liquids from the mouth to the stomach.

Q2: What causes dysphagia?

A: Common causes include neurological disorders (stroke, Parkinson's), esophageal strictures, GERD, muscular disorders, tumors, and age-related weakening of swallowing muscles.

Q3: What are the symptoms of dysphagia?

A: Symptoms include coughing or choking while eating, sensation of food sticking, pain with swallowing, hoarseness, frequent throat clearing, and unexplained weight loss.

Q4: How is dysphagia diagnosed?

A: Diagnosis involves medical history, physical examination, swallow studies (barium swallow, VFSS), endoscopy, esophageal manometry, and imaging tests to identify underlying causes.



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Take **Action**

If you experience **Dysphagia**, don't ignore them. Early diagnosis and treatment can prevent complications. Schedule a consultation with GastroDoxs for expert guidance on managing your digestive health.

Visit GastroDoxs.com to schedule an appointment and access more resources on digestive health.

**Your health matters
take the next step
today!**

SCHEDULE AN APPOINTMENT

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