



DYSPHAGIA MANAGEMENT SYSTEMS, LLC

An Explanation of Dysphagia and Options for The Parkinson's Patient

Why is My Physician Recommending That I See A Speech Pathologist? I Speak Fine!

- Your physician has recommended that you be evaluated because of the Parkinson's Disease (PD) symptoms you are experiencing.
- An SLP is a specialist in many areas of physical and cognitive function, including swallowing disorders, called dysphagia.
- Many times Patients with Parkinson's experience issues related to dysphagia that we don't recognize. The function of the Speech Pathologist in this situation is to evaluate everything that is happening from your mouth, down to the point when you swallow. This involves many things such as muscles, nerves, the brain, respiratory function, and even the gastrointestinal system.
- This SLP has been trained to put all the pieces of the puzzle together and spend the necessary time with you in order to provide your physician with a clear picture of your issues. This will result in a more positive outcome for you in a more expedient manner.

How Would A Speech Pathologist Diagnose That I Have Dysphagia?

- The SLP will gather a very thorough history by taking the necessary time to discuss your health, habits, and issues that you have been experiencing. Be sure to be open and discuss what is going on, as this is how the puzzle begins to take shape.
- You will have a thorough dysphagia diagnostic evaluation, which will include a swallowing instrumentation. This will assess the physical characteristics of your pharynx and its functional ability to do its job in the manner in which it was designed, in spite of your Parkinson's.
- The results of this thorough dysphagia evaluation will then determine what, if any, changes may help you feel better and stay healthier.
- You will have a conversation with the Speech Pathologist (SLP) to discuss the results of these tests and your specific health care needs.
- Following the comprehensive evaluation, you may expect to see the SLP for therapy sessions to incorporate the recommendations that are specific to your needs, recovery, and how to manage your situation. Dysphagia with Parkinson's requires specific safety techniques.
- The rehabilitation process may be ongoing. The hope is that you will feel much better and may be able to manage the dysphagia on your own, having been given the tools and education to do so. Rehabilitation and/or management is absolutely possible with Parkinson's!

Is Any of This Going To Hurt? Is It Dangerous?

- Speech Pathology Services, including instrumentation for swallowing diagnostics, are not painful and require no surgical procedures, prep time, or recovery time. You can complete this procedure sitting in your favorite chair, in your bed, or even sitting at a table.
- The evaluation techniques include looking inside your mouth, having you move the tongue, lips, and palate to check for function.
- The un-sedated and un-anesthetized instrumentation utilized in this program is the Fiber-optic Endoscopic Evaluation of Swallowing, or FEES as performed by an SLP. This involves sliding a little spaghetti-sized endoscope along the floor of the nose to peek behind your uvula (that thing that jiggles when you say 'ah'), evaluating the function of the throat, and watching what happens when you eat or drink certain foods or liquids. It is not painful and feels like you are picking your nose and lasts only a few minutes.
- These instrumentations have been performed since 1992, and SLPs have performed hundreds of thousands of these without incident. They are very safe, and the literature states that their specificity is of great benefit to the patient to effectively manage dysphagia.

Are Speech Pathology Services Expensive? Will My Insurance Cover It?

- Speech therapy is covered by Medicare, Managed Care, and most insurance policies. When your appointment is scheduled with DMS, for example, we will ask for your insurance information, and if a pre-approval is necessary, we will be provided with necessary information.
- There may or may not be a co-pay according to your insurance plan, identical to how your regular speech therapy is handled.
- If necessary, Speech Therapy will provide you with the information and tools that you need in order to manage this issue by yourself. This is a great investment and is much less expensive than repeat medical episodes, hospitalizations, or additional tests.
- The goal of this program is to provide cost-effective, state of the art, coordinated care with your Physician and Facility professionals.

What Can I Expect From This Process?

- You can expect to be provided with the individualize attention necessary to identify the issues you are experiencing, diagnose the functional capabilities of your oral and pharyngeal mechanisms, and have the facility SLP guide you through the process.
- You can expect to be listened-to intently, heard resoundingly, and feel comfortable in sharing those aspects of how you feel that have perhaps never-before been correlated with the issues you are experiencing.
- You can expect to receive professional care in a setting that allows for a coordination of care between these professionals, all meant to result in a quicker, more effective positive outcome for you!
- You can expect to learn what is wrong, why it is happening, and how you can manage these issues.
- You can expect to be in charge of your ongoing success, having been given the tools to do so by the professionals in this facility.
- You can expect to feel better and have a more functional swallow with your dysphagia better managed.

Where Can I Find Out More About Your Team of SLPs?

- Go to www.DysphagiaManagement.com to learn more about our team of specialists or check our Patient Services on SwallowSafe.com.
- If you have more questions, please feel free to call our offices at 855-693-7822 and they will put you in touch with your local specialist who will be happy to answer your questions.



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Do I Have Dysphagia For Sure If I Have A Parkinson's Diagnosis?

- Parkinson's Disease (PD) affects the neurological, gastrointestinal, muscular, cognitive, and subsequently the respiratory systems of swallowing, with research indicating that the numbers of PD Patients with dysphagia ranges from 78-89%.
- PD Patients have a high prevalence of respiratory complications from dysphagia as the disease progresses.
- Even Patients without a PD diagnosis experience dysphagia from time to time, when experiencing a cold, flu, or even gross fatigue. Having the PD Diagnosis adds additional risk to those situations. Knowing how to manage changes in condition effectively improves quality of life.
- You may not be experiencing symptoms of Dysphagia outwardly and feel well today, however now is the time to diagnose your silent risk!

Can You Explain More About These Five Systems of Dysphagia and How They Really Affect Me?

- **The Neurological System** is the most common system automatically associated with the PD Diagnosis.
 - Parkinson's disease is a progressive neurological disorder that occurs when vital brain cells that control movement and coordination die or become impaired.
 - Many of the symptoms are due to loss of neurons that produce a chemical messenger in your brain called dopamine.
 - Because of a decreased ability to feel food or liquid in the throat as the disease progresses, silent aspiration, or the inability to feel the food or liquid as it falls into the airway, is a major risk factor.
 - A comprehensive diagnostic surrounding airway protection and compensatory strategies can affect patient outcome significantly.
 - Identifying the foods, liquids, and techniques that help the patient know when to swallow in the absence of 'feeling it' are vital.
- **The Gastrointestinal System** has a high prevalence of dysfunction in the Patient with Parkinson's Disease.
 - Effective diagnosis includes identification of the risk of gastro-esophageal reflux of stomach contents into the airway.
 - According to the literature, a PD diagnosis increased the prevalence of GERD to 4.1 times higher than the age-matched controls.
 - Medications for PD can often have a side effect of increased GERD symptoms, which may be alleviated with meal-timing.
 - Managing GERD with Parkinson's can reduce chronic cough, respiratory complications, voice issues, and failure to thrive.
 - Identifying which foods and liquids increase/decrease the GERD can significantly improve quality of life.
- **The Muscular System** of swallowing may be one of the first signs of Parkinson's, although the Patient may not recognize the effects.
 - Swallowing safely requires a ballet of coordinated movements, working in synchrony to pass through the pharynx. For example, the epiglottis must close over the closed vocal cords, to protect the airway as the food and liquid passes to the esophagus.
 - Muscle tremor, rigidity, dis-coordination and fatigue all add risk to the swallowing process.
 - Literature and retrospective review confirm that medications for PD affect the effort and coordination required for safe swallowing – moving from safer to more risky as the medications wear off. Timing is essential to figure out the safest window of risk.
 - A thorough diagnostic and risk evaluation helps determine compensatory strategies that increase safety and reduce risk.
 - Identifying the textures of foods and liquids that are best handled throughout the entire meal, and day, are part of the evaluation.
- **The Cognitive System** is affected by the progressive disease process of Parkinson's, but may be one of the last to be recognized.
 - PD affects cognition with progression. However, on a day-to-day basis, just as in a non-PD Patient, reasoning and judgment vary with distraction, exertion, depression, and overall fatigue. Having PD increases the effect of these issues on safety.
 - Retrospective data and literature reviews discuss the effects of medications on reasoning and judgment, along with the differences of PD in women and men for daily cognitive functioning. A thorough evaluation provides vital baseline data.
 - Identifying the ability to make good decisions and understand the risks of certain foods and liquids, and remember specialized techniques that are vital to maintain good health and quality of life, are part of the DST process for managing dysphagia with PD.
- **The Respiratory System** is affected by the progression of Parkinson's Disease, and should be managed carefully for optimum health.
 - Literature places respiratory issues as the number one health concern of PD, and cautions that GERD and Aspiration are key.
 - The coordination of the vocal cord closing, epiglottis retroversion, squeezing of the pharynx, and opening of the upper esophageal sphincter, to push the food and liquid through to the esophagus ideally happens in just a few seconds.
 - The PD patient has to hold their breath for this list of coordinated movements to be completed safely.
 - The gastro-esophageal reflux, if present, has to stay out of the airway as it comes back up into the pharynx during this process.
 - A thorough evaluation of the respiratory system and the ability of the PD Patient to protect the airway with varying consistencies of foods, is vital to establishing safety techniques that work to increase safety and manage the dysphagia.

Why Should I Worry About Dysphagia?

- It isn't about 'worrying about dysphagia', rather it is about finding out where you are in the process, what you can do to be safer, and letting the professionals help so you 'don't have to worry'. DMS is committed to helping you learn how to live a more complication-free life!
- Knowledge is power, and with the comprehensive diagnostics that DMS has developed, we are empowering the Facility, Staff, Home Care Providers, Families, and Patients themselves to take control of their care. Improve your comfort, care and quality of life with DMS!