

What is Reflux Dysphagia?

- Reflux occurs when a dysfunctional esophagus sphincter muscle allows stomach juices to leak into the esophagus.
- PPIs stop stomach-acid production, which changes stomach chemistry and allows nonacid gastric juices— including bile—to flow into the esophagus without producing symptoms.
- While PPIs (proton pump inhibitors) reduce the symptoms of GERD, they create a low-acid environment in the stomach, producing a symptom free reflux of bile that increases the risk of cancer.
- 50% of reflux is silent and doesn't present with the classical heartburn and fire/burning sensation. Yet, it can still be causing chronic sinusitis, pharyngitis, cough, sore throat and other atypical symptoms such as sleep disturbance, chest pain, asthma and hoarseness.
- Obvious signs that you have reflux include congestion, pneumonia, choking, coughing, weight loss and dehydration.
- Subtle signs are wet-gurggly voice, throat clearing, fatigue, poor diabetes control, increase in COPD symptoms, loss of appetite, loss of eating interest, increase in allergy or asthma symptoms, sore throat, sinus symptoms or pressure in the ears or sinuses.
- Reflux can be related to not only medical conditions, but personal choices such as food choices, beverage choices and timing of meals.
- Increased risks for reflux include:
 - Obesity and increasing body-mass index
 - People who have a hiatal hernia also are at greater risk since they have shorter and weaker lower esophageal sphincters as well as other factors such as less effective peristalsis
 - High intakes of table salt and refined carbohydrates such as sweets and white bread as well as carbonated beverages may also increase the risk
 - Because caffeine decreases lower esophageal sphincter pressure and distal esophageal mean amplitude of contractions and peristaltic velocity, caffeine also can trigger reflux.
 - There's also a connection between GERD and certain drugs such as anticholinergics, antidepressants and inhaled bronchodilators
 - Body positioning while eating and sleeping

Why Did I Get Referred to a Speech Pathologist?

- Dysphagia (oropharyngeal, in the throat) is one of the most common complications for patients with GI issues. It can be managed!
- Up to 50% of patients do not realize that they are having reflux/GERD issues as they don't feel it, meaning that the symptoms of heartburn are silent.
- The presence of Dysphagia can intensify the swallowing difficulties following a GERD diagnosis, and should be managed effectively with a plan designed to keep the patient safe during this important time.
- In some cases, the dysphagia lasts for weeks, months, or even longer. Safety and management is key.
- Studies estimate that about up to 40% of patients have some degree of swallowing difficulty. Therapy may help you resolve your dysphagia (swallowing) issues.
- Identification of dysphagia can help the patient stay strong with reduced risk during recovery, as well as help the patient begin the rehabilitative path toward regaining their swallowing safety.
- Operationalizing your dysphagia management needs at home and into your daily life is a vital step in this process.
- Learning to manage your dysphagia so that it does not interfere with your life is the goal of speech therapy intervention.
- You may have been referred to a Speech Pathologist with dysphagia expertise for this rehab journey toward feeling better!

Common Names For Reflux

- GERD – gastroesophageal reflux disease
- Reflux esophagitis or esophageal erosions
- Extraesophageal reflux disease
- Supra-esophageal reflux disease
- Heartburn or erosive esophagitis
- LPR (Laryngopharyngeal reflux)
- Esophageal reflux or airway reflux
- Atypical reflux disease
- Barrett's esophagus
- Esophageal reflux
- Airway reflux
- Silent reflux

The Reflux Symptom Index is a published tool that can help you determine the effect that reflux may be having. RSI is a scoring tool that consists of nine items used to assess various symptoms associated with LPR (laryngopharyngeal reflux). Each item has a scale ranging from zero (no complaints) to five (severe complaints), with a maximum of 45 indicating the most severe symptoms. A score higher than 13 is considered abnormal and suggests that LPR may be an issue that warrants further investigation

Table 1: Reflux symptom index

Within the last month, how did the following problems affect you?	0 = no problem 5 = severe problem					
Hoarseness or a problem with your voice	0	1	2	3	4	5
Clearing your throat	0	1	2	3	4	5
Excess throat mucus or postnasal drip	0	1	2	3	4	5
Difficulty swallowing food, liquids, or pills	0	1	2	3	4	5
Coughing after you ate or after lying down	0	1	2	3	4	5
Breathing difficulties or choking episodes	0	1	2	3	4	5
Troublesome or annoying cough	0	1	2	3	4	5
Sensations of something sticking in your throat or a lump in your throat	0	1	2	3	4	5
Heartburn, chest pain, indigestion, or stomach acid coming up	0	1	2	3	4	5

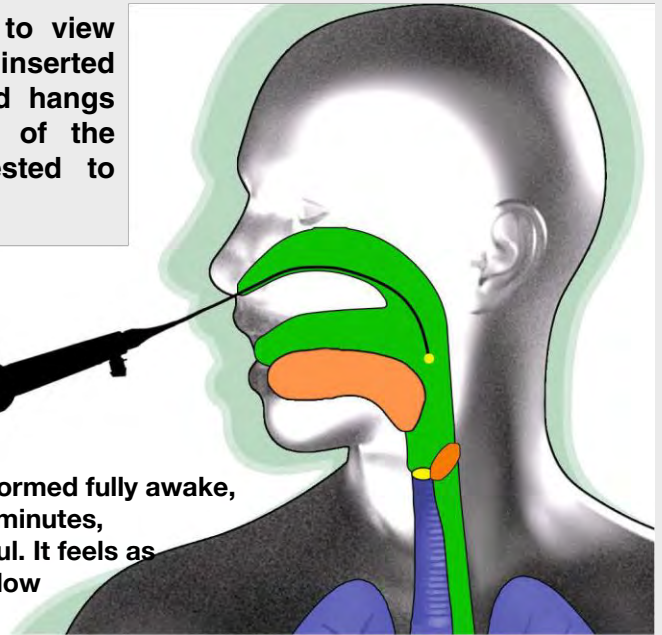
How Can My Swallow Be Evaluated With The Dysphagia Systems Test (DST)?

The DST utilizes a state-of-the-art fiberoptic endoscope to view the patient's swallowing mechanism. The small tube is inserted into the nose, along the bottom of the nasal canal, and hangs right behind the uvula, giving a clear full-color view of the swallow and anatomy. Food and liquid is then ingested to assess how it passes through the mouth and pharynx.

*Actual view of the DST



This test is performed fully awake, takes about 10 minutes, and is not painful. It feels as if you need to blow your nose.



What Will Happen Now That I Have Been Referred To The Speech Pathologist?

- **You have been referred, or are referring yourself** to a Speech Pathology Specialist. The next step in the process is that someone from DMS will be giving you a call to set up your pre-appointment paperwork screening. There will be a number of forms that will need your attention. Please be as specific as possible as the more information that is shared, the quicker the DMS Speech Pathology Specialist (SLP) can get you feeling better!
- **DMS will set up an initial diagnostic session** on their DMS Outpatient Teletherapy Portal. This allows you, from the comfort of your own home, to spend approximately an hour with the DMS SLP as they perform a comprehensive Speech, Language, and Dysphagia Evaluation. This is necessary in order to determine whether a DST is needed and/or therapy intervention is warranted.
- **After your first DMS Outpatient Teletherapy session**, you will be scheduled for your DST, if needed (it is not always needed). There is no preparation needed for this test and you can take your medication and eat and drink as you normally do. You should plan for an hour to complete the entire assessment. If there is a food or liquid that you are particularly worried about eating or drinking, you may bring a sample with you to test. Following the short DST, you will spend approximately another half hour with the SLP as they review the findings and make recommendations to manage your dysphagia (swallowing).
- **Following the DST**, your DMS SLP will set you up for therapy once per week, if warranted (It is not always needed). These therapy sessions are all completed on the DMS Outpatient Teletherapy portal which allows you to continue with your dysphagia management program from the safety and comfort of your own home. You will be given a program to keep you safe during those initial two weeks. Following these recommendations on food texture, liquid thickness and swallowing strategies as closely as possible will help you stay safe until your follow-up appointment.
- **How Does Tele-Therapy Work?** DMS schedules your time for you alone in one hour or 30-minute segments that are set aside for your diagnostics or therapy. DMS does not overbook to allow for no shows. As a result, DMS asks for 48 hour notice of cancellation, and you will be required to fill out a no-show/no call form that will assure that a cancellation fee is charged to your credit card to cover the cost of the professional's time in the event that you do not attend without notice. This will be reviewed in the first session and is included in your paperwork. DMS is always willing to work with you to find the best time to schedule your appointments, and providing DMS Teletherapy from the comfort and convenience of your home should help with this process!
- **How do I refer myself?** Simply call the DMS referral line or send an email to Referrals@DysphagiaManagement.com to start the process!
- **Am I committing to anything by contacting DMS?** Your only commitment is to exploring how you might begin to feel better. It's your choice at all times as to whether you continue with the process or not.