

# Jonathan Rosenfeld's Nursing Homes Abuse Blog

## Dysphagia In Nursing Home Patients May Contribute To Medical Complications Such As: Choking, Pneumonia Or Death

*Posted at 6:31 AM on April 1, 2010 by Jonathan Rosenfeld*

Elderly nursing home residents are at increased risk for a variety of dangerous conditions, diseases, and injuries. Even mealtimes can be dangerous, especially if you suffer from dysphagia (difficulty swallowing). Dysphagia can lead to dangerous food obstructions, aspiration of food into the lungs, pneumonia, or other upper respiratory infections.

People with [dysphagia](#) have difficulty swallowing and may be accompanied by pain. Dysphagia can vary in severity. If you suffer from only mild dysphagia, you might have to stop eating for a minute or two, especially if you do not chew your food well enough or eat too fast. However, severe dysphagia is a serious medical condition that could prevent you from consuming adequate calories, which can require medical attention or even a feeding tube.

The act of [swallowing](#) requires the coordination of about 50 pairs of muscles and nerves. When you swallow, your tongue pushes the food to the back of your throat (oropharynx), where muscle contractions move the food through your pharynx to the top of your esophagus, then past your windpipe into your esophagus, where sphincters (bands of muscles) open and close to let food

Jonathan Rosenfeld represents victims of nursing home abuse and neglect throughout the country. For more information please visit Nursing Homes Abuse Blog ([www.nursinghomesabuseblog.com](http://www.nursinghomesabuseblog.com)), Bed Sore FAQ ([www.bedsorefaq.com](http://www.bedsorefaq.com)) or call Jonathan directly at (888) 424-5757.

into your stomach. [ – picture of throat] [- diagram showing the act of swallowing]

Symptoms of dysphagia include: not being able to swallow, pain when swallowing, feeling as if food is stuck in your throat or chest, drooling, hoarseness, throwing up food, heartburn, unexpected weight loss, and coughing or gagging when swallowing.

### **Causes of dysphagia**

Dysphagia can be caused by many different conditions that interfere with swallowing. [Esophageal dysphagia](#) is difficulty passing food down the esophagus. It gives the feeling of food being caught in your throat or chest. This can be caused by:

- Achalasia – the lower esophageal muscle does not relax properly to allow food to pass into your stomach
- Aging – the esophagus loses muscle strength and coordination as you age
- Diffuse spasm – after you swallow, you experience multiple, high-pressure, poorly coordinated esophageal contractions
- Esophageal stricture – narrowing of the esophagus, which makes it easier for food to get caught
- Esophageal tumors
- Gastroesophageal reflux disease (GERD) – stomach acid backs up into your esophagus, which damages the tissue

Jonathan Rosenfeld represents victims of nursing home abuse and neglect throughout the country. For more information please visit Nursing Homes Abuse Blog ([www.nursinghomesabuseblog.com](http://www.nursinghomesabuseblog.com)), Bed Sore FAQ ([www.bedsorefaq.com](http://www.bedsorefaq.com)) or call Jonathan directly at (888) 424-5757.

- Eosinophilic esophagitis – overpopulation of cells in the esophagus
- Scleroderma – development of scar-like tissue, causing stiffening and hardening of tissues
- Radiation therapy – can lead to inflammation and scarring of the esophagus

Oropharyngeal dysphagia is difficulty emptying material from your oropharynx (back of the mouth) into the esophagus. It is caused by problems relating to your nerves and muscles which weaken your throat muscles, making it more difficult to swallow. This can be caused by:

- Neurological disorders – post-polio syndrome, multiple sclerosis (MS), muscular dystrophy, Parkinson’s disease
- Neurological damage – stroke, brain injury, or spinal cord injury can cause certain neurological damage
- Pharyngeal diverticula – a small pouch forms and collects food pieces in your throat
- Cancer

With some cases of dysphagia, there is no anatomical cause. This can present itself as difficulty taking oral medications or the sensation of a lump in your throat when no lump exists.

## Consequences of untreated dysphagia

- Severe dysphagia can lead to [malnutrition](#) and [dehydration](#) if you cannot eat enough food or drink enough liquids to stay healthy. Dysphagia can also lead to respiratory problems if food or liquid enters your airway. This can lead to respiratory problems and infections including [pneumonia](#) or [upper respiratory infections](#) (URIs).

Treatment of dysphagia is usually directed at the specific cause. However, if complete obstruction occurs, a doctor will perform an emergent upper endoscopy to see inside the upper GI tract. The doctor can then treat any masses or lesions, or even remove an impacted food mass. A barium x-ray can also be performed to allow the doctor to see changes in your esophagus and assess your esophageal muscles.

Some people who suffer from dysphagia benefit from changes in how they eat including changing head position, doing dry swallows, and doing strength and coordination exercises for the tongue. Some people with severe dysphagia require the use of a gastrostomy tube in order to receive adequate nutrition.

Older adults are particularly at risk for dysphagia

Dysphagia is more common in older adults because of decreased muscle strength, including the muscles in the esophagus. As many as [22%](#) of adults over 50 years of age suffer from dysphagia. The esophagus suffers normal wear and tear as you age, which can make swallowing more difficult. Also, older adults are more likely to suffer from conditions (listed above) that can make swallowing difficult, including stroke, Parkinson's disease, and cancer. Dysphagia

Jonathan Rosenfeld represents victims of nursing home abuse and neglect throughout the country. For more information please visit Nursing Homes Abuse Blog ([www.nursinghomesabuseblog.com](http://www.nursinghomesabuseblog.com)), Bed Sore FAQ ([www.bedsorefaq.com](http://www.bedsorefaq.com)) or call Jonathan directly at (888) 424-5757.

can potentially compromise an elderly resident's nutritional status, which increases the risk of aspiration pneumonia.

Because older adults have an increased risk for dysphagia and choking, nursing home staff should take extra care to monitor residents, who have a history of problems swallowing, during mealtimes. Staff members should also take the time to supervise chewing and swallowing exercises to encourage residents to take small bites, focusing on chewing and swallowing. This requires a great deal of supervision by nursing home staff, which might be difficult when numerous residents have dysphagia or trouble swallowing.

Dysphagia or difficulty swallowing can be a dangerous condition for elderly nursing home residents. This is because they often have weakened esophageal muscles, which makes choking more likely. It is important to notify nursing home staff if your family member has difficulty swallowing, so staff can closely monitor them during mealtimes.

*Special thanks to Heather Keil, J.D. for her assistance with this Nursing Homes Abuse Blog entry.*

Sources:

Medicine Net: [Dysphagia](#)

[National Institute on Deafness and Other Communication Disorders](#)

American Family Physician: [Evaluating Dysphagia](#)

Jonathan Rosenfeld represents victims of nursing home abuse and neglect throughout the country. For more information please visit Nursing Homes Abuse Blog ([www.nursinghomesabuseblog.com](http://www.nursinghomesabuseblog.com)), Bed Sore FAQ ([www.bedsorefaq.com](http://www.bedsorefaq.com)) or call Jonathan directly at (888) 424-5757.

American Speech-Language-Hearing Association: [Communication Facts: Special Populations: Dysphagia-2008 Edition](#)

Strellis & Field, Chartered

**Chicago Office**

444 N. Wells St., Ste 202

Chicago, IL 60610

Tel: 312.201.0000

**Belleville Office**

216 W. Washington Street

Belleville, IL 62226

Tel: 618.235.8701

**Waterloo Office**

115 East Mill Street

Waterloo, IL 62298

Tel: 618.939.3402

Jonathan Rosenfeld represents victims of nursing home abuse and neglect throughout the country. For more information please visit Nursing Homes Abuse Blog ([www.nursinghomesabuseblog.com](http://www.nursinghomesabuseblog.com)), Bed Sore FAQ ([www.bedsorefaq.com](http://www.bedsorefaq.com)) or call Jonathan directly at (888) 424-5757.