Learning disabilities dysphagia protocol for general practitioners

Prevalence and associated health risk

Eating, swallowing and nutritional problems have a high prevalence among people with learning disabilities. They can have serious repercussions including poor nutritional status, dehydration, aspiration and asphyxiation. They can be life threatening or lead to life threatening problems. Adults with cerebral palsy and those with severe intellectual and physical disabilities have a high incidence of dysphagia and patients with spastic quadriplegia are at particular risk of aspiration. Although there is limited research into people with learning disabilities who have dysphagia, there is evidence that successful management decreases risk.

History and potential symptoms that could indicate dysphagia

<table>
<thead>
<tr>
<th>Does your patient exhibit any of the following:</th>
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<tr>
<td>History of choking episodes</td>
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<td>Coughing during and/or after meals</td>
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<td>History of frequent chest infections/aspiration pneumonia</td>
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<td>Increased shortness of breath when eating or drinking</td>
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<td>Dysarthria</td>
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<td>&quot;Bubbly&quot;/gurgly/wet voice quality</td>
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<td>Failure to maintain weight</td>
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<td>Slow eating and/or refusing food</td>
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<td>Regurgitation</td>
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<td>Rushing and/or overfilling the mouth</td>
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<td>Distress at mealtimes or when drinking</td>
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Risk Factors

- Cerebral palsy/postural difficulties
- Severe and complex disabilities
- Previous history of CVA
- History of dementia/Mental health issues
- Polypharmacy

Suggested actions

- request a speech and language therapy dysphagia assessment
- conduct a simple physical examination of oro-pharyngeal cavity;
- review medication for drugs with sedative or cholinergic or dry mouth side effects;
- look for evidence of weight loss and malnutrition; Do a nutritional screen if possible and refer to the Dietetic service if appropriate;
- review texture of medication or drugs depending on choke/aspiration risk
- consider haematological/ biochemical/ radiological assessment including videofluoroscopy (this may be requested by the speech and language therapist);
- always consider co-existent or other pathologies;
consider other causes including oesophageal stricture with or without regurgitation;
Consider reflux and treat/refer for further investigation. Consider H pylori infection

Good practice

continually review the condition because it is likely to deteriorate with age. As necessary consider care planning for end of life.

consider quality of life issues such as continuing oral feeding on a multi-disciplinary basis and involve family members and carers when making decisions about care management;

consider consent issues. See the MENCAP website for guidance at www.mencap.org.uk;

take into account the individual’s level of comprehension and communications ability and tailor their management needs accordingly;

assess efficacy of swallow using the screening tool as part of any health check for people with learning disabilities;

see NICE guidelines on management of dysphagia at www.nice.org.uk
1 Kerr M. Primary Health Care and health gain for People with a Learning Disability. Tizard Learning Disability Review. 1998; 3: 6-14
8. Striking the right balance in ALD Lazenby-Paterson, T. Lesley Brown, L. Crawford, H. Royal College of Speech and Language Therapists Bulletin, Sept 2013