

# Pediatric Dysphagia

## What parents need to know By Lauren Greaves

**P**ediatric dysphagia is a swallowing and feeding disorder that can affect any part of the feeding process. Oral dysphagia refers to difficulty using the mouth, tongue or lips to control food or liquid. Pharyngeal dysphagia refers to problems in the throat that impede food going into the stomach and intestines.<sup>1</sup> While it is often caused by underlying health complications, medical conditions and disabilities, dysphagia occurs in 25% to 45% of normally developing children.<sup>2</sup>

The most common causes include:

- Complex medical conditions related to heart, lung and gastroesophageal diseases
- Oral sensory and motor issues
- Structural abnormalities, such as cleft lip or palate
- Neuromuscular disorders
- Prematurity
- Developmental disabilities
- Social, emotional and environmental factors<sup>1-2</sup>

It should also be noted that any condition a child has that weakens or damages the muscles and nerves used for eating and swallowing has the potential to cause dysphagia.<sup>1</sup>

There are many indicators that a child may be suffering from dysphagia. He may reject age-appropriate food and drink, or be unable to self-feed or use age-appropriate feeding utensils. He may eat only a limited diet and exhibit inappropriate behaviors at mealtime.<sup>2</sup>

The signs and symptoms of pediatric dysphagia can vary from child to child, but they often include:

- Difficulty breathing while feeding or

eating

- Coughing, choking or gagging during or after swallowing
- Crying at mealtimes
- Lack of responsiveness while eating
- Dehydration
- Inability to chew foods that are texturally age-appropriate
- Difficulty swallowing
- Trouble controlling secretions, such as drooling or salivating, unrelated to teething
- Detachment from food, such as turning away, facial grimaces, splayed fingers
- Frequent congestion
- Frequent respiratory illness
- Noisy or wet vocal qualities during or after feeding
- Unnecessarily long feeding times
- Refusing foods based on type or texture
- Taking very small amounts, or overstuffing the mouth
- Weight loss or lack of weight gain
- Vomiting<sup>2</sup>

If left untreated, dysphagia can have lasting results for your child. If food continues to get into the lungs (aspiration), he may be susceptible to upper respiratory infections and pneumonia. He may experience oral and food aversions, persistent dehydration that could require a feeding tube, rumination disorder, compromised pulmonary status and failure to thrive, due to poor nutrition and a lack of weight gain.<sup>1-2</sup> It's important to contact a physician and arrange for a pediatric swallowing/feeding assessment if your child is experiencing



any of these symptoms.

When it comes to managing dysphagia, your clinician may adopt a team approach that could include a dietitian, occupational therapist, psychologist, nurse practitioner or speech-language pathologist. There are numerous options to explore for therapy, depending on the nature and severity of your child's disability. Based on the problems your child is having, the goals of therapy will be:

- Enhancing the strength and coordination of the lips, tongue and jaw
- Eliminating certain food and drink aversions
- Lessening resistance to feeding
- Decreasing the risk of aspiration<sup>1</sup>

Treatment options for your child may range from strengthening exercises, sitting techniques and oral-motor therapy to surgical options.<sup>2</sup> The kind of specialized care required for your child will depend on the specifics of his disorder. Ultimately your healthcare team will work to ensure that your child learns to eat and drink properly and safely, is getting the necessary nutrients, and avoids any further complications or illnesses caused by dysphagia.

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### References:

1. Cincinnati Children's Hospital Medical Center. Feeding and Swallowing Problems (Dysphagia). <http://www.cincinnatichildrens.org/health/f/dysphagia/>.

2. American Speech-Language-Hearing Association (ASHA). Pediatric Dysphagia. <http://www.asha.org/PRPSpecificTopic.aspx?folderid=8589934965&section=Overview>.

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