Feeding and swallowing disorders in CP – Identification and management

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Focus ---

JSB CP dysphagia
Prevalence

- Ranges from 57 to 92%, varying by type of CP
  (Sullivan, 2000)

- Of 166 children with CP, 1% no dysphagia, 8% mild dysphagia, 76% moderate to severe dysphagia, & 15% profound dysphagia, resulting in 99% prevalence.

- Positively related to severity of motor impairment.

- Low frequency of parent-reported feeding problems indicates actual severity of dysphagia underestimated by parents
  (Calis et al., 2008)
Challenges --

Structure function

Environment

Delay vs deviant

Research gaps
Phases --

- Pre-oral
- Oral
- Esophageal
- Pharyngeal

Swallowing

JSB CP dysphagia
Characteristics

Exhibit one or more:

• Feeding and/or swallowing that is inappropriate

• Feeding and/or swallowing that is inadequate

• Feeding and/or swallowing that is unsafe

(Pearson, 2006)
Indicators

- CSS breathing incoordination
- Apnea
- Gagging/coughing during or after swallowing
- Aspiration
- Drooling
- Sudden deterioration in oxygen saturation
- Frequent throat clearing

- Irritable during feeding
- Food refusal
- Prolonged meal-time
- Unintentional weight loss
- Fatigue
- Depression/anxiety
Assessment

Objective

• Invasive
  • FEES
  • Video fluoroscopy

• Noninvasive
  • EMG
  • Cervical auscultation

Clinical

• Observation
• Questionnaires
• Tests
• Checklists
• Parental reports
• QOL
Goal of intervention

• Maximize safety, efficiency, & effectiveness of swallow
• Advance the feeding and swallowing skills and behaviors
• Optimize quality of life aspects associated with eating/drinking for person as well as care giver
Intervention --

- **Compensatory** Strategies – Assist in successful feeding in the presence of disorder

- **Facilitatory** Strategies – Encourage and/or develop typical feeding skills (Hall, 2001)
Pre-feeding observation

- Posture and movement
- Alertness, reaction to people/surrounding
- Awareness of and control of secretions
- Cognitive/communicative status
- Auditory & visual acuity
- Caregiver interaction
Success
Remember --

- At birth, the neural circuitry involved in coordinating voicing, swallowing & breathing is generally well developed

- Early assessment and stimulation of the swallowing function should be a common element in the rehabilitation and care of persons with CP
• Feeding is an important ‘bio-psycho-socio-emotional’ process that involves person, their caregivers, and a host of other factors

• Dysphagia intervention is more than just the swallowing

• Dysphagia complaints changes over time
CP dysphagia is not
Thank you