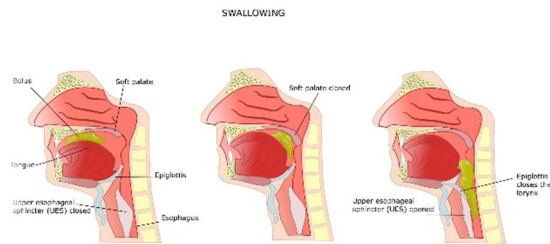


# Student Worksheet: Dysphagia



## Part 1: speaking

Discuss questions 1–3 with your partner or group.

1. What is dysphagia?
2. What are the causes of dysphagia?
3. How can dysphagia be treated?

## Part 2: reading

### A. Read about dysphagia and compare your ideas in Part 1 to the text.

*Dysphagia* is a medical term meaning *difficulty swallowing*. It comes from the Greek prefix *dys* meaning *bad or disordered* and *phago* meaning *eat*. Dysphagia symptoms may be mild to severe. The most common symptoms are coughing and choking. Many people often feel as if the food is sticking in the back of their throat when they swallow.

Stroke and other brain injuries are the main causes of dysphagia. Dysphagia makes eating, drinking, taking medicine and breathing difficult. Unfortunately, more than 70% of people who have had a stroke experience dysphagia at some point after the stroke.

Dysphagia is distinguished from other swallowing difficulties including:

- odynophagia or painful swallowing - caused by an oesophageal abnormality
- globus sensation or the feeling of having a lump in the throat despite no lump being present
- phagophobia or the abnormal fear of eating

Deglutition, or the process of swallowing, helps to pass food and liquid from the mouth to the pharynx into the oesophagus and through to the stomach. If the epiglottis fails to close over and the food or fluid goes into the trachea, aspiration or choking can occur. Choking is controlled by the swallowing or gag reflex.



The gag reflex is the contraction of the back of the throat caused by touching the roof of the mouth, the back of the tongue, the area around the tonsils and the back of the throat. The most common treatment for dysphagia is swallow therapy. Swallow therapy includes exercises for the tongue, lips, throat and mouth. Speech and Language Therapists teach exercises to help relax and strengthen the muscles of the mouth and throat. They also work with different food textures and temperatures to increase oral awareness during mastication and swallowing.

**B. Complete sentences 1–8 with the words and phrases in the box.**

difficulty	entering the trachea	fear of swallowing	feeling a lump
into the lungs	lip and tongue	normal swallowing	pain

1. The term *dysphagia* comes from *dys* meaning \_\_\_\_\_ and *phagia* meaning *to eat*.
2. The term *odynophagia* comes from *odyne* meaning \_\_\_\_\_ and *phagia* meaning *to eat*.
3. The *globus* sensation describes the sensation of \_\_\_\_\_ or small obstruction in the throat without a physical cause.
4. The irrational \_\_\_\_\_ food is called *phagophobia*.
5. Another term for the \_\_\_\_\_ and propelling of a bolus of food from the mouth to the stomach is called *deglutition*.
6. The epiglottis prevents food and fluid from \_\_\_\_\_ and causing a person to aspirate.
7. Aspiration of food or fluids \_\_\_\_\_ is dangerous because it may cause a severe chest infection.
8. Speech and language therapists massage the face and teach patients \_\_\_\_\_ exercises to encourage the swallow reflex.

**Part 3: listening**

▶ **Watch a video about problems with swallowing and the water test. Answer questions 1–8.** [Problems with swallowing An introduction to the Water Test](#)

1. How long should a water test be done after someone has had a stroke?
2. What are possible signs of aspiration?
3. If you suspect aspiration, what should you do?
4. During the test, how long should the patient take to drink a glass of water?
5. What food can the patient eat if the test is successful?
6. How long should you supervise patients for?
7. If there are concerns, what should you do?
8. If there are no concerns, what can you do?