

“I have had sushi, chips, scallops, muffins, raw tuna...”

Seafood and Eat it Too: A Patient-Clinician Collaboration of Dysphagia Management in Multiple Sclerosis

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Introduction

Swallowing difficulties (dysphagia) affect 30-58% of people living with MS (Calcagno et al., 2002, Aghaz et al., 2018). Aspiration pneumonia is a recognised consequence of dysphagia and a known cause of morbidity and mortality (Poorjavad et al., 2010). Speech and Language Therapists work alongside dysphagic patients in order to reduce associated risks while avoiding unnecessarily restrictive recommendations such as advice to remain nil-by-mouth.

Background

A 42 year old female with secondary progressive MS presented to her neurologist expressing a desire to return to oral intake following a recent inpatient stay with aspiration pneumonia. A gastrostomy was placed following her admission and the patient recommended to remain nil-by-mouth. The neurologist referred her to the SLT MS outpatient clinic.

Intervention

- Thorough clinical history taking and review of previous SLT intervention
- Liaison with MS specialist neurologist
- Clinical swallow assessment
- Videofluoroscopy (swallow X-ray)
- Patient centred discussions regarding oral intake
- Follow-up phone call with patient

Outcome

The patient has returned to eating 3 meals a day. She chooses soft/moist foods, and reports enjoying the social aspect (meals with her husband, takeaways etc.). She developed 1 chest infection however, she continues to wish to eat, given the positive impact on her quality of life.

Discussion & Conclusion

This case study highlights the need to provide care that is motivated by patients wishes. This patient's determination to return to eating was pivotal in her receiving the repeat assessment she required, which enabled her to return to oral intake.

This case demonstrates the importance of weighing up the risks and benefits in dysphagia management. It is essential to consider quality of life when making long-term decisions regarding eating and drinking. In this case, the patient deemed the impact of a long-term nil-by mouth recommendation and associated poor quality of life as more significant than the small risk of aspiration. With input from SLT she was able to weigh-up the risks and benefits, and emphasised the importance of maintaining her quality of life.

Many MS patients experience fluctuating dysphagia, associated with relapse and recovery. Those who have become acutely unwell with infections can experience a decompensation of their dysphagia. Clinicians should be mindful of the timing of dysphagia assessment. In this case, a long-term decision was made immediately following an in-patient stay with aspiration pneumonia. Timely follow up assessment captures the variability of dysphagia. When patients demonstrate positive physical recovery, clinicians should consider if there has been an improvement in dysphagia.

Videofluoroscopy images



Swallow on solid diet. Nil aspiration observed intra-swallow.



Post-swallow, nil pharyngeal residues or aspiration.

References:

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