

# Trouble Swallowing?

## You're not alone!

1 in 25 adults and up to 30% of adults aged 65+ experience swallowing difficulties



If you find it difficult to swallow most of the time, you may have a swallowing disorder – also known as **dysphagia**.

Unaddressed swallowing disorders can lead to serious health concerns including malnutrition, dehydration, lung infection, or death.

## Dysphagia: difficulty swallowing food, liquid, saliva, or medication

Common **red flags** include:

- Wet or gurgly sounding voice immediately after swallowing
- Needing extra time to chew or swallow
- Coughing, throat clearing, or choking during or after swallowing
- The need for smaller bites or sips

Dysphagia is not a disease, but it can be a symptom of various health problems including **stroke, brain injury, dementia, ALS, COPD, Parkinson's disease, cancers, and more.**

If you are concerned about swallowing difficulties, an assessment is an important first step toward understanding your condition and exploring treatment options.



### Aging Swallow Research Lab

The Aging Swallow Research Lab studies how and why swallowing difficulties occur with age and illness. If you have trouble swallowing or care for someone with swallowing difficulties, you may be eligible to participate in one of our studies.

If you are interested in being a study participant, contact us at **289-426-0843** or [macasrl@mcmaster.ca](mailto:macasrl@mcmaster.ca)

For more information about the lab, please visit [agingswallowlab.healthsci.mcmaster.ca](http://agingswallowlab.healthsci.mcmaster.ca)

# Assessments



## Self-assessment & referral

To determine if you are at risk of a swallowing disorder, you can conduct a self-assessment online (and printed in this packet!) using the [Eating Assessment Tool \(EAT-10\)](#).

An EAT-10 score **higher than 2** indicates you are at risk of dysphagia. Bring the results to your doctor and request a referral to a [speech-language pathologist](#) for further assessments.



## Treatment & support

### Who is involved?

- A [speech-language pathologist](#) can assess and treat *dysphagia* by developing personalized strategies to make swallowing easier and safer. They may recommend a swallow x-ray or scope test to see what is happening inside
- A [nurse](#) can provide direct patient care and monitoring
- A [dietician](#) can manage nutrition needs and dietary plans
- A [family caregiver](#) can offer support and assistance at home

For additional support, each month the Aging Swallow Research Lab runs a [free, virtual support group](#) for Canadian individuals with swallowing difficulties and their caregivers!

Information will be shared on our social media pages:



@ASRL.McMaster



/McMasterASRL



Check out our website for more information and resources:  
[agingswallowlab.healthsci.mcmaster.ca](https://agingswallowlab.healthsci.mcmaster.ca)



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# Actionable Tips

Recommendations for preventing dysphagia complications

## Take Your Time



Eat slowly, take small bites and sips, and don't rush.

## Good Oral Care



Brush teeth, dentures, and tongue at least twice daily. Rinse the mouth after meals to clear food and reduce bacteria.

## Positioning



Keep head and neck in a comfortable, neutral position (avoid leaning back).

## Watch for Signs



Frequent coughing, throat-clearing, or a wet/gurgly voice after eating may signal swallowing problems – tell a healthcare provider.

Sit as upright as possible (in a chair or supported in bed) while eating and for at least 30 minutes after.



## Sit Upright

Avoid talking while chewing or swallowing, and reduce distractions (e.g., TV, talking).



## One Thing at a Time

Choose moist, easy-to-chew foods when possible, and take sips of liquid to between bites.



## Food Adjustments

Only eat or drink when awake and alert; avoid eating if overly tired, drowsy, or distracted.



## Stay Alert

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