



Dysphagia and eating, drinking and swallowing needs overview

Key points

Dysphagia describes eating, drinking and swallowing difficulties in infants, children and young people and adults

It often occurs with other health conditions, such as being born prematurely, having learning disabilities, dementia and stroke

It may also affect the person's quality of life, as eating and drinking is important for social life

If not treated appropriately, dysphagia can lead to other health complications and in worst case can result in death

Speech and language therapists play a key role in the identification and management of dysphagia

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What is dysphagia?

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What is dysphagia?

Role of speech and language therapy in dysphagia

RCSLT work on dysphagia

Eating, drinking and swallowing competency framework

International Dysphagia Diet Standardisation Initiative (IDDSI) Framework

Resources

Related topics

Key organisations

content.

Dysphagia describes eating, drinking and swallowing difficulties in infants, children and adults. People with dysphagia often have other health conditions that they are being treated for, which can affect their eating, drinking and swallowing abilities.

Infants, children and young people

Dysphagia in infants, children and young people can be associated with a number of different conditions:

being born prematurely

neurological deficits, eg acquired traumatic brain injury or Rett syndrome

oncology/tumours

cerebral palsy

infectious diseases, eg meningitis

neuromuscular disorders, eg muscular dystrophy

respiratory difficulties, eg chronic lung disease,

cardiovascular disorders, eg congenital heart disease

gastrointestinal difficulties, eg gastro-oesophageal reflux

craniofacial conditions eg cleft palate, Pi Robin sequence

congenital syndromes, eg Prader-Willi, Down's syndrome





learning disability

In some combinations, children may experience dysphagia when transitioning into adulthood.

The size of the problem

Infants, children and young people with neurodisability and those born prematurely are most likely to be at risk of dysphagia. However, feeding difficulties also occur in typically developing children.

Recent research has found the incidence of feeding difficulties is:

between 25-45% in a typically developing paediatric population

between 31-99% for children with cerebral palsy

between 21-44% for children with general neurodevelopmental disabilities

between 26.8-40% of infants born prematurely

between 68-72% of children with acquired conditions during the acute phase of care.

For references to these statistics, see our [Giving Voice factsheet](#) on supporting infants, children and young people with feeding and swallowing difficulties.

Adults

Dysphagia in adults can occur as a result of the following medical problems:

neurological disorders, eg stroke, dementia, Parkinson's Disease, motor neurone disease, multiple sclerosis, progressive supranuclear palsy, Guillain-Barré syndrome, brain tumour,



subarachnoid haemorrhage, Wilson's disease, Polyneuropathy, or head injury

head and neck cancer, eg laryngeal cancer

oncology, eg lung cancer

cardiopulmonary disorders, eg chronic obstructive pulmonary disease

autoimmune disorders, eg HIV, lupus, rheumatoid arthritis

connective tissue disorders, eg scleroderma

general medical disorders, eg UTI

disorders associated with the elderly, eg cervical osteophytes

disorders caused by trauma, eg smoke inhalation

vascular disorders, eg Bechet's disease

swallow disorders as a result of surgery, eg base of skull surgery, thyroid surgery, or tracheostomy

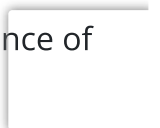
ventilator dependent individuals, eg post-extubation related dysphagia

drug related causes, eg long-term use of some anti-psychotic medications

psychogenic causes

The size of the problem

As dysphagia often happens at the same time as other health conditions, it is difficult to be precise about the prevalence rate. However, research has found the following rates of prevalence and incidence of dysphagia is:



between 50-75% of nursing home residents

between 50-60% of head and neck cancer survivors

between 40-78% of stroke survivors – of those with initial dysphagia following stroke, 76% will remain with a moderate to severe dysphagia and 15% with profound dysphagia

48% of patients undergoing cervical discectomy and fusion

33% of the people with multiple sclerosis

27% of those with chronic obstructive pulmonary disease

10% of acutely hospitalised older people

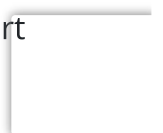
5% of adults with a learning disability, 5% of community-based individuals with learning disabilities and 36% of hospital-based individuals.

For references to these statistics, see our [Giving Voice factsheet](#) about people with swallowing difficulties.

Elderly people may experience difficulty eating, drinking and swallowing due to the loss of muscle mass and strength, as a normal part of the ageing process. This is called sarcopenia and is separate from dysphagia. However, the treatment of it may be similar.

Can dysphagia be treated?

Treating dysphagia depends on what underlying condition or conditions a person may have. Some people experience dysphagia for only a short



period of time. Others might have it for a longer period of time.

If dysphagia is not treated appropriately, it can result in:

choking

pneumonia

chest infections

dehydration

malnutrition

weight loss

It can also make taking medication more difficult and result in hospital admissions. In the worst cases, dysphagia can result in death.

Many of these instances can be avoided if the dysphagia is treated timely and appropriately.

As well as medical complications, dysphagia can also lead to a poorer quality of life for the individual and their family. This may be due to embarrassment and lack of enjoyment of food, which can have profound social consequences.

It is important that the treatment of dysphagia is multidisciplinary to ensure safe and effective outcomes.



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