

## INTRODUCTION

Hi and welcome to the Cerebral Palsy Foundation's ParentWise Podcast series. I'm Robyn Cummins.

Sharing mealtimes with family and friends is an important part of our culture and of socialising with others.

Yet, up to 70% of children with a physical disability have difficulties with eating and drinking.

Today, speech pathologist, Sudi Veerabangsa, takes us through the types of mealtime difficulties that people with a disability may experience, she'll explain what dysphagia is and outline some of the most important elements for making mealtimes more enjoyable for everyone.

## WHY MEALTIMES ARE SO IMPORTANT

Hi, I'm Sudi Veerabangsa.

I've worked for many years with children with cerebral palsy and their families providing information and support around mealtimes.

Safe and enjoyable mealtimes are an important part of everyone's lives for good health and wellbeing.

Some eating and drinking difficulties may mean that a child's calorie and nutritional intake is restricted, which can affect growth and development.

Other difficulties can result in dehydration, malnutrition, coughing, choking or food and fluid entering the airways and lungs instead of the stomach. This is also known as aspiration and can lead to infection and pneumonia.

Creating a safe and enjoyable mealtime, where your child is encouraged to participate as much as possible, has many benefits. You can help encourage your child to understand mealtime routines and can also encourage them to communicate their preferences and feelings.

You can also help your child become familiar with what is expected of them and educate carers assisting them.

A safe and enjoyable mealtime can help stimulate appetite and get your child interested in mealtimes so that they are more likely to be happier to co-operative, socialise and enjoy the routine of mealtimes.

Difficulties with mealtimes can be related to your child's level of disability and cognitive awareness. Neurological conditions such as cerebral palsy or congenital and hereditary syndromes such as Down syndrome may alter reflexes and sensation during mealtimes.

Disorders of the stomach and intestine such as reflux can also have a significant impact on digestion and enjoyment at meals.

Your child may also be having problems with the anatomy and function of the muscles needed for swallowing or maintaining correct positioning.

Behavioural issues, difficulties with feeding oneself, or limited carer assistance and support can also impact mealtimes.

## SWALLOWING AND DYSPHAGIA

Swallowing is a complex, coordinated function involving many nerves and muscles in the mouth, neck and oesophagus (which is the tube to the stomach).

The eating and drinking process can be described in stages.

Firstly, food or liquid is placed in the mouth, and prepared for swallowing. This can include biting, chewing and moving the food or fluid around the mouth using the tongue.

The lips and tongue form a seal to prevent spillage. Next, food or fluid is pushed to the back of the tongue where the swallow reflex is triggered.

The soft palate (or the soft back part of the roof of the mouth) seals off the nasal cavity and the epiglottis (which is a flap of cartilage) closes over the opening to the airway.

When the airway is sealed, the food and liquid is moved into the throat, down the oesophagus. Finally the food or liquid is pushed down to the stomach for digestion by wave like muscle movements.

Dysphagia is the term given to swallowing disorders. Dysphagia occurs when there is a problem with the normal ability to swallow food and or liquids.

Dysphagia can occur suddenly as a result of an injury, accident, stroke or disease and can be temporary, permanent or degenerative (where the difficulties become progressively worse).

Some people with dysphagia have been born with a disability or acquire it shortly after birth, such as cerebral palsy.

Any disease or injury that directly affects the muscles of the mouth, causes damage to the brain, or causes impairment to the swallowing mechanism, may result in Dysphagia.

There are many signs that a person might have Dysphagia.

For example, difficulties biting, chewing and manipulating food in the mouth, drooling or poor sensation or control of the muscles of the face, mouth and tongue, can indicate that your child has mealtime difficulties.

Likewise, if your child spits or spills food or drink, or takes longer than 30 minutes to eat a meal, or refuses to eat or drink altogether, then this can also indicate difficulties.

Swallowing can be particularly difficult for children who have Dysphagia. They may have difficulty initiating a swallow or coordinating breathing and swallowing. Some children may avoid swallowing, or pocket of food at the sides of the mouth, or taking multiple swallows to clear food and fluid.

Some children may struggle with certain food and fluid textures and they may experience the sensation of food going down the wrong way, which in turn may lead to a lot of coughing, spluttering or gagging at mealtimes.

If food or drink isn't swallowed properly your child may have a wet, gurgly voice or alternatively they may experience nasal regurgitation – this is where food or liquid stays in the nasal passageways – and the child may frequently sneeze during mealtimes.

Ultimately, Dysphagia can have an ongoing impact on your child's health. They may lose a lot of weight or fail to grow well. They may also have recurrent chest infections or temperature changes and frequently experience gastric reflux or vomiting.

So what can parents do to alleviate some of these issues associated with Dysphagia and make mealtimes easier and more enjoyable for everyone?

Well, you can find out in Part 2 of this podcast.

## CLOSE

Thanks for listening. We hope you've found these strategies and ideas useful.

This podcast is for general information only and does not constitute professional advice - please consult with your speech pathologist or relevant health professional before using or relying on any information provided here.

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