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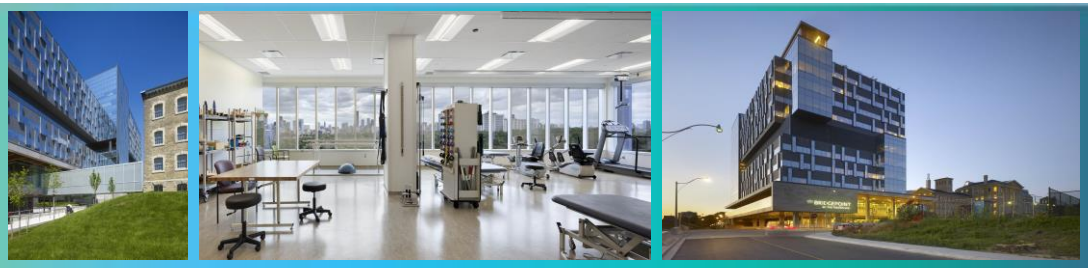
Swallowing, Diet and Communication after a Stroke



Bridgepoint Stroke Education Series

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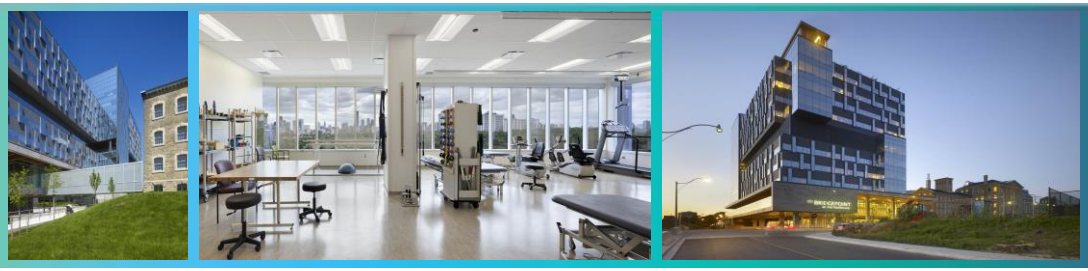
Swallowing



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Learning Objectives

- Describe the role of SLP in assisting stroke patients
- Define dysphagia and identify problems it can create
- Give examples of safe swallowing and feeding strategies

Speech-Language Pathology (SLP)

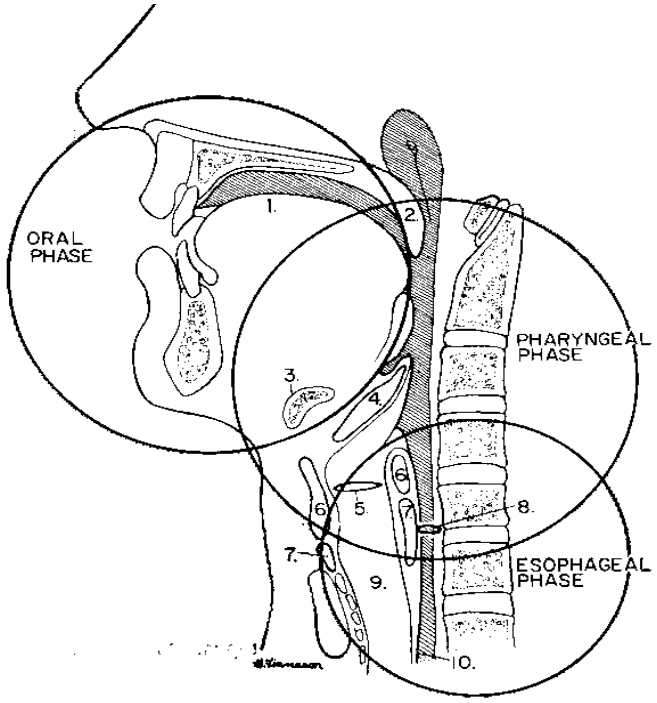
How does an SLP help stroke patients?

- Assessment and treatment of swallowing disorders (Dysphagia)
- Assessment and treatment of speech/language and cognitive-communication disorders

How Does a Normal Swallow work?

There are **4 stages** in a normal swallow:

1) Oral Preparation
2) Oral Stage
3) Pharyngeal Stage
4) Esophageal Stage



http://www.youtube.com/watch?v=jK1o3LSQmB0

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What is dysphagia?

A disturbance in the normal preparation and transfer of food from the mouth through the throat and esophagus to the stomach

http://www.youtube.com/watch?v=MrbEUDO6S5U

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What happens in Dysphagia?

- Difficulty chewing and pocketing of food
- Slow or uncoordinated swallow
- Food spilling into the throat too quickly

- Modified textures (puree, minced, soft)
- Modified textures, thickened fluids, swallowing strategies
- Coughing or choking; may lead to chest infection (pneumonia)

****** multiple difficulties with swallowing may result in NPO (no food by mouth) and a feeding tube**

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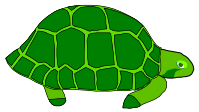
Safe Swallowing/Feeding Strategies

- Feed slowly



- Use a teaspoon (small amount)

- Sitting upright in chair or bed (during and 30 minutes after the meal)

- Daily oral care

****** Refer to patient-specific strategies posted at bedside**

http://www.youtube.com/watch?v=6urEz2ynTnk

http://www.youtube.com/watch?v=UYBb4PrCTJk

Special considerations

- Ensure patient is wearing their dentures and/or hearing aids, glasses
- Be aware of the possible impact of meds (decreased saliva, reduced alertness, et.)
- Minimize distraction and agitation
- Maximize independence

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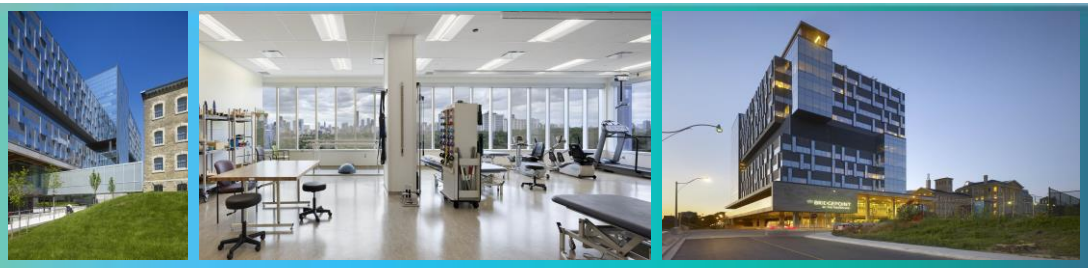
Dietary Interventions in Stroke Prevention



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Learning Objectives

- Describe how a registered dietician helps stroke patient
- List 5 stroke rick factors that can be modified by the foods we eat
- Give examples of ways to reduce salt intake
- Give examples of ways to increase good cholesterol and decrease bad cholesterol
- Give examples of ways to increase fibre intact
- State the benefits of maintaining a healthy weight

Role of the Registered Dietitian

- Assessment and promotion of optimal nutrition in a safe and effective manner
- Prevention of further disease/illness or infection
- Increased health and well being

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Modifiable diet related risk factors for stroke

- Hypertension or high blood pressure
- Dyslipidemia (eg High Cholesterol)
- Diabetes Mellitus, Type 2
- Overweight/Obese
- Excessive alcohol intake

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Dietary intervention for Secondary Stroke Prevention

- Decrease salt (Na) intake
- Decrease fat intake
- Increase fiber intake
- Have adequate fluid intake
- Manage diabetes/blood sugar
- Manage weight
- Restrict alcohol use

Excess salt intake can increase blood pressure

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Suggestions to reduce salt intake

Aim to have less than 1500mg salt per day

- Read nutrition labels. Look for a lower % of daily recommended salt intake
- Hidden salt: soy sauce, sodium bicarbonate, preserved meats, pretzels, salted nuts and snacks, fermented items like pickles, fish sauce, etc.
- Use herbs and spices instead of salt in cooking (e.g. lemon, parsley, basil, etc.)
- Avoid using salt shaker on the table
- Avoid eating processed food
- Before taking any salt substitute, talk to your doctor about possible interactions with other medications

Suggestions to limit fat intake

Fat- excess fat intake can promote plaque build up in blood vessels

- Limit cholesterol intake to <300mg/day. This can be done by limiting intake of organ meats, saturated fats (animal fats), hydrogenated fats (lard, butter)
- Avoid deep frying food; instead broil, bake, steam, poach food
- Trim excess fat when cooking meat.

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A few more points about fat

HDL = good cholesterol

It transports cholesterol away from the blood vessels and takes it back to the liver for further breakdown

LDL = bad cholesterol

It deposits itself in the blood vessels potentially narrowing or forming clot

A few more points about fat

How to increase HDL?

- Increase intake of soluble fibers (e.g. oats, beans, legumes)
- Increase activity level
- Increase mono/polyunsaturated fats (e.g.use canola or olive oil, use fish vs. meat as protein)
- Decrease saturated fat intake (e.g. fatty meat, processed food, deep fried items)

A few more points about fat

How to decrease LDL

- Decrease use of animal fats and fatty meats (e.g. organ meats, fat on meat, skin on poultry, etc.)
- Decrease use of saturated/hydrogenated/trans fats (e.g. coconut oil, shortening, deep fried foods, etc.)
- Use nuts as a snack (snack moderately)

How to increase fiber intake

Aim for >25 grams per day

- Eat more Whole Grains (brown bread/pasta, brown rice, barley, quinoa, etc.)
- Eat more legumes (lentils, chick pea, etc.)
- Eat more Vegetables and Fruits (5-10 servings/d)
- Ensure you have adequate fluid with increased fiber intake.

Fiber helps improve HDL and promotes regularity

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Diabetes management

Manage blood sugar for healthy blood vessels

- Treatment of your diabetes should be individualized
- Ask your health care practitioner how to best manage your sugar to prevent complications

Weight Management

What is healthy weight?

- BMI of 20-25 (BMI is correlation between height/weight)
- Waist Circumference of:
  <40 inches or < 102 cm for men
  <35 inches or 85 cm for women
- Waist to Hip Ratio of
  0.7 for Women, 0.9 for Men
- 1-2 lbs. a week is a healthy weight loss

(talk to your Health care provider if you think you need to lose weight)

Healthy weight decreases risk of diabetes, helps control HTN, etc

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Alcohol affects brain recovery

- If you are planning to consume alcohol, consult your DOCTOR
- Alcohol intake can impact brain recovery and may interact with some medication

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Getting Dietary Assistance:

At Bridgepoint:
Speak to your unit dietitian if you need assistance

In the Community

EatRight Ontario (OHIP covered consultations with registered dieticians 1-877-510-2-510 or ontario.ca/eatright

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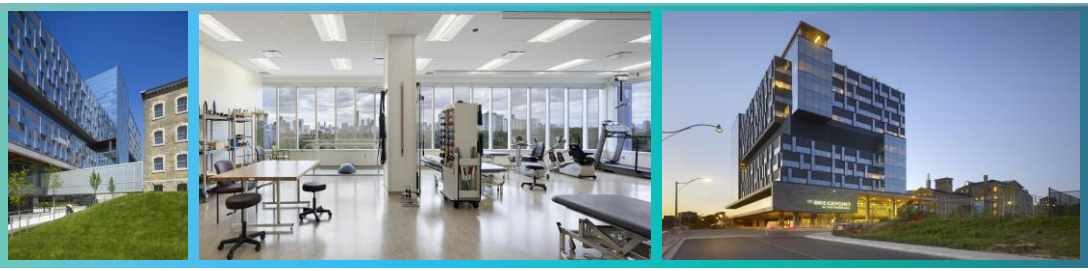
Communication after a Stroke



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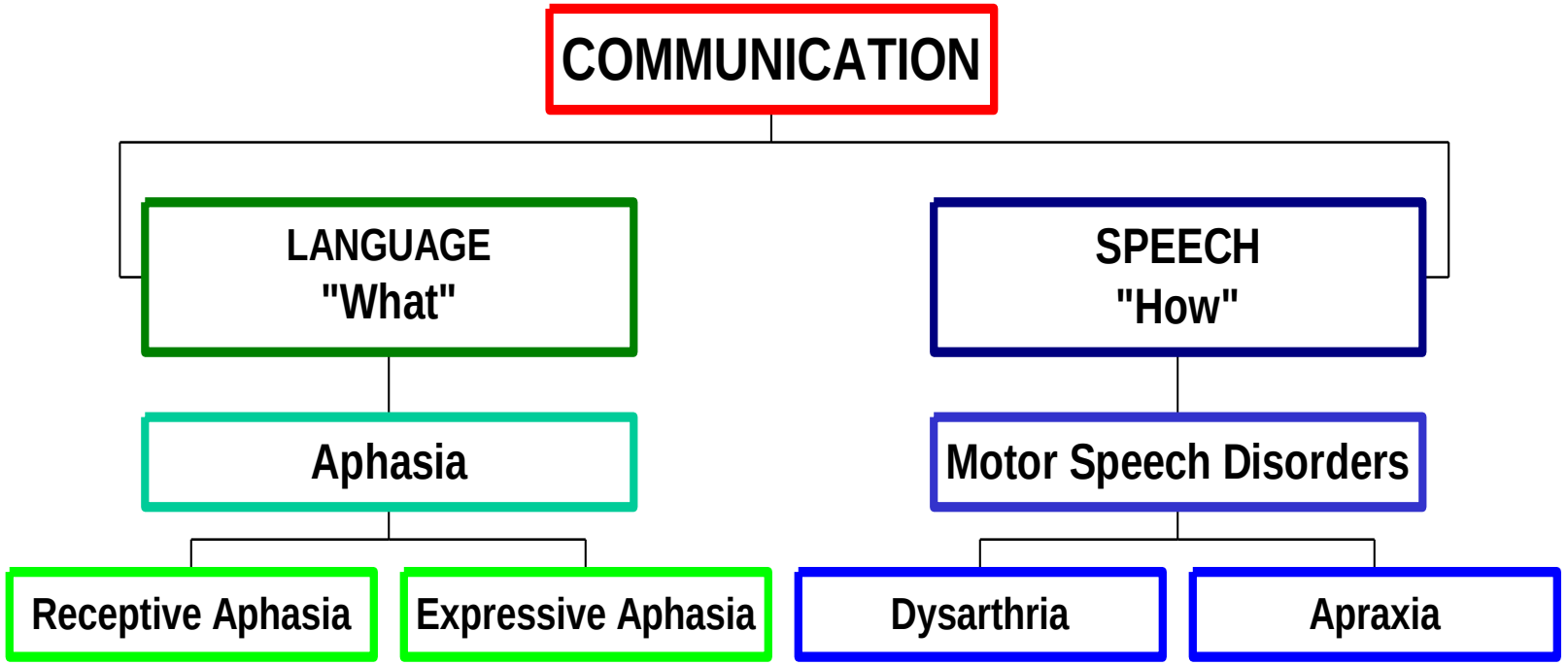
Learning Objectives

- Define communication
- Name two types of motor speech disorders
- Define aphasia and describe the problems it can create
- Provided examples of how to get messages IN and OUT with patients who have aphasia
- List 5 cognitive functions that can be affected by stroke and affect communication

What is communication?

It is the act of transferring information through verbal messages, the written word, or more subtle, non-verbal signals



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Motor Speech Disorders: 2 Types

Dysarthria

- Change in **muscle strength** and **tone**
- Speech may sound **slurred**, **soft**, unusually fast or slow
- **Speech errors** are usually the same from beginning to end

Apraxia of speech

- Difficulty with **coordinating** speech movements
- Speech sounds **halting**, with frequent **pauses** and **re-starts**
- Parts of the sentence may be fine
- Errors in articulation are very **inconsistent**
- Could be so severe that **no sound** can be produced

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What is Aphasia?

- An acquired language disorder caused by an injury to the brain, which affects a person's ability to communicate

- An individual with aphasia may experience difficulty expressing themselves when speaking, difficulty understanding the speech of others, and difficulty reading and writing.

http://www.youtube.com/watch?v=GW-TDmQMTVc

http://www.youtube.com/watch?v=eEH2HoyTSWE&list=UUv_jyEzH8SKz2bA9O-V3_2Q

http://www.youtube.com/watch?v=HBx7g1u4las

Language Disorder: Aphasia

Message IN

- Understanding
- Reading

Message OUT

- Talking
- Writing

☹ Inability to get your message across

☹ Extreme frustration with continued attempts to verbalize

☹ Constant need to repeat because people have difficulty understanding

☹ Social isolation

The Consequences:

Getting the message IN

- ☑ Reduce distractions (e.g. turn off television, radio).
- ☑ Use appropriate tone. Do not 'talk down' to the person
- ☑ Establish topic of conversation; inform of topic changes
- ☑ Use simple language with pauses between sentences; speak slowly; repeat/rephrase information as needed
- ☑ Pair your speech with gestures and use real objects; write down key words and/or draw pictures
- ☑ Use a personalized communication board or device when speaking

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Getting the message OUT

- ☑ Acknowledge competence
- ☑ Encourage all forms of communication (e.g. pointing, gestures, writing, drawing, communication board or device)
- ☑ Acknowledge what you understood; do not pretend to understand
- ☑ Ask questions to determine the message:
  - yes/no questions
  - avoid "who, what, where, why" questions
  - ask one question at a time and allow time to respond
  - start with broad questions and become more specific
  - provide choices (verbal or written)
- ☑ If the message is not understood, ask the person if you can try again later.

Cognitive-Communication

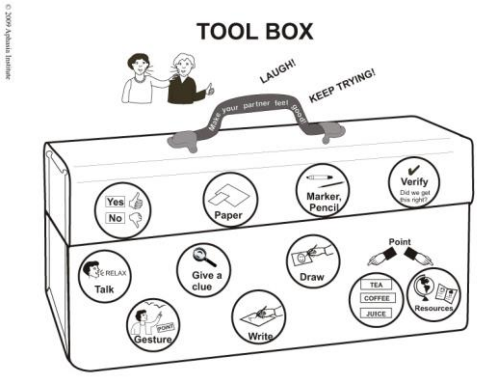
Attention:
the ability to concentrate

Memory:
the ability to remember

Problem-Solving and Verbal Reasoning:
the ability to think or reason about things; decision making

Information Processing:
the ability to make sense of information that is heard/read

Executive Functioning:
the ability to plan, initiate, complete, and oversee goal-directed behavior; ***coordinates attention, memory, and problem solving abilities to function creatively, competently, and independently***



For more information on Aphasia please visit
www.aphasia.ca

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