

Drugs and Dysphagia

A large percentage of patients receiving care in healthcare facilities take one or more drugs that may induce dysphagia by affecting motor function, oral/pharyngeal lubrication or gastrointestinal motility. A variety of symptoms may be evident such as sedation, parkinsonism and tardive dyskinesia, xerostomia, and mucosal injury. Screening and monitoring for dysphagia in patients who take such drugs is essential.

Drugs that may induce dysphagia:

Antipsychotics (neuroleptics)

- Clozapine (Clozaril)
- Olanzapine (Zyprexa)
- Chlorpromazine (Thorazine)
- Mesoridazine (Serentil)
- Thioridazine (Mellaril)
- Fluphenazine (Prolixin, Permitil)
- Trifluoperazine (Stelazine)
- Chlorprothixene (Taractan)
- Thiothixene (Navane)
- Haloperidol (Haldol)
- Pimozide (Orap)

Antianxiety agents

- Alprazolam (Xanax)
- Clonazepam (Klonopin)
- Chlordiazepoxide (Librium)
- Diazepam (Valium)

Antidepressants

- Amitriptyline (Elavil)
- Trimipramine (Surmontil)
- Citalopram (Celexa)
- Fluoxetine (Prozac)
- Fluvoxamine (Luvox)
- Paroxetine (Paxil)
- Sertraline (Zoloft)
- Venlafaxine (Effexor)
- Mirtazapine (Remeron)
- Nefazodone (Serzone)
- Trazodone (Desyrel)

Anticonvulsants

- Carbamazepine (Tegretol)
- Felbamate (Felbatol)
- Oxcarbazepine (Trileptal)
- Tiagabine (Gabitril)

Drugs that may cause mucosal injury and/or decreased esophageal muscle tone: Muscle relaxants (esophageal dysmotility, reflux)

- Anti-hypertensives, cardiovascular agents (xerostomia, reflux)
- Opioids (xerostomia, esophageal mucosal injury)
- Antibiotics and Vitamin C (esophageal mucosal injury)

From: Carl LL, Johnson PR. Drugs and dysphagia: how medications can affect eating and swallowing. 1st ed. Austin, TX: Pro-Ed; 2006

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Dysphagia: Patient Identification

A patient is indicated for dysphagia evaluation and treatment when they show signs of, or are at risk for, aspiration and/or when they have difficulty managing their diet. One or more of the following signs and symptoms will be evident:

- Coughing/clearing of throat after swallow
- Abnormal volitional cough
- Decreased voice quality (wet, hoarse, weak)
- Requires diet to be modified (e.g., thickening, pureed food, soft solids)
- Requires multiple swallows or special maneuvers to clear throat
- Difficulty completing a meal
- Feeling of food being stuck in the throat
- Recurring chest infections
- Difficulty initiating a swallow
- Spillage of food/liquid from lips and/or drooling

VitalStim® Therapy

VitalStim Therapy is a method of rehabilitating swallowing musculature using neuromuscular electrical stimulation (NMES) with concurrent exercise therapy. The therapy is applied to patients suffering from dysphagia (swallowing dysfunction) with signs and symptoms of oropharyngeal muscle weakness.

NMES delivers small electrical pulses to impaired muscle groups through surface electrodes applied over the neck. The pulses facilitate muscle contractions leading to increased strength and speed of contraction and improved endurance.



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Caution: Federal law restricts this device to sale by or on the order of a physician.

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