

Stroke and its Impact on Swallowing and Communication

What is a stroke?

A stroke occurs when there is a disruption of blood flow to the brain. A stroke causes cells in the affected parts of the brain to be damaged or die. It can cause lasting brain damage, long-term disability or even death.

There are two types of strokes:

- (1) Ischemic stroke (when something blocks blood supply to the brain)
- (2) Hemorrhagic stroke (when a blood vessel in the brain bursts and causes bleeding in the brain)

Impact of stroke on swallowing

Stroke may cause reduced sensation, reduced swallowing coordination or weakness in swallowing muscles. Additionally, stroke may cause changes to cognition leading to unsafe feeding behaviours.

Some symptoms include:

- Drooling
- Slow and inefficient chewing
- Longer swallowing time
- Distractibility resulting in longer meal times
- Coughing, choking, throat clearing or having a wet voice when eating or drinking
- Discomfort or feeling of food stuck in the throat region



Consequences of dysphagia

Swallowing impairments (dysphagia) increases risks of food, fluid and/or saliva may enter our airway and lungs leading to chest infections. This may be life threatening and require a hospital admission. Inadequate food and fluid intake caused by dysphagia may also result in dehydration and malnutrition.

Role of Speech Therapists in managing dysphagia

Speech Therapists aim to reduce discomfort and aspiration risks related to eating or drinking. The Speech Therapist will work with you to improve your swallowing function as much as possible.

The Speech Therapist may recommend:

- Modified diet and fluids to compensate for swallowing difficulties
- Safe feeding techniques and/or swallowing strategies
- Targeted swallowing exercises to improve swallowing function
- Alternative options for feeding e.g. nasogastric tube
- Further swallowing assessments such as a Videofluoroscopy Study (VFS) or Fibreoptic Endoscopic Evaluation of Swallowing (FEES)

Impact of Stroke on communication

Depending on the area of the brain affected, communication deficits and their severities may vary from person to person in stroke survivors.

Some communication difficulties include:

- Dysarthria (slurred/unclear speech)
- Apraxia (difficulties sequencing and producing sounds in words)
- Aphasia (difficulties expressing self and/or understanding language)
- Cognitive-communication disorders (reduced cognitive function e.g. attention, memory, problem-solving, reasoning, processing speed)



Consequences of communication difficulties

Communication difficulties can make it difficult for one to express their basic needs or communicate with their loved ones. This may result in frustration and feelings of social isolation. For some, these difficulties may affect one's ability to return to work.



Role of Speech Therapists in managing communication difficulties

Speech therapists conduct assessments post-stroke to understand an individual's communication difficulties, needs and goals. Therapy is individualised to cater for different types and severity of communication difficulties.

The Speech Therapist may recommend:

- Therapy to target communication deficits
- Compensatory strategies (e.g., clear speech techniques)
- Alternative modes of communication (e.g., using a picture board)
- Communication partner strategies to ease and facilitate communication

Should you or your loved one experience difficulties with swallowing or communication, please do not hesitate to contact us at 6363 3000 or enquiry@wh.com.sg.



Contributed by Speech Therapy, Rehabilitation, Allied Health Services

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