


Slide 1




DYSPHAGIA

IN PRIMARY CARE

Jennifer Prochniewski, MS, MMS, PA-C, CCC-SLP, CPAAPA

AAPA Conference 2024



Slide 2

DISCLOSURES

Non-Declaration Statement: I have no relevant relationships with ineligible companies to disclose within the past 24 months. (Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)

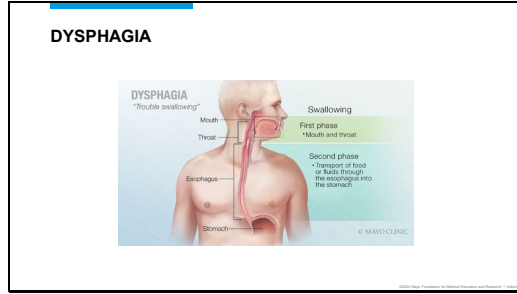
Slide 3

LEARNING OBJECTIVE

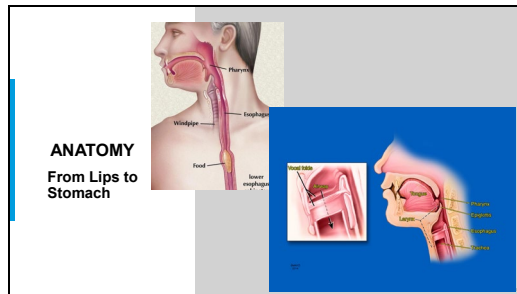
At the conclusion of this session, participants should be able to:

- Describe how specific history questions can aid in narrowing the diagnosis for the etiology of new onset dysphagia
- List 3 tests or procedures that may be utilized by primary care to help assessing for etiology of dysphagia
- Discuss different potential specialty referrals for dysphagia and when these referrals would be indicated

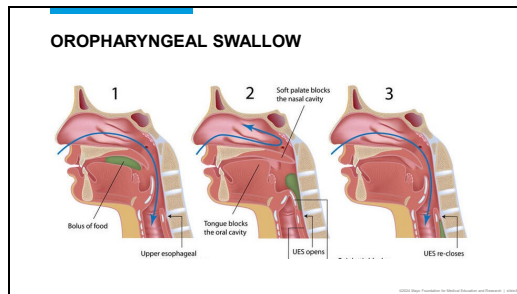
Slide 4



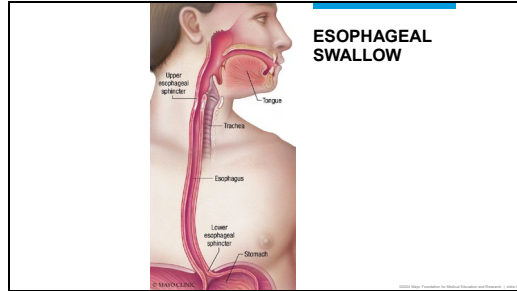
Slide 5



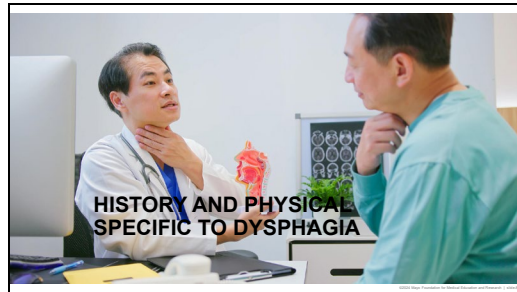
Slide 6



Slide 7



Slide 8



Slide 9



DYSPHAGIA IS A SYMPTOM NOT A DIAGNOSIS

- History
 - Neurological disorders
 - Recurrent pneumonia
 - GERD
 - Prior GI testing such as EGDs
 - Medications that may give clues

Slide 10



DYSPHAGIA IS A SYMPTOM NOT A DIAGNOSIS

- What?
- How long?
- Better/worse?
- Associated symptoms.
- Treatments

© 2013 Wolters Kluwer Health | Lippincott Williams & Wilkins

Slide 11




SPECIFICS

- Coughing or choking while eating or drinking or after
- Regurgitation during or after
- Specific foods, specific consistencies, liquids, straw drinking, pills
- Heartburn
- Recurrent infections
- Neurological symptoms
- Food getting stuck. Where?

© 2013 Wolters Kluwer Health | Lippincott Williams & Wilkins

Slide 12




PHYSICAL EXAM

- Cranial nerve exam
- Mouth seal
- Dentition
- Tongue exam
- Raise tip of tongue
- Posterior tongue movement
- Oral residuals
- Deformity
- Vocal quality
- Dysarthria/Dysphonia

© 2013 Wolters Kluwer Health | Lippincott Williams & Wilkins

Slide 13

PHYSICAL EXAM



- Neck
- Thyroid
- Swallow trial
- Vocal quality
- Pulmonary
- Neurological

© 2012 Wolters Kluwer Health | Lippincott Williams & Wilkins

Slide 14

DIFFERENTIAL DIAGNOSIS

- Oral Pharyngeal
- Neurological
- Structural
-

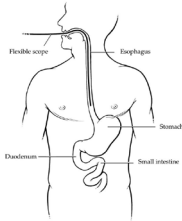


Figure 1. Upper endoscopy (EGD or Esophagogastroduodenoscopy)

Slide 15

DIFFERENTIAL DIAGNOSIS

- Esophageal
- Structural
- Mobility

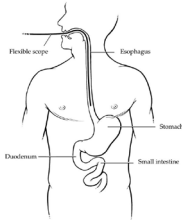



Figure 1. Upper endoscopy (EGD or Esophagogastroduodenoscopy)

Slide 16

DIAGNOSTIC TESTING

Choosing further testing and referrals based on exam findings and history review



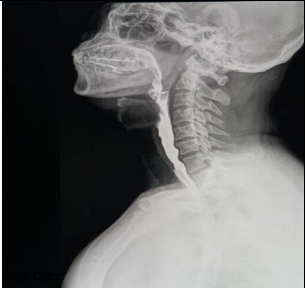
©2012 Mayo Foundation for Medical Education and Research. All rights reserved.

Slide 17

DIAGNOSTIC TESTING

Oral pharyngeal swallow

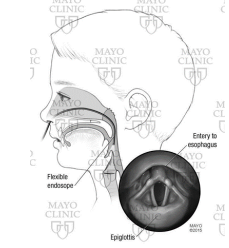
- Modified Barium Swallow study/MBS



Slide 18

DIAGNOSTIC TESTING

- Oral Pharyngeal stage
- Fiberoptic Endoscopic Evaluation of Swallow/FEES



The endoscopic tube is passed through the back to see the inside of the throat.


©Mayo Clinic

Slide 19

DIAGNOSTIC TESTING

Esophageal dysphagia

- Upper GI/Barium Swallow



© Mayo Clinic

Slide 20

DIAGNOSTIC TESTING

EGD
(Esophagogastroduodenoscopy)

- Helpful for further evaluation of esophageal dysphagia
- May require referral to Gastroenterology depending on you institution

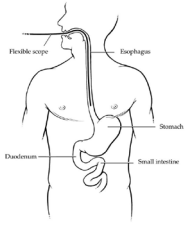


Figure 1. Upper endoscopy (EGD or Esophagogastroduodenoscopy)

Slide 21


DIAGNOSTIC TESTING

Structural Changes

- CT head and neck
- Thyroid ultrasound

Neurological changes

- Brain imaging such as CT head or MRI brain




© Mayo Clinic

Slide 22

INITIAL TREATMENTS

- Lifestyle Modifications
- Medication
- Procedural

All dependent on diagnosis of cause of dysphagia not for all dysphagia




Slide 23

REFERRALS

When to call a friend and why

- ENT
- Pulmonary
- GI
- SLP



Slide 24

TAKE HOME POINTS

1. Dysphagia is a symptom not a diagnosis. Look for the cause!
2. Appropriate history questions can often help distinguish oral, pharyngeal or esophageal dysphagia
3. When in doubt, reach out. Your ENT, GI and speech language pathology colleagues are fantastic resources.

