

Long-Term Care Survey Alert

Resident Safety: Resident Got Dysphagia? Head Off Serious Danger With This Key Check

This strategy can cure or reduce swallowing difficulty.

If a resident appears to have a problem with swallowing, taking a close look at his medication list can help prevent aspiration.

Bottom line: "Anytime a person has a swallowing disorder -- especially if it's new or worsening -- the pharmacist should look to see if medications are a cause or contributing factor," advises **Albert Barber, PharmD**, director of pharmacy for Golden Living and president of the American Society of Consultant Pharmacists.

If so, the ordering clinician and pharmacist can take a look at whether the resident can do without the medication -- or take an alternative that's less likely to cause a problem.

Watch Out for These 4 Med-Related Problems

Look for medications that cause or exacerbate the following conditions, advises Barber.

1. Dry mouth. "Decreased salivation is actually a geriatric syndrome, as is dry eyes," says Barber. "And when you start throwing meds in the mix, it creates a bigger problem."

Medications that dry out the mouth cause a problem because a person needs saliva to swallow, explains Barber. "Medications causing dry mouth tend to have a cumulative effect. Thus, a patient taking two such medications may be OK, but will really develop a problem when he starts on that third med, as an example, he cautions.

In Barber's view, the medication most notorious for causing dry mouth is Benadryl, which he notes is no longer widely used in nursing homes. "But a fair number of patients or their families insist on the patients taking Tylenol PM-type medications that contain Benadryl."

"Diuretics and some of the blood pressure medications also cause dry mouth, as do some of the antipsychotics and antidepressants."

2. Muscle function. Antipsychotics can cause muscle spasms that affect the esophagus, causing an acute swallowing problem, warns Barber.

Patients with Parkinson's disease, multiple sclerosis, cerebral palsy or any condition that affects the esophagus muscles will have less reserve when they take a drug that affects swallowing, he adds. For example, "an antipsychotic or other drug that causes a little dry mouth in a Parkinson's patient can be a bigger problem than in someone without Parkinson's."

"Some medications not only dry out the mouth but can affect functioning of the muscles in the esophagus," adds Barber.

Such drugs include Cogentin, used to treat the Parkinson's-like side effects of antipsychotics. Also watch out for Ditropan and Detrol, used for urinary incontinence. "These drugs decrease urinary muscle spasms," a mechanism of action that can also reduce the swallowing reflex.

3. Esophageal injury. Iron preparations or potassium supplements can cause esophageal injury if they get stuck in the esophagus, Barber says. "Some of the bisphosphonates used for osteoporosis can cause esophageal injury if the person taking them doesn't remain upright" for the designated amount of time. "Nonsteroidal anti-inflammatory drugs, such as

ibuprofen, don't cause esophageal damage typically." But a lot of elderly people have gastric reflux, he notes. And "if the drug gets refluxed from the stomach into the esophagus -- that can be a big problem."

4. Sedation. "Any drug that causes sedation can also be a problem, including Benadryl (which also causes dry mouth)," says Barber. The same is true for antipsychotics and some antidepressants. Skeletal muscle relaxants can also be a problem, he adds.

"Sleeping pills and anti-anxiety agents like Ativan or Xanax or sometimes opioid pain relievers can cause sedation, especially when the patient first starts taking them. Normally people develop tolerance to side effects," he adds, "but elderly are more sensitive to the side effects."

Resource: For a handy chart of medications that can cause dysphagia, go to www.ct.gov/dds/lib/dds/health/attach_med_dsyphagia_swallowing_risks.pdf.