

# Supporting people with swallowing difficulties due to head and neck cancer

Speech and language therapy plays an important role in supporting and rehabilitating people who have swallowing difficulties (dysphagia) due to a range of head and neck cancers. Problems using the lips, tongue, jaw and throat to manage food and fluids can lead to food getting stuck or 'going down the wrong way' – also known as aspiration. The ability to cough to remove aspirated food and/or drink may also be affected.

## Serious issue

Research has found that dysphagia affects 50-60% of head and neck cancer survivors<sup>1</sup> which is a major concern as the incidence of head and neck cancer is increasing. Research has shown that swallowing and functions related to it are a major concern to head and neck cancer patients up to one year after treatment is completed<sup>2,3</sup>.

## The impact of head and neck cancer on swallowing

Swallowing difficulties can be a sign of head and neck cancer. These difficulties also occur during and after treatment because of the effects of radiotherapy and chemotherapy. During radiation, it is common for swallowing to be very uncomfortable and people often describe eating as being effortful, saying that mealtimes take longer. Food may be difficult to chew and may feel like it is stuck in the throat, requiring several swallows or a drink to clear it. Sometimes a feeding tube may be required to help with nutrition and eating may no longer feel pleasurable, with many people reporting a loss of taste and appetite. It is not uncommon to feel anxious or low about swallowing difficulties and this can impact on a person's lifestyle choices, including the way they socialise.

## What support is available?

Speech and language therapists play a unique and essential role in assessing and diagnosing possible causes of swallowing difficulties. They work within a multidisciplinary team, which includes oncologists, surgeons, specialist nurses, and dietitians, to provide high-quality care, manage risks and develop practical strategies to enable people with head and neck cancer to eat and drink safely. They can also provide advice to family members or carers about how to support someone with swallowing difficulties.

**Chris's story:** When Chris was diagnosed with head and neck cancer his treatment included chemotherapy, radiotherapy and two neck dissections. Eating and drinking became so difficult that he needed to receive ~~most of~~ his nutrition through a feeding tube. Over his three-year treatment period, Chris lost 76.2kg in weight and stopped going out to restaurants and people's houses as he found his feeding tube embarrassing. He quickly felt isolated, even in his own home. Chris says: *"While my family were eating in the dining room, talking about their day, I was in the living room on my feed or sleeping due to a lack of energy. You really don't realise how important food and drink is to your life until it has been taken away. Food is more than something to keep you alive. It plays a big part in socialising and communicating."* When he was ready, his speech and language therapist helped Chris to retrain his muscles to be able to eat, drink and swallow again safely, and provided the support he needed to regain his confidence in eating again. He adds: *"Learning to swallow again has given me back my life."*

## REFERENCES AND RESOURCES

<sup>1</sup>Shune SEK, et al. Association between severity of dysphagia and survival in patients with head and neck cancer. *Head and Neck* 2012; 34:6, 776-84.

<sup>2</sup>Wilson, J.A., Carding, P. N., & Patterson, J. M. (2011). Dysphagia after Nonsurgical Head and Neck Cancer Treatment: Patients' Perspectives. *Otolaryngol Head Neck Surg*, 145(5), 767-771.

<sup>3</sup>Roe, J.W. G., Drinnan, M. J., Carding, P.N., Harrington, K. J., & Nutting, C.M. (2014). Patient-reported outcomes following parotid-sparing Intensity Modulated Radiotherapy for head and neck cancer. How important is dysphagia? *Oral Oncol*, 50(12), 1182-1187.