Case study – Practical support for patients with dysphagia

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Presented by
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Patient LH

- 86 year old male.
- Lives with wife at home.
- Previously independent with all ADLs.
- Admitted to HASU with right-sided weakness and aphasia.
- Suffered left thalamic bleed with intraventricular extension.
- Period of rehabilitation for 8 weeks.
- Returned home with wife as main carer and package of care – transferring with assistance of one.
Previous medical history

- Prostate cancer with previous TURBT 2008
- Hypertension
- Aortic valve repair
- Haemorrhagic Stroke
Dysphagia

- During admission LH presented with a moderate oropharyngeal dysphagia following videofluoroscopy.

- Recommendations for eating and drinking were stage one thickened fluids and a soft, mashed diet (texture D).

- Referred to community SLT on discharge for follow-up of dysphagia and aphasia.
Medications on discharge

- Magnesium Hydroxide – 10mls twice a day.
- Amlodipine – 5mg once a day.
- Atenolol – 25mg once a day.
- Solifenacin – 5mg once a day.
- Atorvastatin 20mg once a day
- Ramipril 10mg once a day

What are the medication administration challenges?
Medication and dysphagia-related issues

- Needing all liquid medication to match consistency of stage one thickened fluids given aspiration risk (runny honey/syrup constituency).

- Difficulties swallowing tablets whole, swallowing dependant on tablet size

- Altering medication formulation to compensate for dysphagia may compromise patient medically and will have legal implications.
Actions for SLT prior to discharge

- Liaison with ward pharmacist regarding formulations of medications available and patient requirements.

- Consideration of alternative medications/routes of administration / other formulations.

- SLT completed relevant sections of hospital EDN for GP and patient copies.
**Swallowing**

Swallowing Recommendations:

Fluid consistency

Diet consistency

Diet Consistency Details

Alternative feeding

Medication given

Safe swallow guidelines

Other swallowing guidelines

Additional guidelines

**Chest Expansion**
Pharmacists role in community

- Acknowledge patient’s dysphagia and advise on appropriate formulation
- Liaise with medication administrator and consistancy of fluid/food
- Liaise with GPs for appropriate formulation and if required ‘SPECIAL’
- Clear instructions on medication administration
- Liaise with community SLT
Medication amendments

- MgOH can be thickened with Thick & Easy®-administer with spoon
- Amlodipine tablet administer with yogurt
- Atenlolol tablet administer with yogurt
- Solifenacin administer with yogurt
- Atorvastatin administer with yogurt
- Ramipril tab/cap administer whole with yogurt
Community SLT

- Ongoing input for swallow/language rehabilitation.
- Patient reporting worsening dysphagia symptoms.
- Referred for repeat videofluoroscopy.
- Outcome: upgraded to normal fluids and a soft diet; therefore, requiring a change in administration of medications.
Actions for community SLT

- Liaison with community pharmacist and GP.

- Now able to take whole tablets and fluids of any consistency.

- Changes required to patient’s prescription?
Common drugs used in stroke:

- Aspirin
- Clopidogrel
- Warfarin, Dabigatran, Apixaban, Rivaroxaban
- Simvastatin, Atorvastatin
- Lansoprazole, Omeprazole
- Amlodipine
- Ramipril
- Bendroflumethiazide
- Metformin
- Sodium valproate
- Levetiracetam
- Adcal d3
- Alendronate and others
Common drugs used in stroke:

- aspirin- use dispersible tablets which can be administered with puree, thickened fluids
- clopidogrel- crushed and or administered with food-specials available but expensive, short expiry date
- warfarin, dabigatran, apixaban, rivaroxaban- All can be crushed except dabigatran, if patient on dabigatran change to an alternative NOAC like rivaroxaban/apixaban-administer with food/puree/yogurt
- simvastatin, atorvastatin-crushed and or administered with food-specials available but expensive, short expiry date
- lansoprazole, omeprazole--change to dispersible lanosprazole tablets...special available but expensive and short expiry date
- amlodipine-crushed and or administered with food-specials available but expensive, short expiry date
- ramipril-crushed and or administered with food-specials available but expensive, short expiry date
- bendroflumethazide-crushed and or administered with food-specials available but expensive, short expiry date
- metformin- crush tablets, or licensed liquid available
- sodium valproate liquid--add Thick and Easy powder and administer with spoon
Stages and textures of diet and fluids

- sam’s slides
- Brands of thickener (thick and easy)