



What is Silent Dysphagia?

Subclinical or Silent dysphagia refers to swallowing difficulties that may not show obvious symptoms, such as coughing or choking, but can lead to serious complications like silent aspiration (food or liquid entering the lungs unnoticed), malnutrition, or pneumonia.

Why Is It Important to Detect Subclinical Dysphagia Early?

1. Prevents Serious Health Risks:

- Silent aspiration increases the risk of lung infections like pneumonia.
- Undiagnosed swallowing issues can lead to weight loss, dehydration, and malnutrition.

2. Supports Cancer Treatment Tolerance:

- Proper nutrition is essential for maintaining strength during cancer treatment.
- Early intervention improves swallowing function and helps patients avoid feeding tubes.

3. Improves Quality of Life:

- Addressing hidden swallowing problems early allows patients to eat safely and comfortably.

Who is at risk?

- Patients with **head and neck cancer** (before and after treatment).
- Individuals undergoing **radiation or chemotherapy** affecting swallowing muscles.
- Survivors experiencing **trismus** (limited jaw mobility) or cervical dystonia.

How Can It Be Detected?

• Screening Tools:

- Clinical examination by SLP.
- Modified Barium Swallow Study.
- Other Imaging.

• Symptoms to Watch For:

- Difficulty swallowing.
- Feeling food "stuck" in the throat
- Coughing or choking frequently.
- Unexplained respiratory issues.

What Can Be Done?

1. **Early Screening:** Ask your healthcare team about swallowing assessments before, during, and after treatment.
2. **Rehabilitation Exercises:** Techniques like the Mendelsohn maneuver or effortful swallow can strengthen muscles and improve coordination.
3. **Multidisciplinary Support:** Work with speech-language pathologists and dietitians, for comprehensive care.

Takeaway Message

Recognizing subclinical dysphagia early is crucial to preventing life-threatening complications, maintaining nutrition during cancer treatment, and improving overall quality of life. If you suspect swallowing difficulties—even without obvious symptoms—talk to your healthcare provider about screening and rehabilitation options. ***“Early detection saves lives and restores comfort—don’t ignore hidden swallowing issues.”***



International Cancer
Rehabilitation Foundation®

<https://www.clinicbarcelona.org/en/news/6-things-you-didnt-know-about-respiratory-syncytial-virus>

Rommel N, Hamdy S. Oropharyngeal dysphagia: manifestations and diagnosis. *Nat Rev Gastroenterol Hepatol*. 2016 Jan;13(1):49-59. Kuhn MA, Gillespie MB, Ishman SL, et al. Expert Consensus Statement: Management of Dysphagia in Head and Neck Cancer Patients. *Otolaryngol Head Neck Surg*. 2023;168(4):571-592. doi:10.1002/ohn.302McCarty EB, Chao TN. Dysphagia and Swallowing Disorders. *Med Clin North Am*. 2021;105(5):939-954. doi:10.1016/j.mcna.2021.05.013Baijens LWJ, Walshe M, Aaltonen LM, et al. European white paper: oropharyngeal dysphagia in head and neck cancer. *Eur Arch Otorhinolaryngol*. 2021;278(2):577-616. doi:10.1007/s00405-020-06507-5

Author: Dr. Diana Presno, M.D.

Editor: Michel D. Stubblefield, M.D.