



Consultants in Dysphagia Diagnosis and Management

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Modified Barium Swallow Studies



Effects of Medication on Dysphagia

The following are lists of major drug categories used in the geriatric population. This information is important to know when evaluating a patient with dysphagia. Certain medications may compromise the patient's ability to protect their airway.

All information was taken from a PDR

Objective: To do no harm and to do what is in the best interest of the patient

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Benzodiazepine – Ativan

Purpose: To reduce anxiety and as sleeping agent

Dose: 0.25 mg- 2mg

Route of Administration: IM, PO

Onset of Action: 20-30 minutes

Peak Effect: 1 hour

Duration of Action: 6-8 hours

Side effects: drowsiness, hallucinations, respiratory depression

Other drugs increasing side effects: anti-depressants, opiates, phenothiazines, tranquilizers, antipsychotics

Disease states prolonging drug effect – Kidney impairment

Opiates – Tylenol and Codeine

Purpose: To relieve pain

Dose: 1-2 tablets. 30 mg of codeine and 300 mg of Tylenol per tablet

Route of Administration: PO

Onset of Action: 20 minutes

Peak Effect: 1 hour

Duration of Action: 3 hours

Side effects: drowsiness, respiratory depression

Other drugs increasing side effects: Benzodiazepine, Anti-psychotics, tranquilizers, phenothiazines

Disease states prolonging drug effect – Liver, renal, hypothyroid, prostate enlargement

Tranquilizer – Haldol – similar to Phenothiazines

Purpose: To control severe behavior and anxiety problems

Dose: 0.25 mg- 2mg

Route of Administration: IM, PO

Onset of Action: 10-20 minutes

Peak Effect: 1 hour

Duration of Action: 3-4 hours

Side effects: drowsiness

Other drugs increasing side effects: Opiates, Benzodiazepine, Anti-psychotics,

Disease states prolonging drug effect – Liver

Antipsychotic-Zyprexa

Purpose: To control hallucinations and severe agitation

Dose: 5-10 mg

Route of Administration: IM, PO

Onset of Action: 10-20 minutes

Peak Effect: PO 6 hours, IM 45 minutes

Duration of Action: 30 hours

Side effects: Somnolence, decreased cognitive function, dry mouth, diabetes, speech disorder

Other drugs increasing side effects: Opiates, Benzodiazepine, phenothiazines, tranquilizers

Disease states prolonging drug effect – From limited studies there does not appear to be any increased effect of the drug in patients with kidney, liver, or heart problems.

OTHER IMPORTANT MEDICATION INFORMATION FOR SPEECH PATHOLOGISTS



ADR- Averse Drug Reaction is any response to a drug, which is noxious and unintended.

Polypharmacy - refers to tendency of many older people to be on numerous medications at one time.

Medications cause suppression of the brainstem, sensory impairment, neuromuscular junction, blockade, and myopathy.

FYI - Other drug induced disorders:

Antihistamine (Benadryl, Chlor-Trimeton) – dysphagia due to decreased salivary flow

Botulinum toxin – impaired laryngeal movement

Steroids – vocal cord inflammation

Morphine -Respiratory depression

Xanax -Sleepiness

Lasix -Dizziness

Nitroglycerin -Headache

Antacids -Achalasia

Xerostomic side effects/Dry Mouth - Over 200 drugs can reduce salivary flow.

Valium, Lomotol, Haldol, Lasix, Phenergan, Sinemet, Chlor-Trimeton, Bendedryl, Comtrex, Dimetapp. *Xerostomia can cause oral phase problems.*

Food and drug interactions important for a Speech Pathologist to know:

Coumadin (Anticoagulant) – No salad, broccoli, cauliflower, spinach, brussel sprouts, turnip greens, liver.

It is important to know that many items (food, meds etc.) have the potential to effect clotting time of the pt.

Theophylline (Bronchial Dilator) – No caffeinated beverages

Lasix (Diuretic) – **send** oranges, OJ, bananas, potatoes

Common pills that can cause damage to esophagus if they become lodged

Vitamin C, denture cleaning pills, tetracycline, doxycycline, quinidine, iron, potassium, aspirin, nonsteroidal anti-inflammatory drugs, and ferrous sulfate

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