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No pills to swallow with this treatment

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Photo by VESTA LOUCKS

With electrodes that send low-current electrical impulses to nerves in her neck, Phyllis Hamel learns to overcome her swallowing difficulties with speech-language pathologist Liz Boozer at East Bay Nursing Center.

LARGO – For the estimated 15 million people in the U. S. diagnosed with dysphagia, the act of swallowing is a tremendous challenge. Taking a bite of a juicy steak or savoring the taste of a warm chocolate chip cookie is an unattainable pleasure of the past for such patients.

It was a tedious recovery for Phyllis Hamel, a former patient at East Bay Nursing Center. After respiratory failure, Hamel required a tracheotomy, which affected her ability to swallow. She could not eat or drink without choking. Most of her nutrition was given through a feeding tube inserted in her stomach.

At the nursing center, Hamel was treated with VitalStim Therapy, which is used in the treatment of swallowing disorders. Her muscles were re-educated to help her swallow properly.

“I noticed a difference after just a few sessions,” she said.

At the end of 15 sessions, Hamel was able to return home, where she is eating all her favorite foods again and has a nearly complete return of her muscle function.

The treatment was developed by Marcy Freed, a speech-language pathologist. The procedure utilizes electrodes placed on the neck, similar to those used during an EKG. The device sends a low-current electrical impulse that stimulates the nerve supply to the oropharyngeal muscles. Patients receive up to one hour of therapy each day until their swallowing function is restored to an acceptable level. It is the only such method cleared by the FDA to treat dysphagia and has been used successfully for more than 10 years.

However, many in the medical field regard the technique as too new or are unfamiliar with swallowing therapy.

Liz Boozer, a speech-language pathologist at the facility, is certified in the therapy. Since November, she has treated about 50 patients using the innovative technique.

“All of their conditions were upgraded and they all showed an improvement in their diet consistency,” Boozer said.

Outpatients generally are scheduled for three sessions a week.

“We see good results in the first three sessions,” she said.

Boozer fixes the problem by modifying the patient’s diet and correcting the reason for the swallowing problem with the therapy, she said.

Boozer has a master’s degree in speech and language pathology from the University of South Carolina. She is also certified by the American Speech/Language and Hearing Association.

Patients with dysphagia have difficulty or experience pain with swallowing. It is associated with multiple conditions and forms of debilitating neuromuscular diseases such as traumatic brain injury, amyotrophic lateral sclerosis, Parkinson's and Alzheimer's diseases, multiple sclerosis, and dementia. Almost 75 percent of stroke survivors develop some form of dysphagia.

Among those patients who undergo radiation therapy as a result of head and neck cancer, 75 percent also will develop dysphagia. It is not limited by age, since many infants are born with swallowing disorders.

It is estimated that almost 60,000 people die each year as a result of complications from dysphagia, and only 22 percent of patients affected by the condition are referred for swallowing evaluation, leaving feeding tube insertion as a primary medical intervention.

As the baby-boomer population ages, the problem is expected to escalate.

"We set up the VitalStim program because we wanted to give our patients an opportunity to get better and to know there is hope for their problem," said Vesta Loucks, a nurse who is director of admissions at East Bay Nursing Center.