VOLUME - 14, ISSUE - 10, OCTOBER - 2025 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Speech & Hearing

A COMPREHENSIVE STUDY ON KNOWLEDGE OF SWALLOWING DISORDERS AMONG GERIATRIC POPULATION IN KERALA

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ABSTRACT

Background: Dysphagia is a swallowing disorder that results in difficulty or inability to swallow safely and efficiently, potentially leading to aspiration, malnutrition, dehydration, and respiratory complications (ASHA). Awareness of dysphagia among geriatrics is vital, as they are disproportionately affected by its severe consequences, so this study aims to assess the knowledge of swallowing disorders among geriatric populations in Kerala, India. ***Method:*** A questionnaire-based survey was conducted among 50 participants aged 65 and above, evaluating their awareness and understanding of dysphagia. ***Result:*** The study revealed a significant lack of awareness about dysphagia, with only 38% of participants correctly identifying the term. The majority of participants were unaware of its causes, symptoms, effects, and treatment strategies. ***Conclusion:*** The study highlights the need for increased awareness and education about dysphagia among geriatric populations, healthcare professionals, and caregivers to ensure timely recognition and appropriate support, ultimately improving quality of life and health outcomes. Prioritizing awareness of dysphagia in geriatrics is crucial to mitigate its impact and promote healthy aging.

KEYWORDS :

INTRODUCTION

The process of eating and swallowing is a complex physiologic process requiring volitional as well as reflexive activities and involving multiple structural and functional elements. A typical adult performs 600 swallows every day. Dysphagia is the medical term for the inability to move food or liquid boluses from the mouth to the stomach. The common difficulties can include feel of food stuck inside the throat or chest, requiring multiple swallow, drooling, unable to control bolus movement, cough immediately after swallow, heartburn, breathless while swallowing etc. It can be because of changes in structure, physiology and innervation of swallowing mechanism (Thiyagalingam et al, 2021).

Compared to the general population, the elderly has a higher prevalence of dysphagia. (Smith 2020). The prevalence of dysphagia in the general population ranges from 2% to 20. According to Barczi et al. (2000), individuals over 50 who live in communities are thought to have dysphagia at a rate of 15% to 22%. Dysphagia has a negative effect on quality of life and has social and psychological repercussions (Johnson, K. L., 2018.). In a study by Sura et al (2012) reported 13% to 35 % of elderly community dwellers report dysphagic symptoms. Thiyagalingam et al(2021) pointed dysphagia can lead to a significant mortality in the elderly population. The diagnosis of dysphagia is also challenging because it necessitates a multidisciplinary approach from specialists such as general practitioners, geriatricians, otolaryngologists, neurologists, gastroenterologists, phoneticians and speech language pathologists, occupational therapists, and nutritionists (Kumar, R. 2019). Elderly people may be more nutritionally susceptible, lack physical stamina, and be unaware of their own swallowing issues.There is a dearth of research in Kerala exploring the awareness of dysphagia among the geriatric population, leaving a significant knowledge gap that needs to be addressed through dedicated studies. Despite the importance of dysphagia awareness in preventing complications and improving quality of life, limited studies have been conducted in Kerala to assess the understanding of this condition among the elderly. This lack of research creates a critical void in our understanding of the needs and knowledge of this vulnerable population, making it challenging to develop effective awareness initiatives and healthcare strategies. Our study aims to bridge this knowledge gap by exploring the awareness and understanding of dysphagia among the elderly in Kerala, providing valuable insights that will inform targeted interventions and improve healthcare practices in the region.
This study aimed to assess the knowledge of swallowing disorders (dysphagia) among geriatric populations in Kerala, India and highlights the need for increased awareness and education about dysphagia among geriatric populations, healthcare professionals, and caregivers to ensure timely recognition and appropriate support, ultimately improving quality of life and health outcomes.

NEED FOR THE STUDY

Study aims to assess the knowledge of swallowing disorder among geriatric populations and iincreases the awareness of these disorders among this population, leading to the early recognition of swallowing disorders by individual themselves. Ultimately, the study seeks to address the necessity of creating awareness about these concerns among older adults to ensure timely intervention and improved quality of life. The study helps to identify the public awareness regarding the knowledge of swallowing disorders and promote better health practices. It can help healthcare organizations and policy makers to tailor their education efforts and intervention effectively.

AIM AND OBJECTIVES

The aim of the study is to analyse the knowledge of swallowing disorders among geriatric population in Kerala context, to further help the geriatric population to be conscious of their swallowing mechanism and recognize the symptoms much earlier for better care.

To construct a questionnaire to evaluate the knowledge of swallowing disorders among geriatrics population.

METHOD

Participants

The total number of participants selected for the study was 50, who were above the age of 65 years from different regions of

Kerala. Individuals who are mentally challenged were excluded from the study.

Material

A questionnaire was developed on the basis of qualitative and quantitative research. The questionnaire was developed with the purpose of obtaining information regarding the knowledge of Swallowing disorders among geriatrics. The material was developed and retrieved from various articles related to knowledge of swallowing disorder among geriatrics. The Questions were validated by 5 Speech language Pathologists.

Procedure

The study began with random sampling to recruit community-dwelling older adults in Kerala with typical cognitive abilities, ensuring relevance to this population. A structured questionnaire was designed using Google Forms to assess awareness and understanding of swallowing disorders, covering areas such as familiarity with the condition, definitions, causes, symptoms, available treatments, strategies, and impact on daily life. The questionnaire included 10 items with multiple-choice, Likert scale, and open-ended formats, allowing both quantitative and qualitative insights. Each participant received a unique link to ensure secure, anonymous responses and prevent duplication. Data collection was conducted over two weeks, with Google Forms automatically recording and organizing responses in Google Sheets for efficient management. The survey took approximately 10–15 minutes to complete, administered in neutral settings such as homes or community centers, with clear instructions and researcher support provided to ensure comfort and focus. Ethical approval was obtained from the Internal Ethical Committee, and informed consent was collected from all participants, emphasizing confidentiality and voluntary participation.

RESULT

Most responses came from participants aged 68 years (13.7%). The term *dysphagia* was correctly identified by 38%, while 46% were unaware, and others confused it with aphasia (4%) or dysarthria (10%). Regarding causes, 41% believed swallowing problems increase with age, 29.4% were uncertain, and smaller groups attributed it to stroke (13.7%), head injury (9.8%), or traumatic brain injury (5.9%).

For symptoms, 27.5% recognized reduced swallowing speed, 17.6% noted coughing, 9.8% reported pain, 7.8% identified weight loss, and 25.5% mentioned all these signs; 11.8% were unsure. In terms of consequences, 34% linked swallowing issues to malnutrition and dehydration, 10% to aspiration pneumonia, 6% to chronic lung disease, and 8% to all these, while 42% were uncertain.

Commonly reported strategies included sipping water between bites and modifying food type/quantity (27.5% each). Others noted stressful swallow (7.8%), double swallow (5.9%), and prolonged chewing (5.8%), though 25.5% were unsure. Awareness of professionals was limited, with 31.4% unaware. Among others, 23.5% identified otolaryngologists, 13.7% speech-language pathologists, 7.8% gastroenterologists, 6% neurologists, and 17.6% believed all could be involved. Most participants (88.2%) agreed swallowing difficulties reduce quality of life, while 11.8% disagreed. Although many reported not experiencing swallowing issues or consulting a professional, 64% felt such difficulties affect communication, compared to 35.3% who did not.

DISCUSSION

Survey responses were analyzed individually and collectively. About 40% of participants believed aging is the cause of dysphagia, while 30% were unaware. Symptoms most often recognized were reduced swallowing speed (28%) and weight loss (8%). For effects, 42.9% identified malnutrition and dehydration, and only 6.1% linked it to chronic lung disease. Regarding treatment, 28% had no knowledge, and 6% believed dysphagia is untreatable. Awareness of professionals was limited, with over half uncertain and only 14% identifying speech-language pathologists. Most participants agreed dysphagia impacts quality of life, and 64% believed it affects communication. Overall, the findings highlight a lack of awareness about swallowing disorders among older adults.

The study by Tulunay-Ugur and Ozlem E (2018) highlights the crucial importance of recognizing and addressing geriatric dysphagia, a frequently overlooked yet potentially life-threatening condition. The significance of dysphagia in older adults cannot be overstated, as it can lead to severe complications such as aspiration pneumonia, malnutrition, and dehydration. Despite its prevalence, dysphagia often goes undiagnosed and undertreated due to lack of awareness and inadequate screening. By prioritizing dysphagia awareness and management, we can significantly improve the quality of life, health outcomes, and mortality rates among geriatric patients. A cross-sectional study by Arnold and Richter (2015) reported a notable prevalence of dysphagia in the general population, emphasizing the need for awareness beyond geriatric populations. Tulunay- Ugur et al. (2021) emphasize the importance of recognizing and addressing geriatric dysphagia, highlighting the need for increased awareness among healthcare professionals and geriatric patients. The study by Evy Cheng et al. (2022) discusses the prevalence and complications of dysphagia in the elderly, stressing the need for awareness and timely intervention. These studies highlight the crucial importance of awareness and management of dysphagia in geriatric populations, aligning with the theme of recognizing and addressing geriatric dysphagia.

CONCLUSION

Dysphagia is an increasingly common geriatric syndrome, yet our study shows many older adults lack awareness of its symptoms, consequences, and management. Some participants were unfamiliar with the term itself and with available strategies, highlighting a clear knowledge gap. Raising awareness is essential, as limited research and education hinder timely recognition and care. In conclusion, prioritizing dysphagia awareness among the elderly, caregivers, and healthcare professionals is critical for early detection and intervention. A multidisciplinary approach involving speech-language pathologists, otolaryngologists, gastroenterologists, and neurologists is necessary to address the condition effectively. By promoting education and proactive management, we can improve health outcomes, enhance quality of life, and reduce complications, ultimately supporting healthier aging.

The Dysphagia Awareness Questionnaire Used :

1. Term for swallowing difficulty
a. Dysphagia
b. Dysarthria
c. Aphasia
d. All of the above
e. I don't know

2. Causes or etiology of swallowing difficulty
a. Traumatic brain injury
b. Head injury
c. Stroke
d. Aging
e. I don't know

3. Symptoms of swallowing difficulty

a. Losing weight unexpectedly
b. Pain
c. Reduced speed of swallowing process
d. Coughing

4. Effects of swallowing difficulty
a. Malnutrition and dehydration
b. Aspiration pneumonia
c. Chronic lung disease
d. All of the above
e. I don't know

5. Treatment for swallowing difficulty
a. Surgical or medical treatment
b. Modification in diet
c. Swallowing therapy
d. Self curable
e. Not treatable
f. I don't know

6. Strategies used to resolve swallowing difficulties
a. Taking water sips in between food intake
b. Modification in quantity and type of diet
c. Chewing longer time
d. Stressful swallow
e. Double swallow
f. I don't know

7. Professionals involved in treatment of swallowing difficulty
a. Otolaryngologist
b. Neurologist
c. Gastroenterologist
d. Speech language pathologist
e. All of the above
f. I don't know

8. Do you believe that swallowing difficulty have an impact on quality of life?
a. Agree
b. Disagree

9. Have you ever had any swallowing difficulties? If yes have you taken any consultation before?Answer:

10. Do you think swallowing does affect your communication?
a. Yes
b. No

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