

Managing the effects of on the body

Voice and swallowing

How does COVID affect my swallowing?

- COVID can affect your breathing. This can interrupt the breathe-swallow pattern as you need to hold your breath momentarily while you swallow. Due to this you may find that you become breathless while eating and drinking or that it is hard to hold your breath to swallow, or you are coughing when you swallow. Taking smaller sips or mouthfuls at a slow pace can help.
- You may also have had a stay in Intensive Care Unit (ICU). This can result in weakening of the muscles used for swallowing as they haven't been used while you were unwell or asleep. This is called deconditioning. Over time, the muscles will rebuild strength as you begin to eat and drink again.
- If you had a breathing tube, also called intubation, this can sometimes cause some bruising and swelling to your throat and voice box. Sometimes this can result in one or both of the vocal folds not moving properly, which in turn can cause changes to your voice and reduced protection for your airway when you swallow. Usually these affects are temporary and will resolve over time. If you are getting chest infections then speak to your GP as it could be a sign that food and drink are going down the wrong way.

What things can I do to help myself?

- Make sure that you are sat upright and that you are fully awake and alert when you are eating and drinking.
- Take your time and small mouthfuls. It can be helpful to reduce distractions around you so you can focus on eating and drinking.
- You should avoid talking while eating and drinking as this opens the airway which could result in food or drink going 'the wrong way'. Talking can also make you more breathless which can in turn impact on your swallowing.
- It is also very important to keep your mouth clean and healthy with regular tooth brushing. If you notice that your tongue is coated or your mouth looks unclean, speak to your GP or pharmacist.

I am still feeling tired, fatigued and breathless. How can I make sure this doesn't affect my eating and drinking?

- It may be helpful to adopt a 'little and often' approach to eating and drinking, particularly when you're feeling fatigued.

- Taking small sips and bites, rather than big mouthfuls, plus taking your time, will help if you are feeling breathless.
- It can help to have a larger meal earlier in the day e.g. lunch time and opt for a smaller meal if you are feeling more fatigued in the evening. It may help to avoid certain foods that take longer to chew.

How do I find out which textures of food and drink I should be having?

- Sometimes Speech and Language Therapists (SLTs) suggest that people with swallowing difficulties need to alter the texture of their food or drink. For example, thickening drinks or puree diet in order to swallow more safely and efficiently.
- Your individual swallowing recommendations will be stated on your hospital discharge letter. You can also telephone the SLT department if you require more detailed written information, or advice on whether it is safe to try other textures, or even if you need to be seen by an SLT again.
- More information about the specific textures recommended can be found on the website www.iddsi.org

I have been recommended to have thickening powder in my drinks, do I need it in my tea?

- Thickener is sometimes recommended to slow down drinks as they go through your mouth and throat. This can help to avoid drinks going the 'wrong way' into your airway. They are not recommended for everybody as it depends on how your swallowing has been affected. Thickener alters the texture but not the taste of drinks.
- If you have been recommended thickener this needs to go in all of your drinks, this also applies to liquid food such as soups or gravy and sauces. The only drinks that shouldn't have thickening powder added to them are nutritional supplement drinks such as Fortisips, as these come pre-thickened.
- You should also make sure that you are using the correct number of scoops for the amount of fluid you have. For example, to make a drink at Level 1 slightly thick, you will need one scoop per 200ml fluids. To make Level 2 mildly thick you would need two scoops per 200ml fluid. You may find that drinks get thicker if they are left to stand for a prolonged period, so you may need to make a fresh drink to ensure it is the right consistency.
- If you are running low on thickener, please contact your GP for a repeat prescription.

What signs should I look out for that may mean I have ongoing swallowing problems needing attention?

- The main ones include coughing whilst eating or drinking, having choking episodes, struggling to clear food from your mouth or throat, feeling things 'go down the wrong way', having recurrent chest infections with no known cause, having difficulty chewing or notice a wet gurgly voice when eating and drinking. These would all be signs that you need to see an SLT regarding your swallowing.

- If you're not already known to an SLT please contact your GP who can refer you. Ongoing swallowing problems can cause chest infections, so seek advice if you are unsure.

My voice has changed since I have been in hospital, why?

- COVID can cause a sore throat, laryngitis and a cough, and some patients may have needed a ventilator with a breathing tube passing through the voice-box, which can cause an injury. Your voice may be weak and breathy or hoarse.
- You may have throat discomfort; such as soreness, an irritable cough, a sensation of mucous pooling in the throat and feel the need to throat clear. These changes are usually temporary and should begin to settle down after a few weeks. You can help this, following advice from your SLT which includes things like drinking plenty of fluids – especially water, steam inhalation and by avoiding caffeine.
- If your voice problems persist then you should speak to your GP and ask for a referral to SLT or the Ear Nose and Throat (ENT)/SLT joint voice clinic.

Why does my throat/ upper airway feel sensitive?

- We do not fully understand the impacts of the COVID infection but some individuals may feel their throat/upper airway becomes more sensitive to the environment around them. For example, if you are exposed to a strong scent it may trigger a cough, sensation of throat tightness or a restriction in your breathing at the top of your airway.
- You may also develop a persistent, irritable, dry cough or experience breathlessness. These changes are likely to be temporary but if they continue for more than eight weeks please contact your GP as you may benefit from being referred to a specialist airways centre.
- You may also notice that your sense of smell and taste have changed or reduced. This is a known symptom of COVID, and although the impacts of COVID are not fully understood, this is usually temporary but may persist for more than eight weeks.

My communication feels different why may this be?

- Some people find their ability to communicate can alter after being in hospital with COVID. You may find it takes a little more time to understand directions or information, and it may be difficult to follow some complex conversations.
- You may also find you have difficulties recalling the right words, or that you are making errors when speaking, or are struggling to read and write which wasn't a problem before. For most people we think this is an effect of fatigue or sometimes confusion following a stay in hospital.
- If you have problems with communication which don't improve over four weeks after discharge from hospital, ask your GP for a referral to an SLT.
- If you have a sudden change in communication, difficulty finding words or speaking in clear sentences, sudden weakness or numbness on one side of the body, (including the legs, hands or feet), sudden blurred vision or loss of

sight in one or both eyes, sudden memory loss or confusion, and dizziness or a sudden fall or a sudden, severe headache, you must call 999.

Will my swallowing, voice and communication get back to normal after COVID?

As COVID is a new virus, we don't yet fully understand the extent of the effects it can have. However, most people find that their swallowing, voice and communication do improve over time. Some people may find that these have resolved fully before leaving hospital. Other people may find that it takes longer or that they require further input from SLT after leaving hospital.

How can a speech and language therapist help me?

If you have ongoing swallowing difficulties, voice or communication changes, then an SLT will fully assess this and support you to manage or rehabilitate these difficulties. If you think you require input from a SLT for any of these difficulties, please speak to your GP about a referral.