Swallowing difficulties can have a detrimental effect on dietary intake and, hence, growth and development

Key insights
Swallowing difficulties (dysphagia) in pediatric populations can have an adverse impact on pulmonary health. Dysphagia can also affect dietary intake, thereby potentially affecting both growth and development. Dysphagia can arise in many patient populations, including children with acquired brain injury or other neuromuscular disorders, craniofacial or airway malformations, as well as those with respiratory, cardiac, or gastrointestinal disease. Due to the heterogeneity of the pediatric dysphagia population, treatment and management of dysphagia must be tailored to the clinical characteristics of the individual patient.

Current knowledge
Dysphagia is defined as any disruption to the swallow sequence that results in a compromise in the safety, efficiency, or adequacy of nutritional intake. It is important to note that dysphagia is a skill-based disorder distinct from behavioral feeding problems that may arise in children who have sufficient skills for normal eating and drinking. Children with dysphagia can present with multiple variations of swallowing impairments affecting any or all of the phases of swallowing. The causes of dysphagia in pediatric populations are often different from those seen in adult patients.

Practical implications
A thorough assessment is needed in order to establish the cause of the dysphagia and guide the treatment strategy. Therapeutic interventions for children with oral-phase swallowing problems are aimed at improving the sensory and motor skills needed for drinking and eating. For children with swallowing problems affecting the pharyngeal phase, therapy generally involves modifying the child’s swallowing strategy or modifying the food bolus. The return to a normal diet in children with dysphagia requires a gradual, multidisciplinary approach that enables systematic neuromuscular training of the relevant phase of swallowing.

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