



Practice Alert

Medicines associated with swallowing problems

November 2020

Key points

- Choking is a major cause of preventable deaths for people with disability.
- These deaths can be prevented by reducing a person's exposure to factors that may increase their risk of choking.
- Certain medicines administered to people with disability can increase the risk of choking in two ways: by causing swallowing problems (dysphagia) and, to a lesser extent, by causing drowsiness (sedation).
- These medicines are commonly given to people with disability.
- You also need to be aware of how to prevent choking risks associated with the use of these medicines. If a person's swallowing problems persist while continuing to take these medicines, speak to the prescribing medical practitioner to get a medical review.

What you should consider

People who take **medicines associated with swallowing problems** may be at risk of choking while eating or drinking.

People taking **antipsychotic medicines** may be at a particular risk of muscular reactions that can affect swallowing:

- in the **first few days after starting** the medicine
- after an **increase in the dosage** of antipsychotic medicine or
- when they have been taking antipsychotic medicines for a long time, or **taking combinations** of antipsychotic medicines or antipsychotic medicines in combination with other drugs that can affect swallowing.



To minimise the person's risk of choking, a mealtime management plan is recommended when a person is having trouble swallowing that may be a result of taking these medicines. A mealtime management plan may consider:

- when the person should be assessed, monitored and reviewed by a speech pathologist for mealtime and swallowing safety and support needs
- whether the person should be supervised or assisted during meal times
- changing the foods offered to the person, such as foods and drinks that are easy to chew and swallow, or other food and drink modifications as recommended by a speech pathologist
- how the person is positioned during and after mealtimes
- the amount of food and pace of each mouthful during mealtimes
- the environment during mealtimes, for example avoiding a noisy environment which can be distracting
- regularly reviewing mealtime management plans, especially if there are ongoing issues with aspiration.

If a person's swallowing problems persist while continuing to take these medicines, speak to the prescribing medical practitioner to get a medical review.

Also consider:

- whether the medicine should **continue** to be prescribed to the person
- whether the current medicine could be **changed** to another medicine of the same type
- if the medicine is to continue - whether the **dose** can be reduced, or if dividing the dose over the day may reduce swallowing problems
- whether to seek an independent medical review, particularly if the person requires medical attention for aspiration pneumonia, experiences frequent coughing or sounds 'gurgly' or chesty during or after meals.

What medicines are associated with swallowing problems?

The major types of commonly prescribed medicines that have the potential to affect swallowing and cause problems while eating or drinking are:

01

Antipsychotic
medicines that can
cause swallowing
problems.

02

Benzodiazepines
medicines that can
cause drowsiness.

03

Antiepileptic
medicines that can
cause drowsiness.

04

Combinations
of any of these
medicines.



Antipsychotic medicines associated with swallowing problems

The antipsychotic medicines listed below can cause swallowing problems.

- Aripiprazole (e.g. Abilify)
- Asenapine (e.g. Saphris)
- Chlorpromazine (e.g. Largactil)
- Flupentixol (e.g. Fluanxol)
- Haloperidol (e.g. Haldol, Serenace)
- Lurasidone (e.g. Latuda)
- Olanzapine (e.g. Zyprexa, APO-Olanzapine)
- Paliperidone (e.g. Invega)
- Quetiapine (e.g. Seroquel)
- Risperidone (e.g. Risperdal, Rixadone)
- Trifluoperazine (e.g. Stelazine)
- Ziprasidone (e.g. Zeldox)

Benzodiazepine medicines associated with drowsiness

The benzodiazepines listed below can cause drowsiness, and therefore have the potential to influence swallowing by association, especially during eating.

- Alprazolam (e.g. Alprax, Kalma, Xanax, Zamhexal)
- Bromazepam (e.g. Lexotan)
- Clobazam (e.g. Frisium)
- Clonazepam (e.g. Rivotril, Paxam)
- Diazepam (e.g. Ducene, Valpam)
- Flunitrazepam (e.g. Hypnodorm)
- Lorazepam (e.g. Ativan)
- Midazolam (e.g. Hypnovel)
- Nitrazepam (e.g. Mogadon, Alodorm)
- Oxazepam (e.g. Alepam, Murelax, Serepax)
- Temazepam (e.g. Normison, Temaze, Temtabs)

Antiepileptic medicines associated with drowsiness

The antiepileptic medicines listed below can cause drowsiness, and therefore have the potential to influence swallowing by association, especially during eating.

- Carbamazepine (e.g. Tegretol, Teril)
- Clonazepam (e.g. Rivotril, Paxam)
- Gabapentin (e.g. Neurontin, Nupentin, Pendine, Gabaran, Gantin)
- Lamotrigine (in combination with other medicines; e.g. Elmendos, Lamictal, Lamidus, Lamitrin, Lamogine)
- Phenobarbital (e.g. Phenobarb)
- Pregabalin (e.g. Lyrica)
- Valproate (in combination with other medicines; e.g. Epilim, Valpro)



- Vigabatrin (e.g. Sabril)

Commonly prescribed medicines which can affect swallowing

Preliminary data reported to us has identified that the three most commonly prescribed medicines used for the purposes of behaviour support are types associated with swallowing problems. These medicines are:

- Risperidone (antipsychotic)
- Sodium valproate (antiepileptic)
- Olanzapine (antipsychotic)

References

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MIMS (2019). [eMIMS cloud](#).

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Speech Pathology Australia (2012). [Dysphagia Clinical Guideline](#).

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Role of the NDIS Quality and Safeguards Commission

The NDIS Quality and Safeguards Commission (NDIS Commission) is committed to upholding the rights of people with disability.

This Practice Alert reflects the NDIS Quality and Safeguards Commissioner’s functions listed under the *National Disability Insurance Scheme Act 2013*. In particular, it reflects the Commissioner’s core functions (Section 181E) which include:



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- (a) to uphold the rights of, and promote the health, safety and wellbeing of, people with disability receiving supports or services, including those received under the National Disability Insurance Scheme
 - (b) to develop a nationally consistent approach to managing quality and safeguards for people with disability receiving supports or services, including those received under the National Disability Insurance Scheme;
 - (c) to promote the provision of advice, information, education and training to NDIS providers and people with disability.

The role of the NDIS Quality and Safeguards Commissioner's behaviour support function (Section 181H) is to provide leadership in relation to behaviour support, and in the reduction and elimination of the use of restrictive practices by NDIS providers, including by

- (b) developing policy and guidance materials in relation to behaviour supports and the reduction and elimination of the use of restrictive practices by NDIS providers; and
- (c) providing education, training and advice on the use of behaviour supports and the reduction and elimination of the use of restrictive practices.

This Practice Alert also reflects the National Disability Insurance Scheme (Quality Indicators) Guidelines 2018 and the obligations of both providers and workers to comply with the NDIS Code of Conduct. Relevant sections in the National Disability Insurance Scheme (Quality Indicators) Guidelines 2018 include the management of medication (Part 2 Core Module, Division 4, section 26) and Enteral Feeding and Management (Part 3 High Intensity Daily Personal Activities Module, Section 30).

General enquiries

Call: 1800 035 544 (free call from landlines). Our contact centre is open 9.00am to 4.30pm in the NT, and 9.00am to 5.00pm in other states and territories Monday to Friday, excluding public holidays.

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