MassTex Imaging
Mobile Dysphagia Consultants

Effects of Medication on Dysphagia

Benzodiazepine – Ativan
Purpose: to reduce anxiety and as sleeping agent
Dose: 0.25 mg-2mg
Route of Administration: IM, PO
Onset of Action: 6-8 hours
Peak Effect: 1 hour
Duration of Action: 6-8 hours
Side Effects: drowsiness, hallucinations, respiratory depression
Other Drugs Increasing Side Effects: anti-depressants, opiates, phenothiazines, tranquilizers, antipsychotics
Disease States Prolonging Drug Effect: Kidney impairment

Opiates – Tylenol and Codeine
Purpose: to relieve pain
Dose: 1-2 tablets, 30 mg of codeine and 300 mg of Tylenol per tablet
Route of Administration: PO
Onset of Action: 20 minutes
Peak Effect: 1 hour
Duration of Action: 3 hours
Side Effects: drowsiness, respiratory depression
Other Drugs Increasing Side Effects: Benzodiazepine, Anti-psychotics, tranquilizers, phenothiazines
Disease States Prolonging Drug Effect: Liver, renal, hypothyroid, prostate enlargement

Tranquilizer – Haldol *similar to Phenothiazines*
Purpose: to control severe behavior and anxiety problems
Dose: 0.25 mg-2mg
Route of Administration: IM, PO
Onset of Action: 10-20 minutes
Peak Effect: 1 hour
Duration of Action: 3-4 hours
Side Effects: drowsiness
Other Drugs Increasing Side Effects: Opiates, Benzodiazepine, Anti-psychotics
Disease States Prolonging Drug Effect: Liver

Antipsychotic – Zyprexa
Purpose: to control hallucinations and sever agitation
Dose: 5-10 mg
Route of Administration: IM, PO
Onset of Action: 10-20 minutes
Peak Effect: PO 6 hours, IM 45 minutes
Duration of Action: 30 hours
Side Effects: somnolence, decreased cognitive function, dry mouth, diabetes, speech disorder
Other Drugs Increasing Side Effects: Opiates, Benzodiazepine, phenothiazines, tranquilizers
Disease States Prolonging Drug Effect: From limited studies there does not appear to be any increased effect of the drug in patients with kidney, liver, or heart problems.

FYI – OTHER DRUG INDUCED DISORDERS
ANTIHISTAMINE (Benadryl, Chlor-Trimeton) – dysphagia due to decreased salivary flow; **BOTULINUM TOXIN** – impaired laryngeal movement; **STEROIDS** – vocal cord inflammation; **MORPHINE** – respiratory depression; **XANAX** – sleepiness; **LASIX** – dizziness; **NITROGLYCERIN** – headache; **ANTACIDS** – achalasia

FOOD AND DRUG INTERACTIONS IMPORTANT FOR A SLP TO KNOW

Coumadin (Anticoagulant)
☒ No salad, broccoli, cauliflower, spinach, Brussels sprouts, turnip greens, liver. *It is important to know that many items (food, meds, etc.) have the potential to affect clotting time of the patient.*

Theophylline (Bronchial Dilator)
☒ No caffeinated beverages

Lasix (Diuretic)
☑ Send oranges, OJ, bananas, potatoes

Common pills that can cause damage to esophagus if they become lodged
Vitamin C, denture cleaning pills, tetracycline, doxycycline, quinidine, iron, potassium, aspirin, non-steroidal anti-inflammatory drugs, ferrous sulfate and alendronate (Fosamax)

Xerostomic side effects/dry mouth
Over 200 drugs can reduce salivary flow. Valium, Lomotol, Haldol, Lasix, Phenergan, Sinemet, Chlor-Trimeton, Benadryl, Comtrex, Dimetapp. Xerostomia can cause oral phase problems.

ADR – Averse Drug Reaction is any response to a drug which is noxious and unintended.

Polypharmacy – refers to the tendency of many older people to be on numerous medications at one time. Medications cause suppression of the brainstem, sensory impairment, neuromuscular junction, blockade, and myopathy.

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