



Functional Dysphagia

Adapted from IFFGD's *Functional Gastrointestinal Disorders Education Program Guide*, Chapter Five: *Functional Esophageal Disorders*.

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Functional esophageal disorders represent a combination of chronic or recurrent symptoms affecting the esophagus. They are not attributable to an underlying anatomic problem or significant motility disorder. They are termed as "functional" disorders because no inflammatory, infectious, or structural abnormality is observed by examination, x-ray, or laboratory test.

Functional dysphagia is the sensation of solid and/or liquid foods sticking, lodging, or passing abnormally through the esophagus. It is diagnosed based on symptoms present for at least three months and not associated with anatomic abnormalities, gastroesophageal reflux disease (GERD), or well recognized motility disorders such as achalasia [difficulty swallowing due to an absence of peristaltic contractions in the esophagus]. Prevalence of functional dysphagia is unknown and generally it has been poorly studied. The disorder is usually accompanied by other symptoms of esophageal dysfunction including chest pain, heartburn, and regurgitation.

Tests

In clinical practice, the presence of structural lesions are first excluded with barium x-rays and endoscopy. Manometry, a test that measures pressure in the esophagus, is next performed looking for evidence of achalasia and other disorders that may affect the movement of foods or liquid through the esophagus. In cases of functional dysphagia, 24-hour pH monitoring is generally reserved for individuals where the history is particularly suggestive of reflux disease, such as persistent heartburn. A balloon distention test may be performed to determine if heightened sensitivity, or abnormal sensory perception within the esophagus, may be contributing to symptoms. A feeling described as "food sticking" as well as pain can be produced more

easily in some people if heightened sensitivity is present.

Treatment

For mild symptoms, avoidance or reduction of foods that worsen symptoms is recommended. Chewing food thoroughly during meals may also help. If GERD is present, medications to inhibit or prevent acid reflux will be prescribed. Treatment will also be directed at any esophageal motility disorder that may be present.

Treatment varies for more severe or painful symptoms. Depending on the severity of pain, therapies aimed at improving the motility of the esophagus and reducing symptoms may include medications that: 1) relax the sphincter muscles of the esophagus, 2) improve esophageal contractions and movement of food, or 3) decrease heightened sensitivity.

Symptoms of dysphagia usually improve over time. Surgery is rarely undertaken for patients with functional dysphagia.

Doctor-Patient Partnership

Functional dysphagia is a very real disorder where the primary abnormality is an altered physiological function. There are many factors that can affect the functioning of the esophagus.

A person with symptoms of functional dysphagia, working with their physician, can help develop an individualized treatment plan. It is often helpful to keep a diary for several weeks to record symptoms, when they occur, diet, as well as circumstances that may be affecting daily life. This can assist both the individual and the physician to recognize factors that may contribute to symptoms. Taking an active role in treatment can often help a person to achieve the best possible outcome.

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