SYMPTOM

Difficulty swallowing

Difficulty swallowing is trouble moving food, drink, or saliva from your mouth to your stomach.

WHAT IT FEELS LIKE
Food sticking, slow passage, or coughing while eating

WHERE IT IS FELT
Throat, neck, or behind the breastbone

MOST COMMON CAUSES
Acid reflux, throat inflammation, medication-related dry mouth

WHEN IT IS URGENT
New inability to swallow liquids or repeated choking

USUALLY LASTS
Minutes with blockage; longer with inflammation or muscle problems

SEE A DOCTOR IF
Symptoms recur, worsen, or cause weight loss

Overview

Difficulty swallowing is called dysphagia . It can affect food, liquids, saliva, or all three. You may struggle to start a swallow or feel something sticking afterwards.

Swallowing uses many muscles and nerves to move food from the mouth through the throat and oesophagus, or food pipe, into the stomach. A problem at any stage can cause dysphagia.

Dysphagia is different from painful swallowing , although both can occur together. It also differs from a painless lump sensation that remains when you are not eating, sometimes called globus.

A brief episode may happen if you eat too quickly or do not chew well. Repeated, worsening, or unexplained symptoms need assessment.

What it may feel or look like

Difficulty near the mouth or throat can make it hard to start swallowing. Food or liquid may spill from your mouth, return through your nose, or make you cough. Your voice may sound wet or

gurgly after drinking.

A problem lower down may feel like food is delayed or stuck in your neck or behind your breastbone. Solid foods may cause trouble first, while some conditions affect both solids and liquids from the beginning.

Other signs include:

Food or drink can enter the airway instead of the oesophagus. This is called aspiration . It often causes coughing but can happen without an obvious cough.

- Needing extra swallows to clear a mouthful
- Taking much longer to eat
- Avoiding certain textures
- Bringing up food that has not reached the stomach
- Frequent chest infections after coughing or choking during meals
- Losing weight because eating is difficult

Common causes

Common causes include acid reflux, dry mouth, and inflammation in the throat or oesophagus. Medicines may reduce saliva, cause drowsiness, affect muscle control, or irritate the oesophagus if tablets become lodged.

Dental problems, poorly fitting dentures, frailty, or reduced muscle strength can make swallowing less efficient. New dysphagia should not be dismissed as normal ageing.

Less common causes include scar tissue, a ring of tissue, or eosinophilic oesophagitis, an immune-related inflammation that can make solid food stick.

Stroke, Parkinson's disease, multiple sclerosis, dementia, and muscle disorders can affect swallowing coordination. Achalasia and other movement disorders can prevent the oesophagus from pushing food normally.

Growths in the throat or oesophagus are another possible cause, but dysphagia does not by itself mean cancer. Progressive symptoms, weight loss, bleeding, or persistent hoarseness require timely assessment.

Urgent causes include firmly stuck food, a sudden stroke, or swelling from a severe allergic reaction.

When to seek medical care

Call emergency services if choking means you cannot breathe, speak, or cough. Also seek emergency help for sudden difficulty swallowing with facial drooping, arm weakness, confusion, severe dizziness, or speech problems. These may indicate a stroke.

Get urgent medical help if:

Do not try to force stuck food down with more food or large drinks.

Arrange an appointment if symptoms recur, worsen, or continue beyond a short illness. Seek an earlier review for weight loss, dehydration, repeated coughing during meals, or chest infections.

Children with swallowing difficulty, feeding refusal, poor growth, drooling, or repeated choking should be assessed promptly.

- Food feels completely stuck
- You cannot swallow saliva or are drooling
- You suddenly cannot swallow liquids
- Every sip causes choking or breathing difficulty
- Throat swelling occurs with breathing trouble or faintness
- You develop chest pain, vomit blood, or pass black stools

How the cause is found

A healthcare professional will ask whether the problem affects solids, liquids, or both; where food seems to stick; and whether it began suddenly or gradually. Mention coughing, reflux, pain, weight loss, previous stroke, allergies, and all medicines or supplements.

They may examine your mouth, throat, neck, nerves, breathing, and hydration. When safe, they may watch you swallow.

Possible tests include:

Small tissue samples may be taken during endoscopy to check for inflammation or other changes.

- A video X-ray of food and liquid moving during swallowing
- A small camera passed through the nose to view the throat
- A barium swallow X-ray of the oesophagus

- Endoscopy to inspect the oesophagus and stomach
- Manometry to measure pressure and muscle movement in the oesophagus

Treatment and self-care

Treatment depends on the cause. A speech and language therapist may teach safer swallowing techniques or recommend suitable food and drink textures. Dental care or treatment for dry mouth may help.

Reflux treatment can reduce related inflammation. A narrowed oesophagus may be widened during endoscopy. Immune-related inflammation, movement disorders, and neurological conditions need specific treatment.

While awaiting routine assessment, eat slowly, take small mouthfuls, chew thoroughly, and remain upright during and after meals. Choose foods you can manage rather than repeatedly testing foods that stick.

Do not crush tablets or open capsules unless a pharmacist confirms it is safe, because some medicines must remain whole. If eating or drinking repeatedly causes coughing or choking, stop and seek urgent advice rather than changing textures without guidance.

What to expect

The outlook depends on the cause. Irritation or a temporary throat illness may settle after the underlying problem improves. A blockage may need prompt removal, while nerve or muscle conditions may require ongoing support.

Many causes can be treated or managed. Early assessment reduces the risk of dehydration, poor nutrition, food impaction, and aspiration-related chest infections.

Record which foods or drinks cause symptoms, when the problem began, and whether it is worsening. Share this information at your assessment.

Common questions

Why are solids harder to swallow than liquids?

A narrowing or inflammation may obstruct solid food before liquids. Recurrent or worsening symptoms still need assessment.

Why do liquids make me cough?

Liquid may be entering or approaching the airway before the swallow is complete. A swallowing assessment can identify safer techniques and textures.

Can anxiety cause a swallowing problem?

Anxiety can cause throat tightness or a lump sensation. Physical causes should still be considered if food or drink sticks, causes coughing, or leads to weight loss.

Can I wait for food to pass if it feels stuck?

If you can swallow saliva and symptoms are easing, contact a healthcare service for advice. If you cannot swallow saliva, have breathing trouble, or the blockage persists, seek urgent care.

Sources

- National Institute on Deafness and Other Communication Disorders. Dysphagia
- NHS. Dysphagia (swallowing problems)
- American Academy of Family Physicians. Dysphagia: Evaluation and Collaborative Management
- American Society for Gastrointestinal Endoscopy. The role of endoscopy in the evaluation and management of dysphagia
- American College of Radiology. ACR Appropriateness Criteria: Dysphagia