



Difficulty swallowing (dysphagia)

When food or drink does not go down normally

PE-GIC-11

Difficulty swallowing always deserves assessment, even if it comes and goes. Most causes are treatable, and many can be treated during an endoscopy. Food that is completely stuck, so that you cannot swallow your own saliva, is an emergency.

What is it?

Dysphagia means difficulty moving food or drink from the mouth to the stomach. There are two main types:

- Oropharyngeal dysphagia (mouth and throat): difficulty starting a swallow, or coughing or choking while eating. It is often linked to nerve or muscle conditions, such as a stroke
- Oesophageal dysphagia (the gullet): food feels as if it sticks a few seconds after swallowing, behind the breastbone or at the base of the neck

Pain when swallowing is different, and is often caused by inflammation or infection of the gullet, or by a tablet that has stuck on the way down.

Common causes

- Narrowing (stricture) from long-standing acid reflux
- Eosinophilic oesophagitis, an allergy-related inflammation that often causes food sticking in young adults
- A thin ring or web of tissue in the gullet
- Disorders of the gullet muscles, such as achalasia, which often cause difficulty with both solids and liquids
- A growth in the gullet or upper stomach, more likely in older people with steadily worsening symptoms and weight loss

- Inflammation caused by tablets such as some antibiotics, anti-inflammatory painkillers, potassium or osteoporosis tablets
- Stroke, Parkinson's disease and other nerve or muscle conditions (for oropharyngeal dysphagia)

What your doctor will ask

- Whether the problem is with solids only, or with both solids and liquids
- Whether it comes and goes, or is steadily getting worse
- Where the food seems to stick
- Whether you have lost weight
- Whether you have heartburn, asthma, eczema or allergies
- Whether you cough or choke when eating or drinking

Pointing to where food sticks is a useful clue but not always accurate: a problem at the lower end of the gullet can be felt in the throat.

Tests

- Gastroscopy: the first test for most people with food sticking. Biopsies are usually taken, even if the gullet looks normal, and a narrowing can often be stretched during the same procedure
- Barium swallow: X-ray pictures taken while you swallow a white liquid, showing narrowings and how well the gullet empties
- Oesophageal manometry: measures the pressure and coordination of the gullet muscles, and is the main test for achalasia
- For oropharyngeal dysphagia: assessment by a speech and language therapist, often with a video X-ray of swallowing or a camera test through the nose
- Blood tests, and sometimes a CT scan

Treatment

Treatment depends on the cause:

- Stretching (dilatation) with a balloon or tapered tube for narrowings and rings
- Acid-reducing medicine (a PPI) to heal reflux damage and help stop a narrowing coming back
- Specific medicines or diet for eosinophilic oesophagitis

- For achalasia: balloon dilatation, an endoscopic muscle-cutting procedure (POEM) or surgery
- For a growth: assessment and treatment planned by a specialist team
- For oropharyngeal dysphagia: swallowing exercises, safer swallowing techniques and changes to food and drink texture, guided by a speech and language therapist

Practical tips

- Sit upright to eat and for 30 minutes afterwards
- Take small mouthfuls, chew well and eat slowly
- Take sips of water with your meal
- Take tablets standing or sitting upright, with a full glass of water, and stay upright for at least 30 minutes afterwards
- Take extra care with large pieces of meat and dry bread, which are common causes of food getting stuck
- Follow a softer diet for a while if your doctor advises it

Get urgent medical care if you have

- Food stuck and you cannot swallow your saliva: go to the emergency department now
- Food stuck for more than a few hours, even if you can swallow saliva: go to the emergency department
- Choking or difficulty breathing: call 9999
- Vomiting blood or passing black stools
- Swallowing that is getting steadily worse over weeks
- Weight loss without trying
- Repeated chest infections or coughing with every meal

Common questions

Food is stuck. Should I make myself vomit or drink a fizzy drink?

Do not force yourself to vomit or keep eating to push it down; fizzy drinks are not reliable. If it has not passed within a few hours, or straight away if you cannot swallow your saliva, go to the emergency department. Afterwards, you still need a gastroscopy to find the cause.

I feel a lump in my throat between meals. Is this dysphagia?

A lump feeling that often improves while eating, without food actually sticking, is usually globus, which is common and harmless. If food sticks, swallowing hurts or you lose weight, you need assessment.

Will stretching cure the problem?

Dilatation relieves a narrowing, often immediately. Some people need it repeated, and the underlying cause, such as reflux or eosinophilic oesophagitis, also needs treatment.

Is difficulty swallowing just part of getting older?

No. Swallowing can change slightly with age, but new or worsening difficulty should always be checked.

This leaflet is general information and does not replace advice from your own doctor. Version 1.0, October 2026. Next review October 2028.

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