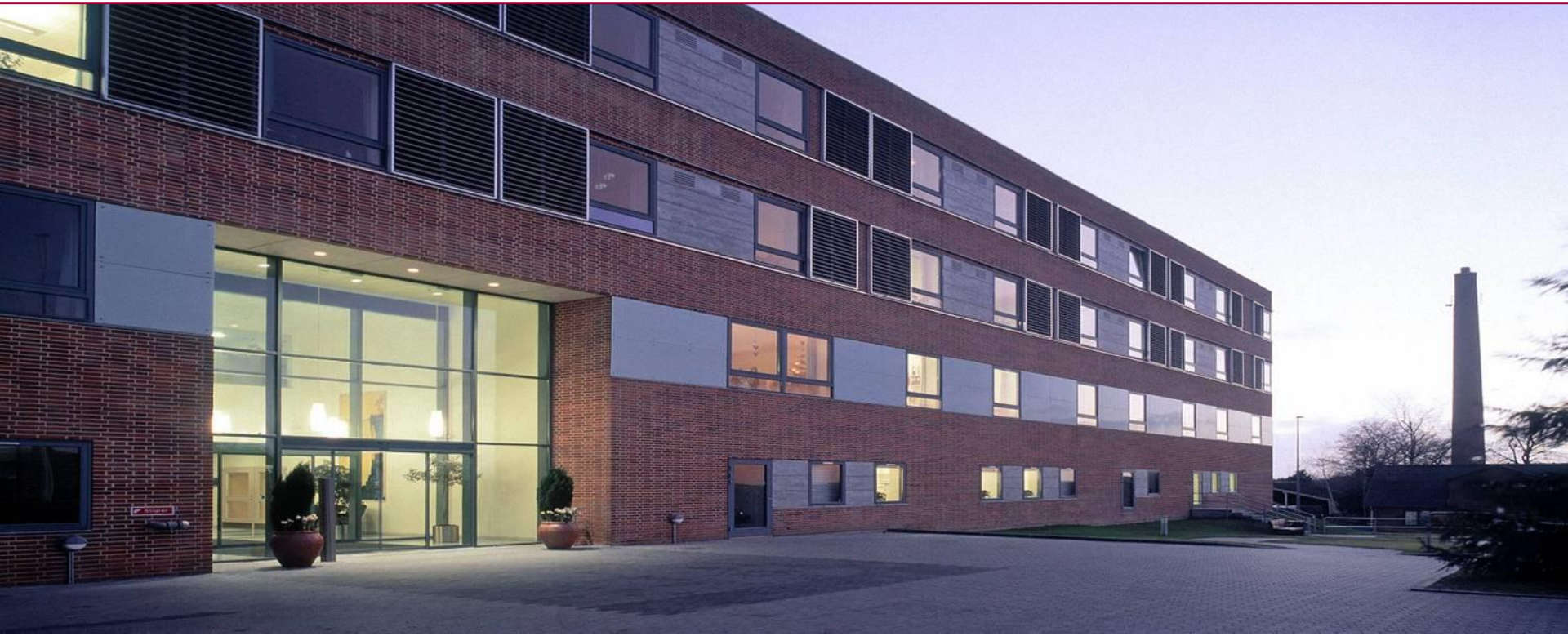

Evidence for treatment of stroke-related oropharyngeal dysphagia

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Topics

- Oropharyngeal dysphagia (OD) in stroke patients
- Evidence for **treatment** of stroke-related OD
- Recommendations for treatment of OD

Oropharyngeal dysphagia

OD may occur in up to 65 percent of stroke patients. If not identified and managed, it can lead to poor nutrition, pneumonia and increased disability.

Cochrane review (2012)

A number of treatments for dysphagia after stroke have been studied, including **swallowing exercises**, **acupuncture**, **drugs**, **neuromuscular electrical stimulation**, **pharyngeal stimulation**, **thermal stimulation**, and **transcranial direct current or magnetic stimulation**.

Treatment aims to improve swallowing and to reduce the risk of the person developing aspiration pneumonia, but most studies were of insufficient quality to derive recommendations.

Geeganage et al .Cochrane Database Syst Rev 2012

Conclusion from Cochrane

Insufficient data on whether swallowing therapy affects dependency, disability or death.

There was some evidence that **acupuncture** and **behavioural interventions** (dietary modification, swallowing exercises and environmental changes including positioning) may reduce dysphagia, although the specific components of each remain unclear. There was insufficient evidence to guide the use of other interventions.

Geeganage et al .Cochrane Database Syst Rev 2012

ESSD Statement on standards of treatment (2013)

Diagnosis of OD should be directly linked to appropriate compensatory, protective and rehabilitative procedures.

For example: Nutritional recommendations should be systematically implemented including adaptation of texture of solids and fluids and patients educated on the options and rationale. Bolus modification and postural adjustments should form part of minimal treatment protocol.

European Society for Swallowing Disorders (ESSD) Position Statements: Screening, Diagnosis and Treatment of Oropharyngeal Dysphagia in Stroke Patients, 2013

ESSD Statement on standards of treatment (2013)

As the evidence for behavioral treatments and swallowing rehabilitation is currently limited, higher quality, controlled research is required.

European Society for Swallowing Disorders (ESSD) Position Statements:
Screening, Diagnosis and Treatment of Oropharyngeal Dysphagia in Stroke Patients, 2013

NICE guidance specific to neuromuscular electrical stimulation (2014)

Found the current evidence to be limited and recommended further research.

Further trials are ongoing but more are likely to be needed as current evidence on efficacy is limited, including details on the timing of interventions after stroke onset and the intensity of the intervention.

National Institute for Health and Care Excellence, 2014e

DANISH HEALTH AUTHORITY

midt Central Denmark Region

NATIONAL CLINICAL GUIDELINE FOR OROPHARYNGEAL DYSPHAGIA – SCREENING, ASSESSMENT AND SELECTED INITIATIVES

2015

Initiatives concerning eating and drinking activity	
√	For patients with oropharyngeal dysphagia who require assistance to feed in order to ensure safe swallowing, it is good practice to consider offering goal-directed meal assistance.
√	It is good practice to consider offering eating and drinking activity training to adults with oropharyngeal dysphagia to supplement other training initiatives.

Oral hygiene	
√	It is good practice to offer assistance in performing good oral hygiene to adults with oropharyngeal dysphagia with a limited ability to handle personal care activities. This will minimise the risk of infections caused by oral cavity bacteria in the oral cavity, the airways and via the bloodstream.

lingual exercises	
↑	Consider offering lingual exercises as part of an overall training protocol to patients suffering from oropharyngeal dysphagia due to head and neck cancer (⊕OOO).
√	It is good practice to consider offering lingual exercises as part of an overall training protocol to patients suffering from oropharyngeal dysphagia and impaired sensory and/or motor function of the tongue.

Cuffed tracheal cannula	
√	It is good practice to consider use of a systematic interdisciplinary intervention in patients with a cuf-fed tracheal cannula suffering from oropharyngeal dysphagia in order to ensure appropriate and safe decuffing and possibly decannulation.

National clinical guideline for oropharyngeal dysphagia – screening, assessment and selected initiatives
Published by the Danish Health Authority, June 2016

Recommendations – treatment – stroke - OD

People with swallowing difficulty after stroke should be considered for swallowing rehabilitation by a specialist in dysphagia management. This should include one or more of:

– compensatory strategies such as postural changes (e.g. chin tuck) or swallowing manoeuvres (e.g. supraglottic swallow);

– restorative strategies to improve oropharyngeal motor function (e.g. Shaker headlifting exercises);

– sensory modification, such as altering the taste and temperature of foods or carbonation of fluids;

– texture modification of food and/or fluids.

National guideline for stroke, the Royale College of Physicians, 2016

Recommendations

People with stroke who require modified food or fluid consistency should have these provided in line with nationally agreed descriptors.

- People with difficulties self-feeding after stroke should be assessed and provided with the appropriate equipment and assistance (including physical help and verbal encouragement) to promote independent and safe feeding.
- People with swallowing difficulty after stroke should be provided with written guidance for all staff/carers to use when feeding or providing fluids.

National guideline for stroke, the Royale College of Physicians, 2016

Recommendations

People with stroke should be considered for gastrostomy feeding if they:

– need but are unable to tolerate nasogastric tube feeding;– are unable to swallow adequate food and fluids orally by four weeks from the onset of stroke;

– are at high long-term risk of malnutrition.

People with stroke who are discharged from specialist treatment with continuing problems with swallowing food or fluids safely should be trained, or have family/carers trained, in the management of their swallowing difficulty and be regularly reassessed.

National guideline for stroke, the Royale College of Physicians, 2016

Links

- National clinical guideline for stroke Prepared by the Intercollegiate Stroke Working Party, Fifth Edition. Published by Royale College of Physicians, 2016
  https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx
- Interventions for dysphagia and nutritional support in acute and subacute stroke. Published by Cochrane Database of Systematic Reviews, October 2012
  http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000323.pub2/full
- Transcutaneous neuromuscular electrical stimulation for oropharyngeal dysphagia - Interventional procedures guidance [IPG490]. Published by the National Institute for Health and Care Excellence (NICE), May 2014
  https://www.nice.org.uk/guidance/ipg490
- National clinical guideline for oropharyngeal dysphagia – screening, assessment and selected initiatives Published by the Danish Health Authority, June 2016
  https://www.sst.dk/da/udgivelser/2015/~/media/3BBE1F1B05354CC3A7080032E7D6F1A8.ashx

For your attention ☺

Do you have any questions ???

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