

The Prevalence and Severity of Dysphagia in a UK MND Respiratory Centre

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Abstract

Purpose: People with Motor Neuron Disease (MND) can die of aspiration pneumonia between respiratory appointments; therefore we have determined to improve surveillance and interventions for swallow dysfunction. We present our baseline data.

Method: Over 6 months, patients accessing an MND clinic for respiratory assessment were interviewed. Details of their swallow, extent of deterioration and the severity of their swallow abnormality, using the ALS Swallow Severity Scale, were collated and analyzed.

Results: A total of 161 people were interviewed; 121 (75%) reported swallowing abnormalities. Of these; 58 (48%) reported a deterioration of the swallow within the previous month or since seen by a SLT. Of those under the care of SLT 80% had been reviewed within the previous 3 months. Swallow severity ranged from 10 (normal) to 1 (no reflexive swallow) with 57 (35%) scoring 6 (cannot manage normal consistencies) or lower. A total of 38 (24%) patients had not previously been seen by SLT; of these 23 (60%) reported an abnormal swallow; of which 7 patients scored 6 or less and could no longer manage normal consistencies.

Conclusion: The majority (75%) of MND patients accessing our respiratory clinic reported symptoms of an abnormal swallow. As aspiration pneumonia is a known cause of death in MND, early identification and close monitoring of swallowing difficulties is key to enabling patients to make potentially life prolonging, informed decisions. We now plan a series of studies to report the association of risk with swallowing abnormality and trials of interventions against meaningful patient centered outcomes.

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