

Investigating the Prevalence and Impact of Dysphagia in Advanced Lung Cancer

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Abstract

Background: Lung cancer has a poor survival rate with more than two thirds of patients diagnosed at advanced stages of disease where no further curative treatment options are available. Dysphagia (swallowing difficulties) can occur in advanced lung cancer due to direct tumor invasion or nerve compression. Anti-cancer treatments and co-morbid conditions may cause or compound dysphagic symptoms. Surgical and speech and language therapy (SLT) interventions are available for the amelioration of dysphagic symptoms in patients with lung cancer, however, management options are not described in national guidelines for lung cancer treatment. Given the potentially short prognosis for patients with advanced lung cancer, the aim of care should be to reduce symptom burden and maximize quality of life. Central to that aim is the identification and treatment of swallowing difficulties if present.

Purpose: This study sought to identify the prevalence and impact of dysphagia on quality of life in patients with advanced lung cancer. For the purpose of this study, advanced lung cancer is defined as advanced stage III-IV disease where no further curative treatment is available.

Methods: A single site, prospective, exploratory study was undertaken. Previously validated patient-reported measures of swallowing were used to identify the presence and impact of dysphagia on quality of life namely the EAT-10 assessment and the SWAL-QOL assessment.

Results: Seventy-two participants were recruited. Following dysphagia screening 18.1% were found to have swallowing difficulties. These difficulties were found to have an impact on quality of life including fatigue, meal time duration, food selection and eating desire.

Conclusions: Patients with advanced lung cancer may experience swallowing difficulties that impact on quality of life. This study included only those patients who were undergoing palliative chemotherapy and who were being treated as outpatients. There is the potential for greater symptom burden including dysphagia amongst patients who are having other treatments such as radiotherapy and/or those patients who are admitted due to medical decline or symptom exacerbation. Patients, carers and healthcare professionals need to be aware of this symptom so that early referral to SLT can be expedited. Furthermore, robust prevalence studies in addition to interventional studies employing multi-dimensional dysphagia outcome measures and wider advanced lung cancer patient groups are required to inform policy, service and practice to ensure evidenced based, effective and appropriate interventions are provided for this patient group.

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