

Swallowing problems after acute stroke



Why Speech Pathology
assessment is important



What we know about swallowing disorders after stroke...

- Dysphagia is common after stroke
- Associated with increased mortality and morbidity:
 - aspiration leading to pneumonia,
 - dehydration,
 - compromised diet



Recent evidence #1

- Perth study (Mann et al 1999) of 128 patients
- clinical evidence: 51% with swallowing disorder
- Videofluoroscopic evidence: 64%
- 51 of 67 patients had penetration/aspiration after 6 months on MBS



Recent evidence #2

- Adelaide study (Broadley et al, 2005) of 104 patients
- 53% had dysphagia
- 19% required non oral feeding/hydration for 14 days or more, ore died prior to 14 days



NSF recommend...

- Screening before given food, drink or medications
- Within 24 hours admission
- Refer to speech pathologist if fail screening



Barriers to Screening..

- Finding staff to train at all sites
- Training is resource intensive
- High level of failure requires referral to speech pathologist anyway.



Some Recommendations

- Early speech pathology assessment to reduce the risk of serious medical complications
- Early decision on enteral feeding may simplify management and potentially shorten length of stay
- Withhold medications until swallowing assessment



Some conclusions

- Swallowing function should be assessed in all acute stroke patients because
 - Swallowing dysfunction is common
 - It persists in many patients
 - Complications frequently arise