ESSD Position Statements:

Screening, Diagnosis and Treatment of Oropharyngeal Dysphagia in Stroke Patients

The Statements were drafted by an expert panel which included the faculty of the **Precongress Course on Oropharyngeal Dysphagia in Stroke Patients, 2nd ESSD Congress, Barcelona 25 October 2012** and were debated and corrected during the last session of the course. Participants included the Acadèmia de Ciències Mèdiques de Catalunya I les Balears, CIBERehd - Instituto de Carlos III, AIAQS and ESPEN.

The **aim** of the statements is to provide a consensus on best practice and the state of the art, unify criteria and identify best clinical practice among the different healthcare centers and professionals working with patients with oropharyngeal dysphagia.

More details are available on www.myessd.org.

- Statement on Screening. All acute stroke patients should be kept nil per os until their swallowing ability is screened, by trained health care professionals, using a reliable and valid screening tool. Screening should be completed as soon as the patient is awake and alert. Screening identifies patients at risk for dysphagia and prioritizes patients for a full assessment.
- Statement on Diagnosis. OD can be diagnosed in stroke patients by using validated clinical assessment methods and, if appropriate, instrumental exploration protocols such as VFS and FEES. A formalized assessment for dysphagia should be performed on all stroke patients as soon as possible after failed screening and before oral intake. The diagnosis and grading of OD should be reported using validated scoring systems and ICD and ICF codes in the medical report of every patient.
- Statement on respiratory complications. Pneumonia is a frequent complication in the first days following stroke. Pneumonia following stroke is associated with greater mortality and long-term impairment. The presence of oropharyngeal dysphagia and aspiration correlates with the highest relative risk of stroke-associated pneumonia (SAP). The implementation of a structured dysphagia program in a hospital setting can reduce pneumonia rates and antibiotic use.

- Statement on nutritional complications and dehydration. Patients with OD should be screened for nutritional risk upon admission. Further assessment of nutritional status and hydration must be performed and appropriate treatment provided to prevent deterioration of nutritional status and complications. Nutrition experts should be involved in the management of OD. Furthermore, international guidelines based on clinical evidence need to be developed using standardized dysphagia diet terminology (liquids and solids).
- Statement on standards of treatment 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.

  As the evidence for behavioral treatments and swallowing rehabilitation is currently limited, higher quality, controlled research is required.
- Statement on prognosis, institutionalization and follow up All patients receiving modified texture diets or enteral feeding for OD require reassessment of their swallow and nutritional status usually the first week and maximum 2 to 3 months thereafter during the first year and then at least every 6 months thereafter. The severity of the swallowing impairment and the rate of improvement may alter the reassessment schedule.

  Monitoring should include patients in long-term care institutions.
- The multidisciplinary dysphagia team A dysphagia program should involve a trained core team composed of physicians, nurses, swallowing and/or speech and language therapists, and experts in nutrition. Ideally there should be a dysphagia team in each general hospital and long-term care facility.
- Statement on Guidelines These position statements should be developed into future guidelines following evidence-based research that demonstrates their validity.