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Screening assessments for Dysphagia in nursing homes

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Mary Smith
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**SUMMARY**
While there are several articles on dysphagia screening tools, there do not appear to be many articles that focus on their use in nursing homes.
Malnutrition is recognised as a serious problem in nursing homes. The MUST is used to identify malnutrition (5)
One study found that The Gugging Swallowing Screen (GUSS) and the Standardized Swallowing Assessment (SSA) were the tools with high psychometric quality, especially with high sensitivity, that nurses could perform feasibly to identify the risk and to grade the severity of dysphagia and aspiration of nursing home residents. Results show that GUSS and SSA are reliable and sensitive tools for screening dysphagia which nurses can use in nursing homes (11)
GUSS also mentioned in (20) as a suitable screening tool in nursing homes.

The Dysphagia Disorder Survey is a reliable and valid test for identifying and describing swallowing and feeding disorder in children and adults with developmental disability, living in residential settings. (16)
SEARCH RESULTS


Abstract: Swallowing problems are common in very frail older people and their identification, assessment and management can be difficult. David G Smithard emphasises the importance of a thorough assessment by the multidisciplinary team.

Hospital Premium Collection


Abstract: OBJECTIVE Poor food intake is known to lead to malnutrition in long-term care homes (LTCH), yet multilevel determinants of food intake are not fully understood, hampering development of interventions that can maintain the nutritional status of residents. This study measures energy and protein intake of LTCH residents, describes prevalence of diverse covariates, and the association of covariates with food intake.

DESIGN Multisite cross-sectional study.

SETTING Thirty-two nursing homes from 4 provinces in Canada.

PARTICIPANTS From a sample of 639 residents (20 randomly selected per home), 628 with complete data were included in analyses.

MEASUREMENTS Three days of weighed food intake (main plate, estimated beverages and side dishes, snacks) were completed to measure energy and protein intake. Health records were reviewed for diagnoses, medications, and diet prescription. Mini-Nutritional Assessment-SF was used to determine nutritional risk. Oral health and dysphagia risk were assessed with standardized protocols. The Edinburgh-Feeding Questionnaire (Ed-FED) was used to identify eating challenges; mealtime interactions with staff were assessed with the Mealtime Relational Care Checklist. Mealtime observations recorded duration of meals and assistance received. Dining environments were assessed for physical features using the Dining Environment Audit Protocol, and the Mealtime Scan was used to record mealtime experience and ambiance. Staff completed the Person Directed Care questionnaire, and managers completed a survey describing features of the home and food services. Hierarchical multivariate regression determined predictors of energy and protein intake adjusted for other covariates.

RESULTS Average age of participants was 86.3±7.8 years and 69% were female. Median energy intake was 1571.9±411.93 kcal and protein 58.4±18.02 g/d. There was a significant interaction between being prescribed a pureed/liquidized diet and eating challenges for energy intake. Age, number of eating challenges, pureed/liquidized diet, and sometimes requiring eating assistance were negatively associated with energy and protein intake. Being male, a higher Mini-Nutritional Assessment-Short Form score, often requiring eating assistance, and being on a dementia care unit were positively associated with energy and protein intake. Energy intake alone was negatively associated with homeliness scores but positively associated with person-centered care practices, whereas protein intake was positively associated with more dietitian time.

CONCLUSION This is the first study to consider resident, unit, staff, and home variables that are associated with food intake. Findings indicate that interventions focused on pureed food, restorative dining, eating assistance, and person-centered care practices may support improved food intake and should be the target for further research.


Abstract: The total number of natural teeth was related to swallowing function among older adults; however, limited information is available regarding the impact of occluding pairs of teeth on swallowing function. This study aimed to examine the association between posterior teeth occlusion and dysphagia risk in older nursing home residents. This cross-sectional study included 238 residents aged ≥60 years from eight nursing homes in Aso City, Japan. Swallowing function was evaluated using the modified water swallowing test (MWST); the primary outcome was dysphagia risk (MWST score ≤3). Posterior teeth occlusion was assessed using number of functional tooth units (FTUs), determined based on number and
location of the remaining natural and artificial teeth on implant-supported, fixed or removable prostheses. Univariate and multivariate logistic regression analyses were performed to examine the association between posterior teeth occlusion and dysphagia risk, adjusted for the covariates of number of natural teeth, demographic characteristics, comorbidities, physical function, body mass index and cognitive function. Of the 238 subjects, 44 (18.5%) were determined to be at risk of dysphagia based on the MWST scores. The odds ratio (OR) of dysphagia risk decreased in subjects with higher total FTUs [OR = 0.92, 95% confidence interval (CI) 0.87-0.98]. After adjusting for covariates, this association remained significant (OR = 0.90, 95% CI 0.84-0.97). Loss of posterior teeth occlusion was independently associated with dysphagia risk in older nursing home residents. Maintaining and restoring posterior teeth occlusion may be an effective measure to prevent dysphagia.

PT - Multicenter Study
PT - Observational Study

Abstract: Objective To determine the prevalence of malnutrition risk in older people across three settings. Methods Older people living in the community or newly admitted to hospital or residential care were assessed for malnutrition risk using the validated Mini-Nutritional Assessment - Short Form and dysphagia risk using the Eating Assessment Tool-10. Demographic, physical and health data were collected. Results Of 167 participants, 23% were malnourished and 35% were at high risk of malnutrition. Those recently admitted to residential care versus a hospital or living in the community had a higher prevalence of malnourishment (47% vs 23% and 2%) ( P < 0.001). Risk of dysphagia differed with settings ( P < 0.001) with highest risk in residential care. Hospitalised and residential care participants were significantly more likely to have ≥ 4 comorbidities, take ≥ 5 medications and have below normal cognition compared to community participants. Conclusion Choice of nutrition intervention is setting dependent.

Abstract: Malnutrition is a growing problem in the UK with as many as 14% of people aged over 65 at risk. It is of particular concern in care homes where more than one third of residents are undernourished. Weight loss is not the only symptom of malnourishment and nurses should examine any changes to a person's health and well-being to identify causes. Regular monitoring of patients' risk of malnutrition through use of screening assessments, such as the Malnutrition Universal Screening Tool, ensures undernourishment is identified early. As the population ages, it is more important than ever that the implications of malnutrition are recognised and addressed.

Abstract: AIMS AND OBJECTIVES: This study aimed to investigate the effects of a feeding intervention in patients with Alzheimer's disease with dysphagia. BACKGROUND: In patients with Alzheimer's disease, inadequate food and fluid intake can result in malnutrition, dehydration and increased morbidity and mortality. Patients may lose self-care abilities such as self-feeding. DESIGN: A prospective cohort study. METHODS: A three-month self-control feeding intervention was conducted prospectively in 30 nursing home residents with Alzheimer's disease with dysphagia. Pre- and post-intervention measures included the Kubota water swallow test, type and amount of food intake and assessment of nutritional status by triceps skinfold thickness, upper arm circumference, serum albumin and haemoglobin. We used the Edinburgh Feeding Evaluation in Dementia scale to evaluate eating compliance and the Mini-Mental State Examination to evaluate cognitive function. Pre- and post-intervention results were compared to evaluate the effects of nursing intervention. RESULTS: Patients' eating/feeding abilities improved overall, including significantly increased food intake (p < 0.001), decreased levels on the Kubota water swallow test (p < 0.001) and significant differences in skinfold thickness, arm circumference, serum albumin and haemoglobin (all p < 0.01), indicating improved nutritional status. Edinburgh Feeding
Evaluation in Dementia scale scores decreased significantly, showing improved eating compliance. No changes were noted in cognition post-intervention. Among 22 patients who initially required feeding, five patients resumed self-feeding after the intervention (p = 0.06).

CONCLUSIONS: Results of this study show that a feeding intervention can improve food intake, eating compliance and nutritional status in patients with Alzheimer's disease with dysphagia and prevent further decline in swallowing function. RELEVANCE TO CLINICAL PRACTICE: The significant improvement in eating/feeding measures suggest that this feeding intervention model could be developed as a feeding skills programme to improve both the eating/feeding care by nursing staff and the eating/feeding abilities and nutritional status of Alzheimer’s disease patients


Abstract: OBJECTIVES: To verify the reliability and validity and develop an English version of an instrument (Kuchi-Kara Taberu Index (KT Index)) to comprehensively assess and intervene in problems with eating and swallowing. DESIGN: Multicenter cross-sectional study. SETTING: Nursing homes. PARTICIPANTS: Individuals aged 65 and older (mean age 88.3 +/- 6.8; 80.0% female) who had lived in a nursing home for longer than 1 month (N = 115). MEASUREMENTS: The KT index consisted of 13 items: desire to eat, overall condition, respiratory condition, oral condition, cognitive function while eating, oral preparatory and propulsive phases, dysphagia severity, position and endurance while eating, eating, daily life, food intake level, food modification, and nutrition. Weighted kappa coefficients, Cronbach alpha, and Spearman rank correlation coefficients were determined. RESULTS: Weighted kappa values in the inter- and intrarater reliability tests ranged from 0.54 to 0.96 and 0.68 to 0.98, respectively. Cronbach alpha was 0.892. Spearman rank correlation coefficients (r) between the total KT index and external criteria were determined (Functional Oral Intake Scale, r = 0.790; Barthel Index, r = 0.830; Mini Nutritional Assessment Short Form, r = 0.582; Cognitive Performance Scale, r = -0.673; all P < .001). Similar correlations were observed when some items related to each external criterion were removed from the total KT index. Translation-retranslation procedures were conducted to develop an English version of the KT index. CONCLUSION: The study provided evidence of the reliability and validity of the KT index and developed an English version. Future studies regarding validation of health-related quality of life indices and their effect on clinical courses of eating and swallowing conditions are needed

PT - Multicenter Study
PT - Validation Studies


Abstract: AIM: Determine the incidence of dysphagia, identify its consequences and objectify related complications and mortality associated with pneumonia, in the institutionalized elderly. METHODS: A prospective observational and multicenter study with a 3-year follow-up period was designed in a cohort of 12 nursing homes within 6 cities in Spain. A total of 2384 patient records were studied. Demographic and clinical data (dementia, cerebrovascular disease), as well as an evaluation of the Barthel Index, dysphagia and aspiration, and mortality at 30 days and 1 year after pneumonia in patients with dysphagia were collected. RESULTS: Of the 2384 patients, 69.6% presented clinical signs of oropharyngeal dysphagia. Patients with dysphagia were older and showed lower functional status and higher prevalence of comorbidities. They had higher mortality as well. CONCLUSIONS: Oropharyngeal dysphagia is a highly prevalent clinical finding in elderly institutionalized patients. Among this population, there is also a higher prevalence of pneumonia, dementia, and cerebrovascular disease and pneumonia is an indicator of mortality

PT - Multicenter Study
PT - Observational Study

Abstract: OBJECTIVE: To assess the effect of adding acupuncture to standard swallowing training for patients with dysphagia after stroke. DESIGN: Single-blind randomized controlled trial. SETTING: Inpatient and outpatient clinics. SUBJECTS: A total of 124 patients with dysphagia after stroke were randomly divided into two groups: acupuncture and control. INTERVENTIONS: The acupuncture group received standard swallowing training and acupuncture treatment. In comparison, the control group only received standard swallowing training. Participants in both groups received six days of therapy per week for a four-week period. MAIN MEASURES: The primary outcome measures included the Standardized Swallowing Assessment and the Dysphagia Outcome Severity Scale. The secondary outcome measures included the Modified Barthel Index and Swallowing-Related Quality of Life, which were assessed before and after the four-week therapy period. RESULTS: A total of 120 dysphagic subjects completed the study (60 in acupuncture group and 60 in control group). Significant differences existed in the Standardized Swallowing Assessment, Dysphagia Outcome Severity Scale, Modified Barthel Index, and Swallowing-Related Quality of Life scores of each group after the treatment (P < 0.01). After the four-week treatment, the Standardized Swallowing Assessment (mean difference -2.9; 95% confidence interval (CI) -5.0 to -0.81; P < 0.01), Dysphagia Outcome Severity Scale (mean difference 2.3; 95% CI 0.7 to 1.2; P < 0.01), Modified Barthel Index (mean difference 17.2; 95% CI 2.6 to 9.3; P < 0.05) and Swallowing-Related Quality of Life scores (mean difference 31.4; 95% CI 3.2 to 11.4; P < 0.01) showed more significant improvement in the acupuncture group than the control group. CONCLUSIONS: Acupuncture combined with the standard swallowing training may be beneficial for dysphagic patients after stroke.


Abstract: Aims To develop and evaluate the psychometric properties of a Chinese Feeding Difficulty Index (Ch-FDI) which assesses feeding difficulties in people with dementia (PwD). Research Design and Method Scale items were developed using literature review based on Model of Feeding Difficulty. Content validity was evaluated and items were modified by expert panel. Following translation and back-translation, the Ch-FDI was piloted on residents with dementia. The reliability was tested by inter-rater reliability and test-retest reliability. Internal reliability was established by calculating Cronbach's $\alpha$ coefficient. The concurrent validity was evaluated by correlating with similar scale, the Edinburgh Feeding Evaluation in Dementia (EdFED). The exploratory factor analysis (EFA) with varimax rotation and parallel analysis (PA) was performed to test construct validity. Method Participants were recruited from long-term care facilities in Taiwan. A total of 213 residents with dementia participated in this study during May, 2010 to February, 2011. Results Content validation, translation and psychometric testing were completed on the 19 items of the Ch-FDI. The translated scale was piloted on 213 residents with dementia of feeding difficulty who were recruited from eight long-term care facilities in Taiwan. The reliability was supported by the internal consistency of Cronbach's $\alpha$ of 0.68 and a test-retest coefficient of 0.85. The content validity, face validity, concurrent validity, and construct validity were used. Conclusions The Ch-FDI is a newly developed scale with fair psychometric properties aimed to measure feeding difficulties among residents with dementia in long-term care facilities in Taiwan. Using this reliable and valid tool can help healthcare providers to assess feeding problems of PwD and provide feeding assistance in order to promote quality of care during mealtime in long-term care facilities Hospital Premium Collection.


Abstract: The purpose of this study was to evaluate the psychometric quality and feasibility of measurements for screening dysphagia in older adults to identify the 'right tool' for nurses to use in nursing homes. Methods: A systematic review was done. Electronic databases were searched for studies related to dysphagia screening measurements. A checklist was used to
evaluate the psychometric quality and applicability. Tools were evaluated for feasible incorporation into routine care by nurses. Results: 29 tools from 31 studies were identified. Dysphagia screening tools with an acceptable validity and reliability had sensitivity between 68% and 100% and specificity between 52% and 100%. The Gugging Swallowing Screen (GUSS) and the Standardized Swallowing Assessment (SSA) were the tools with high psychometric quality, especially with high sensitivity, that nurses could perform feasibly to identify the risk and to grade the severity of dysphagia and aspiration of nursing home residents. Conclusion: Results show that GUSS and SSA are reliable and sensitive tools for screening dysphagia which nurses can use in nursing homes. Further research is needed to examine feasibility of screening with identified tools, and also, to establish effective and standardized protocols for these tools so they can be effectively incorporated into routine care.

(12) Rudakiewicz J. Methods for managing residents with dysphagia. Nursing Older People 2015; 27(4):29-33. Abstract: Nurses working in nursing homes will care for residents who have dysphagia, or difficulty swallowing, on a regular basis. Clear, evidence-based guidelines are necessary for all staff to be able to meet the needs of these residents safely and efficiently. A multidisciplinary approach is important to ensure accurate assessment, devise appropriate care and achieve specific goals. Equipment such as valved beakers, rimmed plates and non-slip mats will help maintain safety during mealtimes. Prescription items, such as fluid thickeners and anticholinergic medication, help to manage the condition and provide comfort during mealtimes and in between. Robust education and training should be in place for all nursing and care staff who care for residents with the condition

(13) van der Maarel-Wierink CD, van der Putten GJ, De Visschere LM, Bronkhorst EM, de BC, Schols JM. Risk of aspiration in care home residents and associated factors. J Gerontol Nurs 2015; 41(2):26-31. Abstract: Pneumonia is a prevalent cause of death in care home residents. Dysphagia is a significant risk factor of aspiration pneumonia. The purpose of the current study was to screen for risk of aspiration in care home residents in the Netherlands and assess potential risk factors of aspiration. Five experienced speech-language therapists assessed 203 care home residents (115 primarily physically disabled, 88 primarily cognitively impaired) 60 and older in the first week after admission to a care home. In 43 (21.2%) residents, speech-language therapists assessed risk of aspiration and found no significant difference between physically disabled (26.1%) and cognitively impaired (14.8%) residents. After multivariate logistic regression analysis, the final prediction model for risk of aspiration showed Parkinson's disease as a significant factor (odds ratio = 5.11; 95% confidence interval [1.49, 17.52]) . The authors therefore conclude that risk of aspiration is a relevant care problem among Dutch care home residents and requires further assessment

(14) Yeonhwan P, Seieun O, Heekyung C, Hwal LB. Effects of the Evidence-Based Nursing Care Algorithm of Dysphagia for Nursing Home Residents. Journal of Gerontological Nursing 2015; 41(11):30-39. Abstract: Standardized nursing care protocols for dysphagia management have not been established in nursing home settings in Korea. The purpose of the current study was to examine the effect of the Evidence-Based Nursing Care Algorithm of Dysphagia (ENCAD) on risk of dysphagia, oral health, and dysphagia-specific quality of life among nursing home residents. The ENCAD was administered to 40 residents in one nursing home in urban South Korea for 6 months. A control-intervention, time-series design was used, under which participants served as their own controls. Oral health, risk of aspiration, and dysphagia-specific quality of life were measured at baseline, post-control, and post-intervention. Findings showed that risk of aspiration (p < 0.01) and dysphagia-related quality of life (p < 0.001) improved significantly after the ENCAD was applied, whereas oral health status did not change over time (p = 0.06). Results suggest that implementing the ENCAD contributed to a reduction in the risk of aspiration and an improvement in the quality of life in nursing home residents


Abstract: Swallowing and feeding disorder (dysphagia) have high incidence and prevalence in children and adults with developmental disability. Standardized screening and clinical assessments are needed to identify and describe the disorder. The aim of this study was to describe the psychometric properties of the Dysphagia Disorder Survey (DDS), a screening and clinical assessment of swallowing and feeding function for eating and drinking developed specifically for this population. The statistical analysis was performed on a sample of 654 individuals (age range 8-82) with intellectual and developmental disability living in two residential settings in the United States that served somewhat different populations. The two samples had similar factor structures. Internal consistency of the DDS and subscales was confirmed using Chronbach's coefficient alpha. The DDS demonstrated convergent validity when compared to judgments of swallowing and feeding disorder severity made by clinical swallowing specialists. Discriminative validity for severity of disorder was tested by comparing the two samples. The results of the study suggest that the DDS is a reliable and valid test for identifying and describing swallowing and feeding disorder in children and adults with developmental disability

PT - Validation Studies


Abstract: BACKGROUND: Dysphagia has been found to be strongly associated with aspiration pneumonia in frail older people. Aspiration pneumonia is causing high hospitalization rates, morbidity, and often death. Better insight in the prevalence of (subjective) dysphagia in frail older people may improve its early recognition and treatment.

OBJECTIVE: First, to assess the prevalence of subjective dysphagia in care home residents in the Netherlands. Second, to assess the associations of subjective dysphagia with potential risk factors of dysphagia.

DESIGN: Retrospective data-analysis of a cross-sectional, multi-centre point prevalence measurement.

SETTING: 119 care homes in the Netherlands.

PARTICIPANTS: Data of 8119 care home residents aged 65 years or older were included and analyzed.

METHODS: Subjective dysphagia was assessed by a resident's response to a dichotomous question with regard to experiencing swallowing problems. If a resident was not able to respond (e.g. residents with dementia or aphasia), the question was answered by the ward care provider, or the resident's file was consulted for registered swallowing complaints and/or dysphagia. Several residents' data were collected: gender, age, (number of) diseases, the presence of malnutrition, the Care Dependency Scale score, and the body mass index.

RESULTS: Subjective dysphagia was found in 751 (9%) residents. A final model for subjective dysphagia after multivariate backward stepwise regression analysis revealed eight significant variables: age (B -0.022), Care Dependency Scale score (B -0.985), 'malnutrition' (OR 1.58; 95% CI 1.31-1.90), 'comorbidity' (OR 1.07; 95% CI 1.01-1.14), and the disease clusters 'dementia' (OR 0.55; 95% CI 0.45-0.66), 'nervous system disorder' (OR 1.55; 95% CI 1.20-1.99), 'cardiovascular disease' (OR 0.81; 95% CI 0.67-0.99) and 'cerebrovascular disease/hemiparesis' (OR 1.74; 95% CI 1.45-2.10).

CONCLUSION: It seems justified to conclude that subjective dysphagia is a relevant care problem in older care home residents in the Netherlands. Care Dependency Scale score, 'malnutrition', and the disease clusters 'dementia', 'nervous system disorder', and 'cerebrovascular disease/hemiparesis' were associated with the presence of subjective dysphagia in this study. Age, 'comorbidity' and 'cardiovascular disease' showed very small influence

PT - Multicenter Study

Abstract: The adaptation of the Dutch Swal-Qol questionnaire to an interview format suitable for dysphagic patients with communicative and/or cognitive problems and evaluation of the feasibility and test-retest reliability. An observational study with two measurements within a 2-week time period in a sample of 57 stroke patients with dysphagia in a nursing home environment. The interview version of the Swal-Qol was evaluated in the total group and in subgroups of patients with and without communicative and/or cognitive problems. The constructed interview version was considered feasible from an expert's and patient's point of view. The overall score and seven subscales of the Swal-Qol showed an excellent test-retest reliability (k' > 0.75), and two subscales were considered good (k' > 0.60). This study showed that using a structured, and at the same time flexible, interview format tailored to the individual needs of stroke patients enhances the feasibility and does not compromise the test-retest reliability.

Hospital Premium Collection


Abstract: BACKGROUND: The swallowing mechanism changes significantly as people age, even in the absence of chronic diseases. Presbyphagia, a term that refers to aging-related changes in the swallowing mechanism, may be linked to many health conditions and presents itself in distinct ways. Swallowing disorders are also identified as a major problem amongst the elderly population living in nursing homes. METHODS: The study sought to determine the prevalence of swallowing disorders in nursing home residents, to identify the relationship between self-perceived swallowing disorders, cognitive functions, autonomy, and depression, and also to analyze which variables explain the score of the Dysphagia Self-Test (DST). For this purpose, the researchers chose to apply a survey conveying questions on demographic aspects, general health, eating and feeding, as well as instruments to assess functional performance and the 3 ounce Water Swallow Test. RESULTS: The sample consisted of 272 elderly people living in eight nursing homes in Portugal. Six did not sign the informed consent form. Of the total, 29% were totally dependent, 33% were depressed, 45% had cognitive impairment, and 38% needed help with feeding. About 43% of the individuals reported having problems related to eating. Regarding the DST, 40% showed signs of dysphagia. With respect to the 3 ounce Water Swallow Test, 38% revealed at least one of the symptoms, wet voice being the most prevalent. Correlation measures showed that age had no linear association with the DST score although correlation with the Barthel Index and Mini Mental State Examination was found to be significant. A linear regression model was estimated with the DST score as the dependent variable and the MMSE and BI scores, gender, age, education, the Geriatric Depression Scale score, 3 ounce Water Swallow Test, and diagnosed conditions (such as neurological disorder, dementia, and cardiorespiratory problems) as explaining variables. CONCLUSION: Results showed a high prevalence of dysphagia signs amongst a nursing home population. For the purpose of the present study, both a subjective and an objective assessment were applied. Results pointed to a significant statistical relation between objective and subjective measures, thus indicating that a self-perception test should be included in the assessment of swallowing disorders in a nursing home population. Notwithstanding, it should not be used as a single or principal measure as it is influenced by the individuals’ cognitive condition


Abstract: Dysphagia is a major health care problem in nursing homes. It can lead to fatal complications including aspiration pneumonia and even death. The aims of this study were to evaluate the prevalence of dysphagia in nursing home residents in South Korea and to identify factors associated with dysphagia. The study was conducted in two urban nursing homes and a total of 395 older adults (aged 65-103 years old, 76.5% female) were enrolled. The presence of dysphagia was evaluated using the Gugging Swallowing Screen (CUSS) test. Out of 395 older adults, the prevalence of dysphagia was 52.7%. The following were all risk factors associated with dysphagia: Aged 75 years or older, male gender, history of dementia, feeding time longer than 20 min, severe dependent functional status, solid meal type, high nutritional risk, and underweight. To prevent complications from dysphagia in
nursing home residents, systematic screening and evaluation programs for dysphagia are needed


Abstract: Rationale: The Eating Assessment Tool-10 (EAT-10) is a self-administered, analogical, direct-scoring screening tool for dysphagia. Objective: To translate and adapt the EAT-10 into Spanish, and to evaluate its psychometric properties. Methods: After the translation and back-translation process of the EAT-10 ES, a prospective study was performed in adult patients with preserved cognitive and functional abilities. Patients in 3 clinical situations, diagnosed with dysphagia (DD), patients at risk of dysphagia (RD), and patients not at risk of dysphagia (SRD) were recruited from 3 settings: a hospital Nutritional Support Unit (USN), a nursing home (RG) and primary care centre (CAP). Patients completed the EAT-10 ES during a single visit. Both patients and researchers completed a specific questionnaire regarding EAT-10 ES' comprehensibility. Results: 65 patients were included (age 75 ± 9.1 y), 52.3% women. Mean time of administration was 3.8 ± 1.7 minutes. 95.4% of patients considered that all tool items were comprehensible and 72.3% found it easy to assign scores. EAT-10 ES' internal consistency, Cronbach's Alpha coefficient was 0.87. A high correlation was observed between all tool items and global scores (p < 0.001). Mean score for patients in group DD was 15± 8.9 points, 6.7 ± 7.7 points in group RD, and 2 ± 3.1 points in group SRD. Male patients, previously diagnosed of dysphagia or patients from the NSU showed significantly higher scores on the EAT-10 ES (p < 0.001). Conclusion: EAT-10 ES has proven to be reliable, valid and to have internal consistency. Is it an easy-to-understand tool that can be completed quickly, making it useful for the screening of dysphagia in routine clinical practice


Abstract: The purpose of the present study was to examine what dysphagic signs identified by videoendoscopy (VE) could predict the incidence of pneumonia and body weight loss in elderly patients living in nursing homes. This study was performed at six nursing care facilities in Japan from March 2007 to February 2009. The 148 subjects (85·1 ± 8·0 years, male/female: 43/105) were evaluated for their feeding and swallowing movements by clinical and VE examinations during the consumption of a regular meal. The VE examination items included the existence/absence of pharyngeal residue, laryngeal penetration, and aspiration of food and saliva. The patients were followed-up for 3 months with individualized feeding therapy based on the results of the clinical/VE examination at baseline, and the incidence of pneumonia was examined as the primary outcome. In patients without pneumonia, the body weight change was also measured as a secondary outcome. The risk factors for pneumonia and body weight loss (of 3% or more) were identified among the clinical/VE examination items by a Cox proportional hazard analysis. Even with elaborate feeding therapy, 12 (8.1%) of the 148 patients developed pneumonia during the 3 months follow-up period. The existence of signs of ‘silent aspiration of saliva’ or ‘aspiration of saliva’ detected by VE examination was a significant risk factor for both pneumonia and a body weight loss of 3% or more. This study shows that ‘aspiration of saliva’ detected by VE is a significant risk factor for both pneumonia and body weight loss in elderly patients living in nursing homes


Abstract: Elderly people have an increased risk to suffer from dysphagia due to age-related physiological alterations and neurological disorders. The consequences of untreated dysphagia are malnutrition and dehydration and the aspiration of solid and liquid food into the respiratory tract, which can lead to life-threatening pneumonia. On this background the care of the elderly people in nursing homes is a challenge for nurses. The aim of this literature review is to identify suitable screening tools and to evaluate their practicability for nurses' everyday work. The database search was conducted in CINAHL, Ovid Medline and EMBASE. Ten screening tools fitted the selection criteria. Most of them are developed by speech and language therapists and physicians, only two tools are designed by nursing scientists. A
swallowing test is part of all screening tools; the target population are stroke patients in their acute phase. Other relevant criteria besides the swallowing test are, e.g. the patients' health status, taking of psychotropic drugs, and posture. All instruments are described as simple to use. They are tested for validity, and sometimes for reliability, but the tools are mostly not appropriate for the use in institutional geriatric care settings. The two instruments developed by nurse scientists are only of limited use in nursing homes, because both instruments were not tested in nursing homes and only one of these tools shows acceptable values of intrarater reliability and criterion-related validity. As a result, a screening tool for the target group and a training programme for nurses should be developed.


Abstract: Dysphagia, or difficulty in swallowing, is a condition with a strong age-related bias. Rates of dysphagia vary due to differences in method between studies; e.g., clinical history of "swallowing difficulty," evidence of aspiration, or dysphagia confirmed by swallowing investigations. In general, the rate is lower in the community than in nursing home facilities. The management and treatment of dysphagia among geriatric patients is complicated by cognitive decline, lowered immunity, malnutrition, and end-of-life decisions. This article reviews the current assessment, treatment, and management techniques for dysphagia; covers new developments in research and pilot studies; and reviews the ethical issues related to treatment when prognosis is poor.

Databases searched: CINAHL, Cochrane, Hospital Premium Collection, Medline, PubMed

Search terms:

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