Observation list for dysphagia

In school for children with rehabilitation needs

van Rems-Dijkstra, E.[1] Fontein, S.[1] el Karimi, K.[1] van Gessel, M.[1] Veldkamp, M.[1]

1 Klimmendaal Revalidatiespecialisten, Apeldoorn, the Netherlands

Introduction

Dysphagia is the medical term for eating and drinking difficulties. Many children with neurological impairments (NI) have an increased risk of dysphagia. It is estimated that 90 % of children with neurological impairment have difficulty eating and drinking[1]. Despite this high prevalence, dysphagia is still underdiagnosed.

Untreated dysphagia increases chances of (silent) aspiration, aspiration pneumonia and malnutrition[2,3]. Identifying determinants in a population with an increased risk of having dysphagia could be step one in the treatment process.

Aim

To quickly check children (ages 4-18) at "Het Kroonpad" (a school for children with rehabilitation needs in Apeldoorn, The Netherlands) a observation list was developed. By observing in the functional situation (eating and drinking moments at school), several determinants that could increase the risk of dysphagia, and physical signs of suspicion of dysphagia are checked. The students disabilities range from mild to severe (GMFCS 1-5, EDACS 1-5). Some have CP, but others have disabilities like NMD, genetic disorders, progressive deceases, etc.

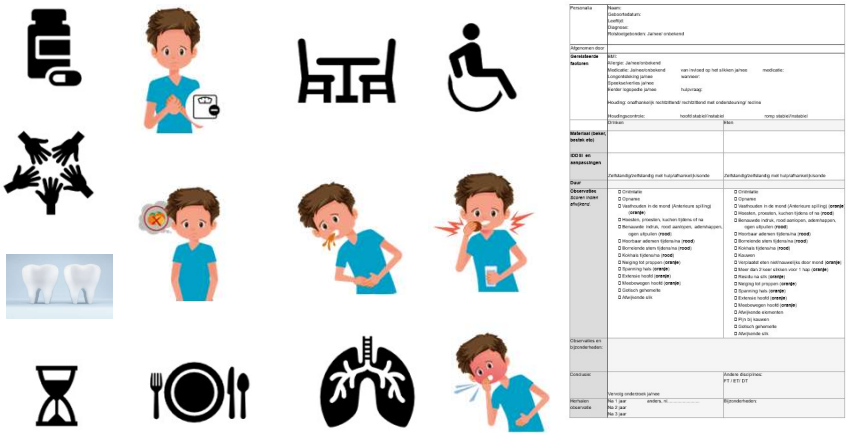
Method

This new list was based on three items.
One: the SSL (Swallow Signal List) used at the Special Olympics (Belgium and the Netherlands) to check for dysphagia amongst the Special Olympic athletes at the Healthy Athletes (Swallow Safe) program.
Two: the Dutch SD-VB ("Screening Dysfagie Verstandelijk Beperkten"; screening dysphagia for people with learning disabilities) and
Three: our work experience.

- SSL
  Slik SignaleringsLijst (Swallow Signal List), based on TOMASS and Water Swallow Test.
- SD-VB
  Screening Dysfagie Verstandelijk Beperkten (Dutch), screening dysphagia for people with learning disabilities.

The list has been used this school year for the first time

Key points in observationlist



Conclusion | Perspectives

The observation list is easy to use, and can help to get a good profile of all students, to determine who is at risk and need a thorough screening of their eating and drinking and when to re-administer the observation.

All students are checked, because research shows that even at EDACS I there still are big differences in dysphagia limit[4] compared to peers.

The list can be used in other settings as well, for different ages and populations. The list can easily be translated into other languages.

In the Netherlands the speech and language therapists are responsible to determine the safety of swallowing, and to keep this up-to-date, as stated in our guideline Dysphagia

References
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Correspondence to: e.vanrems@klimmendaal.nl