
**Author(s):** Julier ; Benfield, Jacqueline K.

**Source:** American Journal of Speech-Language Pathology; Jul 2021; vol. 30; p. 1793-1804

**Publication Date:** Jul 2021

**Publication Type(s):** Academic Journal

Available at American Journal of Speech-Language Pathology - from ProQuest (Health Research Premium) - NHS Version

Available at American Journal of Speech-Language Pathology - from ProQuest (MEDLINE with Full Text) - NHS Version

**Abstract:** Purpose: Oral trials, otherwise known as swallow trials or tasters, are widely used in dysphagia management. However, to date, no studies have investigated the effectiveness of oral trials or outlined how the approach is utilized in everyday practice. This article aims to start a dialogue regarding this much-used but little-evidenced dysphagia intervention by exploring three main aspects to (a) identify the patient demographics and environments in which oral trials are used in hospital, (b) explore clinical decision making around the approach, and (c) consider clinical implications around current findings and future areas for research. Method: A cross-sectional examination of 118 patients on the dysphagia caseload of a United Kingdom-based inpatient speech and language therapy team was conducted. Statistical analysis explored demographic differences between oral trials groups and the rest of the dysphagia caseload. Results: Twenty-three of 118 (19.5%) individuals on the caseload were or had been on oral trials during admission. Individuals in the oral trials group were significantly more likely to have a neurological diagnosis than the full oral intake group (78.3% vs. 30.5%, p < .001). There was a lack of uniformity in oral trials recommendations, and the rationale behind quantity and types of diet or fluids offered was unclear. Conclusions: This study begins to evidence the use of a dysphagia therapy not previously explored within existing literature. It highlights the wide use of oral trials within the hospital trust observed. Based on current evidence, it would be difficult for clinicians to know how to implement oral trials as an intervention. Further research is required both to explore the effectiveness of this approach and also to develop a consensus within practice around how, why, and when oral trials are offered. This would ensure an equitable and effective service is offered and would ensure a high standard of evidence-based practice within dysphagia management.

**Database:** CINAHL

2. The Penetration-Aspiration Scale: Adaptation to Open Partial Laryngectomy and Reliability Analysis.
Author(s): Pizzorni; Crosetti, Erika; Santambrogio, Elena; de Cillis, Giada; Bertolin, Andy; Rizzotto, Giuseppe; Fantini, Marco; Succo, Giovanni; Schindler, Antonio

Source: Dysphagia (0179051X); Apr 2020; vol. 35 (no. 2); p. 261-271

Publication Date: Apr 2020

Publication Type(s): Academic Journal

PubMedID: NLM31161405

Available at Dysphagia - from ProQuest (Health Research Premium) - NHS Version Full text from Jan 1997 to Dec 1999, then Jan 2002 to present.

Available at Dysphagia - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at Dysphagia - from Unpaywall

Abstract:A standard for assessing swallowing function after open partial horizontal laryngectomy (OPHL) is still not established. The variability in the measures used to investigate swallowing functional outcomes after OPHL limits the communication among clinicians and the possibility to compare and combine results from different studies. The study aims to adapt the PAS to the altered anatomy after OPHLs using fiberoptic endoscopic evaluation of swallowing (FEES) and to test its reliability. To adapt the PAS, two landmarks were identified: the entry of the laryngeal vestibule and the neoglottis. Ninety patients who underwent an OPHL were recruited (27 type I, 31 type II and 32 type III). FEES was performed and video-recorded. Two speech and language therapists (SLTs) independently rated each FEES using the PAS adapted for OPHL (OPHL-PAS). FEES recordings were rated for a second time by both SLTs at least 15 days from the first video analysis. Inter- and intra-rater agreement was assessed using unweighted Cohen's kappa. Overall, inter-rater agreement of the OPHL-PAS was k = 0.863, while intra-rater agreement was k = 0.854. Concerning different OPHL types, inter- and intra-rater agreement were k = 0.924 and k = 0.914 for type I, k = 0.865 and k = 0.790 for type II, and k = 0.808 and k = 0.858 for type III, respectively. The OPHL-PAS is a reliable scale to assess the invasion of lower airway during swallowing in patients with OPHL using FEES. The study represents the first attempt to define standard tools to assess swallowing functional outcome in this population.

Database: CINAHL

3. Interventions to prevent aspiration in older adults with dysphagia living in nursing homes: a scoping review

Author(s): Chen S.; Cui Y.; Kent B.

Source: BMC geriatrics; Jul 2021; vol. 21 (no. 1); p. 429

Publication Date: Jul 2021

Publication Type(s): Article

PubMedID: 34273953

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Available at BMC geriatrics - from Unpaywall

Abstract:BACKGROUND: Dysphagia is highly prevalent condition in older adults living in nursing homes. There is also evidence indicating that aspiration is one of the major health risks for these older adults, which is more likely to result in respiratory infections, aspiration pneumonia and sudden bolus death. Evidence syntheses have demonstrated the effectiveness of interventions for prevention of aspiration among hospitalized older people. The aim of this scoping review is to describe the current spread of interventions to prevent or reduce aspiration in older adults with
dysphagia with a specific focus on those who reside in nursing homes. METHOD(S): The Joanna Briggs Institute methods and PRISMA-ScR guidelines were used to inform this review. MEDLINE, CINAHL, EMBASE, Cochrane Library, Joanna Briggs Institute EBP Database and Web of Science were searched for related articles from 2010 to 2020 as well as Chinese databases (CNKI, WANFANG DATA and VIP) and databases for unpublished material. A three-step search strategy was utilized, including the use of citation software to manage search results and de-duplication, abstract review and full-text review by two reviewers. Details of included studies were then extracted using a prepared data extraction tool. The resulting map was displayed in tabular form along with a narrative summary.

RESULT(S): Although 637 articles were located, 19 papers were included in the final analysis. Interventions to prevent aspiration in older adults with dysphagia living in nursing homes included: more bedside evaluation, modification of dietary, creating an appropriate environment for swallowing, providing appropriate feeding assistance, appropriate posture or maneuver for swallowing, appropriate rehabilitation program, medication treatment, and stimulation treatment.

CONCLUSION(S): Nursing homes, particularly those in developing countries, require more support for staff training and necessary equipment. Professional interventions provided by speech and language therapists are still limited in the setting of nursing homes. Modification of dietary was the most frequently used intervention to prevent or reduce aspiration. Multi-disciplinary interventions had the best results for aspiration management, but for many nursing homes, access to such teams is limited. Nursing home residents respond well to person-centered interventions that have a comprehensive consideration of their degree of aspiration risk, health condition, individual feelings and cognitive state.

Database: EMBASE

4. Nutrition, sarcopenia and frailty

Author(s): Du W.
Source: Age and Ageing; Jun 2021; vol. 50
Publication Date: Jun 2021
Publication Type(s): Conference Abstract

Abstract: Many older people admitted to hospital are malnourished/at risk of malnourishment (30%), have swallowing problems (55%), are frail (25%), have sarcopenia (50%) or a combination of these. On admission to hospital frail older people are at significant risk of worsening nutritional status and prolonged hospital stay. Nutritional status should be identified, documented, food intake monitored and where appropriate they should be referred to the dietitian. The question remains, do staff recognise that frail older people may not eat their food increasing their risk of poor nutrition and outcome. Method(s): Older people admitted to a 'Frailty' Ward were directly observed during lunchtime by WD. The Minimal Eating Observation Form-Version II (MEOF-II) was used to document how much they ate. Frailty status (CFS), presence of Sarcopenia (Sarc-F) and whether a referral to dietetics or speech and language therapy (SLT) was completed. Result(s): 39 patients were observed. Mean age was 82.38 years; median CFS 6 (3-8); median Sarc-F 4(0-9). Median MEOF II was 0 (0-5). Two patients were referred to dietetics and 4 to SLT. 7/40 (17.5%) were at high risk for undernutrition, a further 8/40 (20%) were at moderate risk. 82% were severely frail, the remaining were mildly frail. 94% (16/17) exhibited sarcopenia. There was significant correlation between MEOF II and CFS (r=0.4887, p=0.00162); MEOFII and Sarc-F (r=0.4395, p=0.00512). There was correlation between CFS and Sarc-F (r=0.80296, p<0.00001). Only one (6%) was referred to the dietitian. Conclusion(s): Frail older adults are often undernourished on admission to hospital. Nutritional intake is often poor with acute illness. Screening, observation and monitoring of nutritional intake should highlight concerns and needs for intervention. These study highlights that a significant
number of older people are frail, fail to complete meals, are at significant risk of under nutrition, yet proactive intervention does not occur.

**Database:** EMBASE

5. Hospitalized Patients With COVID-19 and Neurological Complications Experience More Frequent Decline in Functioning and Greater Rehabilitation Needs

**Author(s):** Claflin E.S.; Daunter A.K.; Bowman A.; Startup J.; Reed E.; Krishnan C.; Kratz A.L.

**Source:** American journal of physical medicine & rehabilitation; Aug 2021; vol. 100 (no. 8); p. 725-729

**Publication Date:** Aug 2021

**Publication Type(s):** Article

**PubMedID:** 34257184

Available at [American journal of physical medicine & rehabilitation](https://www.americanjoblan.jm/rehabilitation) - from Unpaywall

**Abstract:** ABSTRACT: The coronavirus disease 2019 has been reported to cause various serious neurological sequelae. However, there is little information available about the impact of the disease and its complications on patients’ functional status and their postacute needs. Hence, this study was performed to address the current gap in knowledge about the function and postacute needs of those with neurological complications of coronavirus disease 2019. A prospective chart review was completed for 319 patients admitted with coronavirus disease 2019 between March 4 and May 1, 2020. Primary outcomes included rate of new functional decline, discharge location, need for outpatient physical/occupational/speech therapy, need for durable medical equipment at discharge, and presence of dysphagia at discharge. Patients with neurological complications were compared with patients without neurological complications. Two hundred ninety-six cases were included in the final analysis, and 81 (27.4%) of these patients experienced neurological complications. Results indicated that hospitalized coronavirus disease 2019 patients with neurological complications exhibit a significantly longer length of stay, higher frequency of functional decline, higher mortality rate, and more frequent discharge to a subacute rehabilitation facility (all P < 0.0001). The findings of this study are expected to better prepare patients, providers, and health systems for the postacute needs of those with coronavirus disease 2019 and neurological complications.

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**Database:** EMBASE

6. Attitudes to the Implementation of Speech and Language Therapist Led Low Risk Two Week Wait Clinic in the UK: A Survey Exploration Using Normalization Process Theory

**Author(s):** Bradley P.T.; Patterson J.

**Source:** Journal of Voice; 2021

**Publication Date:** 2021

**Publication Type(s):** Article

**Abstract:** Objectives: The aim of this study was to identify the factors which might shape the implementation of speech and language therapist led low risk 2 week wait clinic (SLTLR-2WW). Study design: An online survey was designed, piloted, and disseminated through UK speech and language professional groups. The survey asked questions about, the skills of, and equipment available, to SLT respondents. Using a modified NoMAD instrument (based on Normalization Process Theory) the survey explored attitudes to the prospect of the development of the SLTLR-2WW clinical model in the UK. Responses were tallied and calculated as percentage of responses. The free text question
responses were analyzed using a qualitative content approach, responses were coded and grouped into categories and mapped onto the Normalization Process Theory domains by the two authors. Result(s): There were 129 responses to the survey questions from SLTs from all regions of the UK and 72 respondents supplied free text comments for analysis. Conclusion(s): The collected responses indicate there is enthusiasm for the potential development of SLTLR-2WW clinics. The survey demonstrates that there are disparities in terms of resource availability, departmental, management and clinical support, around the UK. There is limited but successful experience of SLTLR-2WW in the UK but the survey responses indicate there is potential for expanding the scope of practice for SLTs into the delivery of clinical care for patients referred as suspected cancer with hoarseness and swallowing issues. The responses to the NoMAD derived questions and free text analysis identify some factors which could impede the development of this new service model include, resistance, lack of training, supervision, and support from colleagues and management. Copyright © 2021 The Voice Foundation

Database: EMBASE

7. Outcomes of Dysphagia Following Stroke: Factors Influencing Oral Intake at 6 Months After Onset

Author(s): Hota S.; Oguchi K.; Kondo T.; Otaka E.; Inamoto Y.; Mukaino M.; Saitoh E.; Gonzalez-Fernandez M.

Source: Journal of Stroke and Cerebrovascular Diseases; Sep 2021; vol. 30 (no. 9)

Publication Date: Sep 2021

Publication Type(s): Article

Abstract: Purpose: This study aimed to describe recovery of dysphagia after stroke. We determined the proportion of stroke survivors with dysphagia on admission, discharge, and 6 months after stroke. Additionally, the factors affecting oral feeding 6 months after stroke were explored. Method(s): A total of 427 acute stroke patients were recruited prospectively. Presence of dysphagia was evaluated on admission, weekly until recovery was achieved, and at discharge. We compared stroke survivors with dysphagia who had complete recovery, who had dysphagia but achieved oral feeding, and who required tube feeding. Patient-reported eating ability was evaluated at 6 months. Patients who achieved oral feeding by 6 months were compared to those who had persistent tube feeding need. Result(s): Fifty-five percent of stroke survivors had dysphagia on initial evaluation (3.1 +/- 1.4 days after admission) and 37% at discharge (21.1 +/- 12.4 days). At 6 months, 5% of patients required tube feeding. Among those who had dysphagia at initial evaluation, 32% had resolution of dysphagia within two weeks, 44% had dysphagia but started oral feeding before discharge, and 23% required alternative means of alimentation (nasogastric tube feeding, percutaneous endoscopic gastrostomy, parental nutrition) throughout hospitalization. At 6 months, 90% of stroke survivors who achieved oral feeding by discharge continued with oral feeding. Patients who achieved oral feeding after discharge had less cognitive impairments on admission and a higher speech therapist intervention rate after discharge. Conclusion(s): More than half of stroke survivors had dysphagia but the vast majority were able to return to oral feeding by 6 months. Cognitive function and dysphagia rehabilitation interventions were associated with return to oral feeding after hospital discharge. Copyright © 2021 Elsevier Inc.

Database: EMBASE

8. Muscle Tension Dysphagia: Contributing Factors and Treatment Efficacy

Author(s): Kang C.H.; Lott D.G.; Zhang N.
Abstract: Objective: To determine factors contributing to disease etiology and treatment efficacy. Study Design: Original Report. Setting(s): Tertiary academic center. Method(s): IRB approved prospective study of 20 patients with reported dysphagia who exhibited normal oropharyngeal and esophageal swallowing function as evidenced by videofluoroscopic swallow study, esophagogastroduodenoscopy, high-resolution esophageal manometry with stationary impedance, and Bravo pH probe off proton pump inhibitor. Patients underwent speech-language pathology intervention. Result(s): Atypical laryngeal muscle tension was present in 100% of patients. Forty percent of patients had diagnosed positive gastroesophageal reflux disease. Sixty-five percent of patients showed signs of non-specific laryngeal inflammation and laryngeal hyperresponsiveness during strobolaryngoscopy. All patients reported a mean of 90% recovery by the completion of voice therapy directed toward unloading muscle tension. Conclusion(s): The study results suggest an association between laryngeal muscle tension and these patients' dysphagia symptoms regardless of associated conditions. Speech-language pathology intervention showed high treatment efficacy. Level of Evidence: 2c - Outcomes research. Copyright © The Author(s) 2020.

Database: EMBASE


Author(s): Enam N.; Chou K.; Stubblefield M.D.

Source: PM and R; 2021

Publication Date: 2021

Publication Type(s): Article

PubMedID: 34181821

Available at PM & R : the journal of injury, function, and rehabilitation - from Unpaywall

Abstract: Background: Hodgkin lymphoma (HL) is highly curable, but survivors often develop function-limiting impairments. Screening guidelines for neuromuscular and musculoskeletal late effects are not as well recognized across medical disciplines. Early identification and management of functional late effects are instrumental in improving the longitudinal care of HL survivors. Objective(s): To define the prevalence of neuromuscular, musculoskeletal, visceral, oncologic, and other late effects affecting function and quality of life (QOL) in HL survivors. Design(s): A retrospective cohort analysis. Setting(s): Outpatient cancer rehabilitation clinic. Participant(s): One hundred HL survivors. Intervention(s): Not applicable. Main Outcome Measure(s): Prevalence of neuromuscular, musculoskeletal, visceral, oncologic, and other late effects contributing to functional impairment and disability in HL survivors. Result(s): Among the 100 HL survivors, 43% received chemotherapy, 94% radiation therapy, and 38% a combination of chemo-radiation for their initial cancer treatment. Nearly all HL survivors were diagnosed with myelopathy (83%), radiculoplexopathy (93%), mononeuropathy (95%), and localized myopathy (93%). Musculoskeletal sequelae included dropped head syndrome (83%), cervicalgia (79%), shoulder girdle dysfunction (73%), and dysphagia (42%). Visceral disorders included cardiovascular (70%), pulmonary (44%), endocrine (63%), gastrointestinal (29%), and genitourinary (11%) dysfunction. Lymphedema affected 21% of survivors and 30% had a history of a secondary malignancy. Pain (71%), fatigue (45%), and dyspnea (43%) were major function-limiting impairments. Nearly all (95%) of survivors were referred to at least one therapy discipline including physical therapy, occupational therapy, speech and language pathology, and/or lymphedema therapy. Conclusion(s): Neuromuscular, musculoskeletal,
visceral, oncologic, and other late effects are extremely common in HL survivors seeking physiatric evaluation. Multiple function-limiting disorders can coexist in HL survivors with the potential to severely compromise function and QOL. Safe and effective rehabilitation may depend on the physiatrist's ability to identify, evaluate, and manage the multitude of complex and often interrelated functional late effects seen in HL survivors. Copyright © 2021 American Academy of Physical Medicine and Rehabilitation.

10. Diagnosis in muscle tension dysphagia

Author(s): Krasnodebska P.; Jarzynska-Bucko A.; Szkielkowska A.; Miaskiewicz B.; Skarzynski H.
Source: Otolaryngologia Polska; 2020; vol. 74 (no. 4); p. 1-7
Publication Date: 2020
Publication Type(s): Review
PubMedID: 33724224

Abstract: Introduction: Patient-reported outcome measures have been used within the otorhinolaryngologic disorders’ field for many years to compare patient’s perception of the severity of symptoms and the effectiveness of a therapeutic approach. Questionnaires that evaluate dysphagia are relatively complex instruments aimed mostly at patients with neurological or malignant diseases. The ICD-10 classification specifies only one broad term - dysphagia (R13). Introduction of Muscle Tension Dysphagia (MTDg) in 2016 by Kang completed the spectrum of the nomenclature. This dysphagia type is defined as a type of laryngeal muscle tension disorder manifesting primarily as swallowing difficulty with or without any accompanying organic cause, laryngeal hyperresponsiveness and/or nonspecific laryngeal inflammation. Aim(s): Since there were no clear diagnostic and therapeutic perspectives on the group of patients with MTDg, the aim of this work was to analyse selected diagnostic tools used for the evaluation of swallowing disorders in the context of finding the most suitable tools for patients with Muscle Tension Dysphagia. Material(s) and Method(s): The material of the work included 61 patients. Each patient underwent otolaryngologic, phoniatric and speech therapist’s examination, Functional Endoscopic Evaluation of Swallowing (FEES) and filled out questionnaires concerning dysphonia and dysphagia symptoms. Result(s): The results of the work showed that patients with MTDg were characterised by correct results of FEES examination, prolonged swallowing, features of inappropriate mucous and oropharyngeal muscle function. Conclusion(s): The Swallowing Disorder Scale (SDS), developed by the authors, correlated best with the cause of dysphagia. The questionnaire corresponded well with the degree of severity. In the diagnostic process of MTDg one of the key tasks is the differentiation with patients with non-normative swallowing patterns. Apart from specialistic consultations with otolaryngologist and speech therapist, while diagnosing MTDg we recommend using objective (FEES, videofluoroscopy, SEMG) and subjective (SDS, DHI, EAT-10 surveys) assessment tools. In our opinion, the inclusion of questionnaires to detect reflux syndromes is also important in the causal treatment of ailments. Copyright © 2020 Polish Otolaryngology Society. All rights reserved.

11. Multidisciplinary management of laryngeal pathology identified in patients with COVID-19 following trans-laryngeal intubation and tracheostomy

Author(s): Boggiano S.; Wallace S.; Gill S.E.; Alexander P.D.G.; Khwaja S.; McGrath B.A.; Williams T.
Source: Journal of the Intensive Care Society; 2021
Publication Date: 2021
Abstract: Background: COVID-19 disease often requires invasive ventilatory support. Trans-laryngeal intubation of the trachea may cause laryngeal injury, possibly compounded by coronavirus infection. Fibreoptic Endoscopic Evaluation of Swallowing (FEES) provides anatomical and functional assessment of the larynx, guiding multidisciplinary management. Our aims were to observe the nature of laryngeal abnormalities in patients with COVID-19 following prolonged trans-laryngeal intubation and tracheostomy, and to describe their impact on functional laryngeal outcomes, such as tracheostomy weaning. Method(s): A retrospective observational cohort analysis was undertaken between March and December 2020, at a UK tertiary hospital. The Speech and Language Therapy team assessed patients recovering from COVID-19 with voice/swallowing problems identified following trans-laryngeal intubation or tracheostomy using FEES. Laryngeal pathology, treatments, and outcomes relating to tracheostomy and oral feeding were noted. Result(s): Twenty-five FEES performed on 16 patients identified a median of 3 (IQR 2-4) laryngeal abnormalities, with 63% considered clinically significant. Most common pathologies were: oedema (n = 12, 75%); abnormal movement (n = 12, 75%); atypical lesions (n = 11, 69%); and erythema (n = 6, 38%). FEES influenced management: identifying silent aspiration (88% of patients who aspirated (n = 8)), airway patency issues impacting tracheostomy weaning (n = 8, 50%), targeted dysphagia therapy (n = 7, 44%); ENT referral (n = 6, 38%) and reflux management (n = 5, 31%). Conclusion(s): FEES is beneficial in identifying occult pathologies and guiding management for laryngeal recovery. In our cohort, the incidence of laryngeal pathology was higher than a non-COVID-19 cohort with similar characteristics. We recommend multidisciplinary investigation and management of patients recovering from COVID-19 who required prolonged trans-laryngeal intubation and/or tracheostomy to optimise laryngeal recovery.

Database: EMBASE
bottom-up approach. RESULT(S): The following factors were found to influence the decision-making process at the bedside: bedside assessment data sets, patient, multidisciplinary team, context and then SLT. The availability of more data from the assessment from different data sets improved the confidence of the SLT at the bedside when needing to make clinical decisions. Clinical instincts are developed through experience and observation of those more experienced. These skills need to be developed from junior years. CONCLUSION(S): This research study showed that a bedside assessment can provide valuable information that will allow for diagnostic decisions to be made at the bedside. This study also highlighted the importance of critical thinking using clinical instincts, and that these are the factors that need to be valued and emphasised rather than the assessment measures themselves.

Database: EMBASE

13. Post-extubation dysphagia and dysphonia amongst adults with COVID-19 in the Republic of Ireland: A prospective multi-site observational cohort study

Author(s): Regan J.; Walsh M.; Lavan S.; Horan E.; Gillivan Murphy P.; Healy A.; Langan C.; Malherbe K.; Flynn Murphy B.; Cremin M.; Hilton D.; Cavaliere J.; Whyte A.

Source: Clinical Otolaryngology; 2021

Publication Date: 2021

Publication Type(s): Article

PubMedID: 34197688

Abstract:Objectives: This study aims to (i) investigate post-extubation dysphagia and dysphonia amongst adults intubated with SARS-COV-2 (COVID-19) and referred to speech and language therapy (SLT) in acute hospitals across the Republic of Ireland (ROI) between March and June 2020; (ii) identify variables predictive of post-extubation oral intake status and dysphonia and (iii) establish SLT rehabilitation needs and services provided to this cohort. Design(s): A multi-site prospective observational cohort study. Participant(s): One hundred adults with confirmed COVID-19 who were intubated across eleven acute hospital sites in ROI and who were referred to SLT services between March and June 2020 inclusive. Main Outcome Measure(s): Oral intake status, level of diet modification and perceptual voice quality. Result(s): Based on initial SLT assessment, 90% required altered oral intake and 59% required tube feeding with 36% not allowed oral intake. Age (OR 1.064; 95% CI 1.018-1.112), proning (OR 3.671; 95% CI 1.128-11.943) and pre-existing respiratory disease (OR 5.863; 95% CI 1.521-11.599) were predictors of oral intake status post-extubation. Two-thirds (66%) presented with dysphonia post-extubation. Intubation injury (OR 10.471; 95% CI 1.060-103.466) and pre-existing respiratory disease (OR 24.196; 95% CI 1.609-363.78) were predictors of post-extubation voice quality. Thirty-seven per cent required dysphagia intervention post-extubation, whereas 20% needed intervention for voice. Dysphagia and dysphonia persisted in 27% and 37% cases, respectively, at hospital discharge. Discussion(s): Post-extubation dysphagia and dysphonia were prevalent amongst adults with COVID-19 across the ROI. Predictors included iatrogenic factors and underlying respiratory disease. Prompt evaluation and intervention is needed to minimise complications and inform rehabilitation planning. Copyright © 2021 The Authors. Clinical Otolaryngology published by John Wiley & Sons Ltd.

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