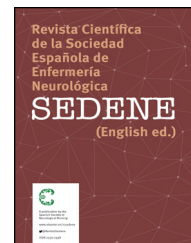




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ORIGINAL ARTICLE

Prevalence of oropharyngeal dysphagia in patients related with cerebrovascular disease at a neurorehabilitation unit[☆]



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KEYWORDS

Dysphagia;
Deglutition disorders;
Stroke;
Prevalence

Abstract

Introduction: The oropharyngeal dysphagia is a frequently present side effect amongst cerebrovascular pathology, being quite relevant due to the possible respiratory and/or nutritional side effects.

Objective: To know the prevalence of oropharyngeal dysphagia in hospitalized-stroke patients within a neurorehabilitation unit.

Method: A cross-sectional study was designed whose target population was patients diagnosed of cerebrovascular pathology hospitalized in the neurorehabilitation unit within a mid/long term stay hospital in Madrid, Spain, from April 1st 2012 until January 31st 2015. Social-demographical and clinical variables have been chosen by checking the clinical records from the patients included.

Results: During the period time of the study 124 patients were admitted in the unit, amongst those 88 were male. A big part of the patients with oropharyngeal dysphagia were admitted with a diagnosis of focal-ischaemic stroke, 43.1% (n = 58), and 39.7% (n = 49) with intracerebral

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PALABRAS CLAVE

Disfagia;
Trastorno de la
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Prevalencia

haemorrhagic stroke. It was also verified that 79.3% (n=46) of the patients diagnosed with dysphagia presented a total dependency, 17.3% (n=10) severe helplessness and 3.4% (n=2) moderate dependence in daily activities.

Conclusion: Dysphagia has a high prevalence within our unit and it is related to the degree of patient dependence related to life actions and, being recommended the use of the Volume-Viscosity Swallow Test when dealing with patients with stroke in order to identify early diagnosis.

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Prevalencia de disfagia orofaríngea en pacientes con patología cerebrovascular en una unidad de neurorrehabilitación

Resumen

Introducción: La disfagia orofaríngea es una secuela que está presente de forma muy frecuente en la patología cerebrovascular, y es importante dadas las complicaciones que puede presentar a nivel respiratorio y/o nutricional.

Objetivo: Conocer la prevalencia de disfagia orofaríngea en pacientes con ictus hospitalizados en una unidad de neurorrehabilitación.

Método: Estudio descriptivo transversal, teniendo como población accesible a los pacientes diagnosticados de patología cerebrovascular ingresados en la unidad de neurorrehabilitación de un hospital de media-larga estancia de Madrid en el periodo comprendido entre el 1 de abril de 2012 al 31 de enero de 2015. Se han recogido variables tanto sociodemográficas como clínicas a través de la consulta de historias clínicas de los pacientes incluidos en el estudio.

Resultados: En el periodo de estudio ingresaron 124 pacientes en la unidad, de los cuales 88 eran varones. Se presenta una prevalencia de disfagia orofaríngea del 46,8% (n=58). Gran parte de los pacientes con disfagia orofaríngea han ingresado con diagnóstico principal de accidente cerebrovascular de origen isquémico focal (43,1%; n=52) y un 39,7% (n=49) con diagnóstico de ictus hemorrágico intraparenquimatoso. Asimismo, verificamos que el 79,3% (n=46) de los pacientes diagnosticados de disfagia presentan un nivel de dependencia total, el 17,3% (n=10) dependencia severa y el 3,4% (n=2) dependencia moderada para las actividades básicas de la vida diaria.

Conclusión: La prevalencia de disfagia en nuestra unidad es alta, objetivando también una posible relación con el grado de dependencia para las actividades básicas de la vida diaria de los pacientes, siendo recomendable la realización del Método de Exploración Clínica Volumen-Viscosidad a los pacientes con ictus con el propósito de realizar un diagnóstico precoz de este trastorno.

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Introduction

Cerebrovascular disorders are brain changes secondary to a vascular event; their acute manifestation is termed *ictus* (Latin) (stroke). Stroke is defined as a sudden disruption of cerebral blood flow that temporarily or permanently alters the function of a particular area of the brain. After acute stroke treatment, patients can present different sequelae of sensory, cognitive, functional or swallowing dysfunction.^{1,2}

Dysphagia is a difficulty or inability to swallow food or drink. The most common form of dysphagia is oropharyngeal, triggered by neuromuscular changes causing weakness or lack of coordination. It presents in certain diseases of the central nervous system, such as stroke.³ The most severe complications of this syndrome are malnutrition and dehydration in the event of swallowing dysfunction, and

broncho-aspiration when swallowing safety is compromised. Aspiration of both solids and liquids through the trachea and the lungs is directly associated with respiratory infection.^{4,5} This is one of the most common complications and results in high hospital costs incurred through increased hospital stays, and increased material and human resources expenditure.³

It has been demonstrated that the prevalence of oropharyngeal dysphagia in hospital is high, encountered in around 40% of stroke patients in the acute phase, and a very similar percentage (38.6%) in patients in the subacute phase. The prevalence of dysphagia reduces to 6% in the chronic phase.^{3,6,7}

Dysphagia remains an underrated and under-diagnosed health problem that requires rehabilitation. It is advisable to include the Volume-Viscosity Clinical Examination Method (MEC.V-V) in nursing assessments as routine clinical

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