Dysphagia training after head and neck cancer fails to follow legislation and national recommendations

Abstract

Introduction: Dysphagia is a known sequela after head and neck cancer (HNC) and causes malnutrition, aspiration pneumonia and a reduced quality of life. Due to improved survival rates, the number of patients with sequelae is increasing. Evidence on the ideal HNC-specific rehabilitation of dysphagia is lacking, but several studies indicate that early initiation is crucial. The aim of this study was to map the existing dysphagia rehabilitation programmes for HNC patients in Denmark.

Methods: Occupational therapists (OTs), oncologists and surgeons from five hospitals participated in a nationwide questionnaire-based survey, along with OTs from 39 municipal health centres.

Results: HNC patients rarely receive preventive occupational therapy before treatment, and hospital-based OTs mainly attend to HNC patients undergoing surgery. Far from all oncology and surgical departments complete the required rehabilitation plans upon discharge which leaves many patients untreated. There are vast differences between the municipalities’ rehabilitation programmes and between the expertise employed in municipalities and hospitals.

Conclusion: Existing HNC rehabilitation does not meet official Danish guidelines. Only a fraction of HNC patients are offered rehabilitation and often long after completing treatment. Municipal rehabilitation services vary considerably in terms of type, duration, intensity and expertise. Dysphagia-related rehabilitation requires an improved monitoring, possibly with an increase in the uptake of centralised dysphagia rehabilitation.

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