A follow-up intervention in elderly diagnosed with dysphagia

Introduction
In the period March 2015 to April 2016 the nutrition unit of Roskilde, Denmark conducted an intervention including n=126 elderly suspected with dysphagia, of which 84 elderly were diagnosed with dysphagia. The focus of the intervention was the correlation between early identification of dysphagia, unintended weight loss, insufficient oral hygiene and particularly the multidisciplinary efforts in this context. There was a close relation between the above mentioned nutrition related complications, why early identification of dysphagia requires a multidisciplinary approach including meal adaptation, guidance about sufficient nutrition and oral care (Rofes, L. et al.)

Present intervention is a follow-up including n=84 elderly earlier diagnosed with dysphagia. On the basis of Melgaard, D. et al., current intervention illuminates the mortality among the following:

Subgroup 1: elderly with dysphagia (n=84)
Subgroup 2: elderly with dysphagia and unintended weight loss (n=34)
Subgroup 3: elderly with dysphagia and insufficient oral hygiene (n=37)
Subgroup 4: elderly with dysphagia, unintended weight loss and insufficient oral hygiene (n=17)

Based on Serra-Prat, M. et al. present intervention in addition illuminates weight status among subgroup 2.

Material and methods
Current intervention is completed using audit. In weight status the follow-up is divided into five periods of time. Concerning mortality the follow-up period is one year. There is a risk of bias as it has not been possible to collect data from the total group of 84 elderly earlier diagnosed with dysphagia.

Results

Conclusion
It has become clear that elderly with dysphagia in average have a weight loss in 2 kg in one year. In addition, the mortality increases as the nutrition related complications become more.
Early identification of nutrition related complications is extremely important thus a prolonged multidisciplinary approach can be initiated.