



LECTURE

Workshop: Dysphagia management in stroke patients

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Abstract

Stroke is the major cause of neurogenic dysphagia. Incidence of dysphagia in stroke patients ranges from 20% to 70%, in the literature. Nevertheless, the majority of the authors state that the incidence of swallowing disorders in stroke patients is around 50%. Dysphagia is a major issue in the acute phase of stroke, but it tends to resolve in two weeks in 80% of the cases. About 15% of stroke patients will maintain swallowing problems after three months since stroke onset. Dysphagia is associated with poorer stroke outcome, less participation in rehabilitation and higher mortality. Complications described as associated with

dysphagia are: death, pneumonia, malnourishment, dehydration, institutionalization, increased length of stay, depression and higher healthcare costs. Stroke patients with dysphagia have a 3-fold higher risk of having pneumonia when compared with stroke patients without dysphagia. If dysphagia is severe enough to result in aspiration, the risk of pneumonia is eleven-fold higher when compared to stroke patients without dysphagia. In order to prevent the complications and the bad outcomes associated with swallowing disorders, it is extremely important to screen for dysphagia, with formal evaluation, and to treat it properly.

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