

## E-Poster Presentations

**Methods:** Clinical case description, with clinical assessment of swallowing by SLP and FEES with ENT and SLP.

A 37-year-old man with cerebral palsy and treated with antiepileptics and anticonvulsants was previously autonomous in daily life activities. During neurological follow-up the patient had changes in liver function markers, and the medication was readjusted. A few days later the patient began to be disturbed and there was a new change in prescription with new medication (selective serotonin reuptake inhibitors, benzodiazepines, antiepileptics and anticonvulsants, tricyclic antidepressants), but there was deterioration of his general state, with impairments in feeding and walking. At hospital admission, a clinical evaluation was performed by the SLP and presented moderate changes in orofacial motricity with involuntary movements, increased oral time, residues in oral cavity after swallowing, wet voice and cough after swallowing. In the instrumental assessment: poor food ejection strength, leaking, decreased laryngeal sensitivity, food residue in the pharyngeal recess with escape in the retrocricoid region to the laryngeal vestibule was observed.

**Results:** After 26 days of hospitalization, with SLP intervention but without improvement in swallowing and reversal of neurological signs, the patient was discharged from the hospital to his home with a nasogastric tube for all nutrition and hydration (FOIS 1 and DOSS 1) and with referral for clinical nutrition consultation for PEG placement.

**Conclusions:** This case report highlights dysphagia as a side effect of medication and as an important comorbidity in the patient.

**Keywords:** - **Dysphagia, oropharyngeal dysphagia, medication, swallowing assessment.**

## PO 177

### (1341) - SYDNEY SWALLOW QUESTIONNAIRE: EUROPEAN PORTUGUESE TRANSLATION

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**Objectives:** Dysphagia is a swallowing disorder commonly diagnosed after stroke. Due to its serious consequences, an early diagnosis is fundamental. The patients with an early diagnosis should be referred for further clinical assessment. These assessments should include several evaluation techniques, including the use of self-administered Functional Health Status inventories. In Portugal, there is a lack of validated assessment scales and/or questionnaires related to dysphagia. The aim of this project is the translation and cultural adaptation of the Sidney Swallow Questionnaire (SSQ) to European Portuguese (EP).

**Methods:** The English version of the SSQ was translated into EP by two independent bilingual translators, fluent in both languages, with EP as their mother tongue. A common version was agreed. A bilingual translator fluent in both languages, and whose mother tongue is English, completed back translation. A panel of experts composed of several health professionals with experience in the area, analysed this version and classified all its items in terms of their semantic, idiomatic, experiential and conceptual equivalence (phase I). Some modifications were then suggested and incorporated. The new version was re-examined by the same group (phase II). The data resulting from both phases were statistically analysed using the Content Validity Index (CVI).

**Results:** The CVI values obtained for phase I were: 0.97, 0.98, 0.96 and 0.95, showing very good agreement between experts for semantic, idiomatic, experiential and conceptual domains. The CVI values for phase II were identical to the ones presented in phase I.

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**Conclusions:** The SSQ-EP version presented very good CVI values for semantic, idiomatic, experiential and conceptual domains. The SSQ is a quick and simple self-filling questionnaire and allows quantifying the symptomatic severity of oropharyngeal dysphagia as experienced by the patient. Further studies are needed in order to analyse its psychometric characteristics.

**Keywords:** **Dysphagia, acute stroke, patient-reported outcome measures (development or cross-cultural adaptation and validation)**

### PO 179

#### (1021) - SCREENING RESULTS: EARLY IDENTIFICATION OF CHILDREN AT RISK FOR SPECIFIC LEARNING DISORDERS

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**Objectives:** This contribution, based on the recommendations of the Consensus Conference (2007; 2011) and the indications of Law n. 170 dated October 8, 2010 for screening initiatives, describes an early screening project for Specific Learning Disorders (SLD), conducted from 2011 to 2015, within the ULSS 13 (Venice), with a sample of 5.237 children from the first year of the primary school.

**Methods:** The dictation of “16 words” (created by Prof. G. Stella, 2004) was administered to the first grade in January and in May by primary school teachers. The speech therapist of the NPI Service and the Italian Dyslexia Association collected and processed the data that was included in an Excel and analyzed with the SAS 9.4 program (SAS Institute Inc., Cary, NC, USA) for Windows. In scoring the writing test, the cut-off  $\geq 8-16$  wrong items was used to identify a risk condition, as in the literature.

**Results:** The analysis of the results showed that 119 students (Italian children and without school certification), equal to 2.9% of the research sample, meet the risk criteria for a SLD, very close to the existing epidemiological data on SLD in Italian (2.5-3.5% assumed by the Consensus Conference on SLD, 2011). The data, compared with those achieved in previous experiences, show the reliability of the screening test («the 16 words test») and also underline the need to activate new shared actions in our country, for a more effective governance in early screening of children at risk of SLD (Regional and National Observatory - Guidelines of Tuscany Region on SLD, 2012).

**Conclusions:** We believe that this exchange of ideas, perspectives and actions, through which to look at the phenomenon of SLD, can become a breeding ground for the comparison of experiences in a dimension that goes beyond national borders.

**Keywords:** **Specific learning disorders, screening, prevention**

### PO 180

#### (1359) - COMMUNICATION MATRIX AS ASSESSMENT TOOL FOR CHILDREN WITH SPECIAL NEEDS

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