

Reply to comment on: Zuercher P, et al. Dysphagia in the intensive care unit in Switzerland (DICE) – results of a national survey on the current standard of care

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Oropharyngeal dysphagia in the intensive care unit

We thank Dr Fu and colleagues for their interest in our study, in which we assessed the current standard of clinical practice for oropharyngeal dysphagia (OD) in intensive care units (ICUs) in Switzerland [1]. To the best of our knowledge, despite face validity, no formally validated questionnaire designed to assess clinical practice standards on dysphagia in the ICU is currently available (see also [2, 3]) – which might underline the need for such undertakings in the future.

We agree with Dr Fu [4] that various authors obtained different results regarding the incidence of dysphagia on the ICU. In fact, the reported OD incidence previously ranged from 3–62% [5]. Until recently, most studies on OD in the ICU appeared limited by study design, cohort selection (e.g., inclusion of patients after aspiration), and/or limited sample size (reviewed in [6]). In the recent “Dysphagia in mechanically ventilated ICU patients (DYnAMICS)” study [7], we observed that the incidence of dysphagia after extubation was about 18% and 12% in emergency and mixed (medical-surgical) adult ICU patients, respectively. In addition, dysphagia mostly persisted until hospital discharge and was associated with an excess 90-day mortality rate of 9.2% [7].

Further, we agree with Dr Fu that a number of factors may contribute to OD development [4]. However, risk factors for OD on the ICU are currently unknown in adult ICU patients and better understanding of respective underlying risk profiles would add importantly to the research field (data from large-scale prospective clinical studies would be required to assess such profiles). Nevertheless, it appears to us that data from paediatric studies should probably not be combined with that of adult ICU patients, as underlying OD risk factors may differ considerably.

In summary, it appears to us that dysphagia is indeed still an underrecognised issue on today's ICUs. Consensus on

definitions and prospective data from large cohorts seems required to better understand underlying OD risk profiles and to design effective future therapies.

Disclosure statement

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