CO26-004-e
Health related quality of life and oropharyngeal dysphagia

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Objectives. – The aim of this paper is to analyze the health related quality of life (HRQOL) questionnaires used in oropharyngeal dysphagia.

Methods. – After a historical reminder on the development of the QOL construct, four swallowing related QOL questionnaires are described: the SWAL-QOL, the MD Anderson Dysphagia Inventory (MDADI), the Deglutition Handicap Index and the Dysphagia Handicap Index (DyHI). Not all criteria for psychometric properties have been adequately met. But, the fundamental properties are validated, a complete process including a wide use in research or clinical practice.

Results. – These questionnaires, as generic QOL questionnaires, give independent pieces of information in oropharyngeal dysphagia. The connections with the severity of the swallowing disorder are moderated and the connections with objective assessment or etiologic disease are poor. Moreover, it would be important to explore the impact of socioeconomic position and the effect of time on the evolution of the scores.

Conclusion. – Despite good psychometric properties for research, their indication in routine is limited because:
– no rules defined for missing answers;
– no study about the interaction between domains when one has a highest score;
– no study about the effects of depression and socioeconomic;
– no information about the reliability after a long period of time.

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Repetitive transcranial magnetic stimulation in oropharyngeal dysphagia due to Wallenberg syndrome
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Introduction. – Swallowing problems are frequent in Wallenberg syndrome. The paralysis of the IX and the X cranial nerves could compromise swallowing efficiency.

Objectives. – The aim of our study was to test the effect of cortical repetitive transcranial magnetic stimulation (rTMS) to improve oropharyngeal dysphagia.

Method. – Three patients were studied. Swallowing function was explored by pharyngeal high-resolution video manometry before and after each session of rTMS. There were three sessions of rTMS spaced by 6 months. Each rTMS session consisted in 20 minutes of 1 Hz frequency cortical stimulations on the pharyngeal motor cortex, 10 minutes on each hemisphere. During the rTMS session, submental electrical stimulation was performed with TENS at sensitive threshold.

Results. – No side effects. Before rTMS, patients presented a pharyngeal residue, without any efficient swallowing with an increase of superior oesophageal sphincter. This was responsible of bronchial aspirations. After three sessions of rTMS, 18 months later, one patient could have a partial oral feeding, one patient recovered a pharyngeal peristaltism with an opening of the superior oesophageal sphincter, and one patient did not improve the swallowing function.

Conclusion. – This study showed that transcranial rTMS could be an original treatment of oropharyngeal dysphagia in brainstem infarction and should be evaluated.

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Swallowing and ventilation coordination: New concepts regarding ventilatory afference implications
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Introduction. – Swallowing and ventilation are centrally coordinated to permit swallowing during expiration in normal subjects. It has been already demonstrated in COPD patients that this equilibrium is not maintained, it is suspected that ventilatory afferences could modified this coordination. The importance of ventilation has never been determined in swallowing and ventilation coordination. The aim of this study was to determine if absence of ventilatory afference could alter this coordination.

Method. – We studied ventilation and swallowing in seven ventilated tetraplegic patients (2 F, 24–56 y), C2–C4 level, ASIA A. All patients were mechanically ventilated and dependant of the ventilator with a destruction of phrenic nerve motoneurons. Ventilation was analysed by an endotraqueal tube introduced via the tracheostomy lied to a pressure transducer. Swallowing time was determined visually and analysed regarding pressure signal to determine if it was during expiration or during inspiration. Swallowing was also explored by nasoendoscopy.

Results. – In all the patients, swallowing assessment during nasoendoscopy was normal. We analysed 27 deglutitions during mechanical ventilation, and found 13 swallowing during inspiration and 14 during expiration.

Conclusion. – This study demonstrated that ventilation afferences are important in the swallowing. Regarding tetraplegia, the afferences should come through the sympathetic system or the phrenic nerve.

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Posters

P189-e
Dysphagia – a subjective complaint or objective disorder: Management of outpatient rehabilitation setting
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Keywords: Dysphagia; Modified Barium Swallow test; MBS; Swallowing disorder; Rehabilitation

Introduction. – The speech and swallowing disorder was established rehabilitation center (SSDR) was established r or the complex management of patients with dysphagia in Estonia, Tartu, in June 2012. The selection of swallowing therapy maneuvers depends on objective findings obtained at Modified Barium Swallow test (MBS).

Objectives. – The aim of the study:
– objectify the swallowing disorder (SD) with MBS;
– find out which were the different causes of the SD.

Materials and methods. – This is a retrospective study of medical records. Medi cal histories of 66 adult subjects with dysphagia complaints who underwent MBS were studied.