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COLLABORATIVE TEAM IN THE MANAGEMENT OF DYSPHAGIA

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Dear Editor,

Swallowing is an essential requirement for life. Eating is not only a practical act (i.e., obtaining the nutrition necessary for survival) but also involves social interaction. Having meals with family and friends is almost universally necessary for personal interactions[1]. Dysphagia is derived from the Greek Language "Dys" which means “difficulty or dysfunction" and "Phagia" means "to eat". However, it is defined as difficulty in processing or swallowing food from mouth to stomach[2].

Dysphagia is caused by neuromuscular diseases, which later leads to pathologic conditions that affect structural or functional elements, leading the motor unit of the body. Typical clinical indicators include muscle weakness and flaccidity, paresis, and partial or total loss of swallow reflexes. The intensity of the following symptoms can lead to motor dysfunctions and problems with physical development of the body. As such, the purpose of dysphagia rehabilitation is to ameliorate or eliminate the threat of swallowing[3].

Multidisciplinary team management makes sure that the patient with dysphagia, receives vigilant, in-depth assessment and rehabilitation for their swallowing disorders. Members of the multidisciplinary team include the Speech-Language Pathologist, Otolaryngologist, Neurologist, Dietitian, Occupational Therapist, and physiotherapist. Based upon the setting, a physical medicine physician (physiatrist) or gerontologist can also be part of the team[7]. Usually, Respiratory medicine and Nursing staff are also involved in the feeding staff.

Speech-language pathologists help in the rehabilitation by providing evaluation, diagnosis, and management of patients with dysphagia. The dysphagia assessment starts with the bedside evaluation, which is sometimes accompanied by video-fluoroscopic or video-endoscopic study. The information received by this study, results in therapeutic recommendations by Speech-Language Pathologist, that includes appropriate diet quantity, amount of food intake per swallow, positioning of the patient and other facilitating techniques of swallow, and swallowing exercises[4]. Patients who are alert, motivated, and have some proportions of deglutition are significant candidates for dysphagia therapy. Components of the treatment program can also include thermal tactile stimulation to stimulate the sensitivity of the swallowing reflex, exercises to ameliorate oral-motor control, restore laryngeal adduction and techniques for compensatory swallowing, and dietary modifications[5].

One of the important members of the multidisciplinary team is the dietician. They play a role in the nutritional requirement of the patient with dysphagia with the guidelines provided by the

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Gastroenterologist, Otolaryngologist, and Speech-language therapist. The guidelines include the type, consistency, and duration of the meal that the patient is allowed after the assessments of the following professionals[6].

After the dietician, Occupational therapists will evaluate and rehabilitate the activity of eating. The assessment includes the identification of issues that hinder during eating i.e., sensory-motor problems, cognitive issues, behavior, psycho-social, etc., presented by patients. They can help the patient in desensitizing the oral hypersensitivity for tolerating the food in the mouth. They can help a patient in developing special equipment that can reduce their efforts of taking the food to the mouth, due to their physical abnormalities[6]. They can also work on rehabilitating their fine motor skills to overcome their hindrances in performing their Activities of Daily Livings (ADLs).

As a multidisciplinary team, physiotherapists guide other professionals, regarding the postural status of the patient, so that other professionals like SLP, ENT, etc. can perform their assessments and treatments procedures accordingly[3].

Respect for each professional's expertise and ease of communication among the members of the team is essential to the success of the therapeutic outcome of the patient. Team performance along with the patient's status should be on continuous check, for their health competency and cost-effectiveness[7].

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REFERENCES

1. González-Fernández M, Huckabee ML, Doeltgen SH, Inamoto Y, Kagaya H, Saitoh, E. Dysphagia rehabilitation: similarities and differences in three areas of the world. Curr phys med rehabil rep 2013;1(4): 296-306.

2. Ehsaan F, Khan MSG, Malik SN,Kanwal S.Frequency of post-stroke dysphagia in Pakistan: a hospital-based study. J Pak Med Assoc 2016;66(10): 1281-5.

3. Azmat RA, Pervaiz S, Tahira S, Bukhari F,Ahmed M. Dysphagia Assessment Practices Amongst Speech & Language Pathologist in Punjab, Pakistan: JRCRS 2018;6(1):16-20.

4. González-Fernández M, Ottenstein L, Atanelov L,Christian AB. Dysphagia after stroke: an overview. Curr phys med rehabil rep 2013;1(3):187-96.

5. Baijens LW, Clavé P, Cras P, Ekberg O, Forster A, Kolb GF, Walshe M. European Society for Swallowing Disorders–European Union Geriatric Medicine Society white paper: oropharyngeal dysphagia as a geriatric syndrome. Clin interv aging 2016;11:1403.

6. Kuhlemeier KV. Epidemiology and dysphagia. Dysphagia 1994;9(4): 209-17.

7. Logemann JA. Multidisciplinary management of dysphagia. Acta otorhinolaryngol belg 1994;48(2):235-38.