

Approach of National Scientific Publications on Dysphagia in the Last 5 Years: Integrative Review

Abordagem das Publicações Científicas Nacionais Em Disfagia nos Últimos 5 Anos: Revisão Integrativa

Enfoque de las Publicaciones Científicas Nacionales Sobre Disfagia en Los Últimos 5 Años: Revisión Integrativa

RESUMO

Disfagia é uma alteração no processo de deglutição. Para além da assistência, pensar no andamento da pesquisa na área é de extrema importância para o profissional quando se discute sobre prática baseada em evidências. Diante disso, o objetivo deste estudo é realizar um levantamento de dados sobre o delineamento das produções científicas na área da Deglutição/Disfagia e analisar os resultados da literatura sobre a abordagem das pesquisas. Obtiveram-se 24.682 artigos na busca inicial nas bases selecionadas. Foram selecionadas as produções com objetivo referente a deglutição e/ou disfagia, que se encaixassem nos critérios de inclusão. A amostra final compôs 27 artigos. Foram categorizados 4 blocos de discussão. Observando-se uma prevalência na área de disfagia em adultos e idosos. Houve avanço nas produções científicas na disfagia, entretanto ainda se faz necessária a publicação de estudos nacionais sobre atuação com traqueostomia.

DESCRIPTORES: Deglutição; Disfagia; Transtornos de deglutição.

ABSTRACT

Dysphagia is a change in the swallowing process. In addition to assistance, thinking about the progress of research in the area is extremely important for professionals when discussing evidence-based practice. Therefore, the objective of this study is to conduct a data collection on the design of scientific productions in the area of Swallowing/Dysphagia and analyze the results of the literature on the research approach. 24,682 articles were obtained in the initial search in the selected databases. Productions with objectives relating to swallowing and/or dysphagia that met the inclusion criteria were selected. The final sample comprised 27 articles. 4 discussion blocks were categorized. There is a prevalence in the area of dysphagia in adults and the elderly. There has been progress in scientific production on dysphagia, however, it is still necessary to publish national studies on operations with tracheostomy.

DESCRIPTORS: Swallowing; Dysphagia; Swallowing disorders.

RESUMEN

La disfagia es un cambio en el proceso de deglución. Además de la asistencia, pensar en el progreso de la investigación en el área es extremadamente importante para los profesionales cuando se habla de práctica basada en evidencia. Por lo tanto, el objetivo de este estudio es realizar una recolección de datos sobre el diseño de producciones científicas en el área de Deglución/Disfagia y analizar los resultados de la literatura sobre el enfoque de investigación. En la búsqueda inicial en las bases de datos seleccionadas se obtuvieron 24.682 artículos. Se seleccionaron producciones con objetivos relacionados con la deglución y/o disfagia que cumplieron con los criterios de inclusión. La muestra final estuvo compuesta por 27 artículos. Se categorizaron 4 bloques de discusión. Existe prevalencia en el área de la disfagia en adultos y ancianos. Ha habido avances en la producción científica sobre disfagia, sin embargo, aún es necesario publicar estudios nacionales sobre operaciones con traqueotomía.

DESCRIPTORES: Tragar; Disfagia; Trastornos de la deglución.

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INTRODUCTION

The participation and integration of orofacial structures such as bones, muscles, nerves, teeth, joints and others, gave rise to knowledge about the functioning of the Stomatognathic System (SS). This system is responsible for the execution of the functions of breathing, speaking, chewing and swallowing.¹

Swallowing is a complex and continuous process of the SS that begins with the bolus of food from the oral cavity, passing through the pharynx, larynx and ending in the esophagus, with a complete organization of bone and muscular structures, in addition to neurological control, part of which is voluntary and partly involuntary.²

The result of the impairment of any

stage of swallowing is called Dysphagia, which involves clinical complexity and can be caused by infectious, metabolic, myopathic, neurological and/or structural factors, and can also be congenital in nature. Therefore, it can be stated that Dysphagia presents multidimensional factors in its areas of expertise, such as: Speech Therapy, Otorhinolaryngology, Neurology, Oncology and Gastroenterology.³

The presence of neurological disorders can worsen dysphagia, which can range from an increase in oral and pharyngeal transit time to a lack of control of the structures. In addition, difficulties can be exacerbated by food consistency, with solid or liquid foods having the worst performance depending on the diagnosis.⁴

However, not every change in the act

of swallowing is considered and defined as dysphagia, and may be presented as an individual and gradual adaptation. This occurs as a response to natural aging in order to ensure the presence and functionality of the swallowing process.⁵

In general, dysphagia is understood not only as an area of Speech Therapy but also as a symptom inherent to a range of diseases/conditions in the medical field. Studying it allows us to understand and know how to manage cases assertively. The literature supports evidence-based practice and supports the work process. With this in mind, the objective of this study is to conduct a data survey on the outline of scientific productions in the area of Swallowing/Dysphagia, in national journals over the last 5 years.

METHOD

This research consists of a survey based on the integrative literature review method on studies published in Brazil on dysphagia from January 2018 to December 2023.

The inclusion criteria adopted were: research with a thematic approach on studies in the area of swallowing and/or dysphagia, even with other associated objectives; exclusively presenting human beings as the object of study; the initial abstract being present in the article; being available in full and free of charge.

Initially, a virtual search of articles published in the SCIELO, MEDLINE, PUBMED and LILACS databases was

carried out. The following descriptors selected by the DECS-BVS platform were combined in the platforms: “Dysphagia”, “Swallowing” and “Swallowing Disorder”. Soon after, the titles and abstracts were read; then only the researches with the object of study related to swallowing and/or dysphagia were selected.

The information categorizations were subdivided into:

- Title of the article

The categorization of the article name/title was adopted for greater control and reliability in the results.

- Year of publication

They were presented as “year of publication” in the initial text of the research (between 2018 and 2023).

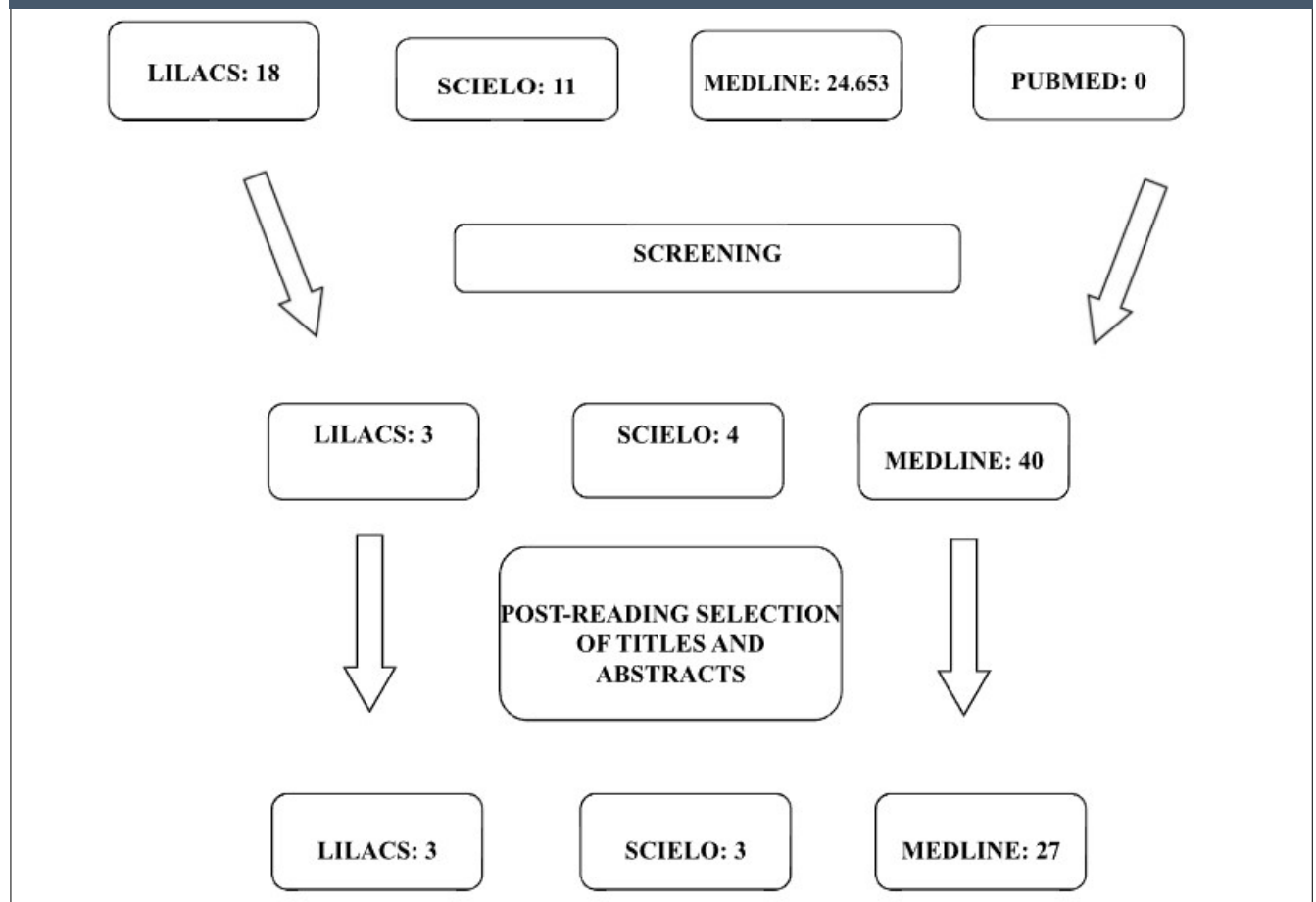
- Periodicals

The periodicals were described according to the name of the magazine or newspaper presented in the textual composition of the publication.

- General objective

The descriptions for the objectives adhered to were: Swallowing (study of physiological normality), Dysphagia (study of changes in swallowing), Protocols (elements analyzed to record information), Tracking instrument and Software. The search was divided into two Databases, one descriptive, where the articles were analyzed and another where the data were categorized, to then be performed the quantitative analysis in Microsoft Excel 2016.

Figure 1: Methodological flowchart for searching articles



Source: Authors, 2024.

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RESULTS

In the initial phase, only publications were selected in which the objective was contextualized with the theme addressed in the area of swallowing and/or dysphagia (figure 1).

Table 1: Search results

DATABASE	ARTICLE TITLE	YEAR OF PUBLICATION	PERIODICAL	GENERAL OBJECTIVE
LILACS	Swallowing ability and severity of laryngotracheal aspiration risk in atypical cerebellar stroke: case report	2023	CODAS	To assess the swallowing ability and severity of the risk of laryngotracheal aspiration in a 52-year-old patient with atypical stroke (CVA) and cerebellar pathway involvement.
LILACS	Oropharyngeal dysphagia and the frequency of exacerbations in patients with Chronic Obstructive Pulmonary Disease with exacerbator phenotype.	2020	Audiol Commun Res	To assess whether there is an association between the presence of oropharyngeal dysphagia and the frequency of exacerbations in patients with chronic obstructive pulmonary disease (COPD).
LILACS	COVID-19 and Dysphagia: a practical guide for safe hospital care - number 1	2020	Audiol Commun Res	To describe the initiatives that can be adopted by speech-language pathologists who provide bedside care to patients with dysphagia, aiming to reduce the risk of cross-contamination in clinical practice during the SARS-CoV-2 pandemic.
SCIELO	Post-stroke patients with and without thrombolysis: analysis of swallowing in the acute phase of the disease	2020	CODAS	To verify the frequency and severity of dysphagia after ischemic stroke in the acute phase with and without thrombolysis and the association between dysphagia and demographic characteristics, neurological and functional impairments, and the performance of thrombolysis.
SCIELO	Speech-language aspects in a case of pediatric head and neck arthrogyposis.	2018	CODAS	To describe the functional manifestation related to speech-language pathology through the evaluation process in a case of arthrogyposis in pediatrics.
SCIELO	Symptoms of dysphagia in children with cleft lip and/or palate before and after surgical correction	2018	CODAS	To verify the occurrence of dysphagia symptoms in children with cleft lip and/or palate before and after surgical correction.
MEDLINE	Correlation between findings of the clinical orofacial myofunctional evaluation, pressure and electromyographic activity of the tongue during swallowing in individuals with different alterations of orofacial motricity.	2023	CODAS	To correlate the findings of the clinical orofacial myofunctional evaluation, tongue pressure and surface electromyography (sEMG) of swallowing in groups of patients with different orofacial motor disorders.
MEDLINE	Quality of life in dysphagia and symptoms of anxiety and depression pre- and post-thyroidectomy	2023	CODAS	To correlate the quality of life in dysphagia and symptoms.
MEDLINE	Association between clinical assessment and self-perception of swallowing with the motor disability scale in patients with multiple sclerosis	2022	CODAS	To investigate the association between the clinical evaluation and self-perception of swallowing with the motor disability scale in patients with Multiple Sclerosis.
MEDLINE	Dysphagia due to anterior cervical osteophytosis: case report	2022	CODAS	To alert the multidisciplinary team that cares for elderly patients with dysphagia to the suspicion of this diagnosis, enabling timely and early treatment of the condition.
MEDLINE	Multidisciplinary screening protocol for dysphagia in patients with HIV infection: development and content validation	2022	CODAS	To develop and validate a multidisciplinary protocol to identify the risk of dysphagia in people with HIV at the time of hospital admission.

MEDLINE	Professional training of Brazilian speech therapists and its impact on the application of the Blue Dye Test (BDT).	2021	CODAS	To characterize the profile of speech therapy professionals working in health services in Brazil and to verify whether their length of service, specialized training and length of experience in dysphagia contribute to the most appropriate interpretation and application of the Blue Dye Test (BDT).
MEDLINE	Outcomes of manual therapy on the biomechanics of swallowing in individuals with COPD	2021	CODAS	To verify the outcomes of a MT program on the biomechanics of swallowing in individuals with COPD.
MEDLINE	Supracricoid laryngectomy: the impact of senescence on swallowing safety	2021	Publicação Oficial do Instituto Israelitade Ensino e Pesquisa Albert Einstein	To investigate the association between aging and the functional aspects of swallowing (laryngeal penetration and laryngotracheal aspiration) in individuals who underwent supracricoid laryngectomy in the late period and without complaints.
MEDLINE	Relationship between oral intake and severity of acute stroke	2020	CODAS	To correlate the severity of stroke with the level of oral intake in this population and compare the two factors mentioned at admission and after swallowing management.
MEDLINE	Development of the Pediatric Dysphagia Risk Screening Instrument (PDRSI)	2020	CODAS	To develop a screening instrument to identify children at risk for dysphagia in a hospital environment.
MEDLINE	Diagnostic accuracy for the risk of bronchoaspiration in a heterogeneous population	2020	CODAS	To validate a simple dysphagia screening instrument used in a large public hospital in Brazil in a heterogeneous adult population.
MEDLINE	Nursing care protocol for hospitalized dysphagic patients	2020	CODAS	To investigate nursing care for hospitalized patients with oropharyngeal dysphagia.
MEDLINE	Post-stroke patients with and without thrombolysis: analysis of swallowing in the acute phase of the disease	2020	CODAS	To verify the frequency and severity of dysphagia after ischemic stroke in the acute phase with and without thrombolysis and the association between dysphagia and demographic characteristics, neurological and functional impairments, and the performance of thrombolysis.
MEDLINE	Characterization of delayed posterior leakage in swallowing	2020	CODAS	To describe and characterize a finding, the delayed posterior escape of food residue during swallowing, according to age, gender and food consistency, which occurred in the event.
MEDLINE	Oral transit time in children with neurological impairment indicated for gastrostomy	2020	CODAS	To describe the total oral transit time (TOTT) of swallowing in different food consistencies in children with neurological impairment (CNI) and indication for gastrostomy.
MEDLINE	Videoendoscopic findings of swallowing in different food consistencies in Amyotrophic Lateral Sclerosis.	2020	CODAS	To compare the videoendoscopic findings of oropharyngeal swallowing in different food consistencies in Amyotrophic Lateral Sclerosis (ALS)
MEDLINE	Electrical activity of the masseter and suprahyoid muscles during swallowing in patients with multiple sclerosis	2019	CODAS	To characterize the electromyographic activity of the swallowing muscles in MS
MEDLINE	Pharyngeal residues in neurogenic oropharyngeal dysphagia	2019	CODAS	To compare pharyngeal residues by food consistency among individuals with neurogenic oropharyngeal dysphagia.
MEDLINE	Immediate effect of neuromuscular electrical stimulation on swallowing after treatment for laryngeal cancer: case report	2019	CODAS	To verify the immediate effect of sensory and motor Neuromuscular Electrical Stimulation (NMES) on the oral and pharyngeal phases of swallowing in a 64-year-old man after treatment for laryngeal cancer.

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MEDLINE	Comparison of functional aspects of swallowing and clinical indicators in patients with traumatic brain injury in the ICU	2019	CODAS	To characterize and compare the functional aspects of swallowing and clinical indicators in the population with traumatic brain injury (TBI) in an intensive care unit.
MEDLINE	Association between risk of dysphagia and signs suggestive of sarcopenia, nutritional status and frequency of oral hygiene in hospitalized elderly individuals	2024	CODAS	To identify the risk of dysphagia and its association with signs suggestive of sarcopenia, nutritional status and frequency of oral hygiene in hospitalized elderly individuals.

Source: Authors, 2024.

DISCUSSION

Some peculiar points were observed in the studies analyzed and selected for the sample. In general, it was observed that most of the studies were published in the CODAS journal of the Brazilian Society of Speech-Language Pathology. This fact reinforces the level of evidence of the selected studies, considering that this journal is considered a high standard in publications in Speech-Language Pathology. Studies were found that addressed dysphagia in different phases of life. Therefore, subareas were listed to facilitate discussion and organization:

Childhood dysphagia

In pediatrics, there are some peculiarities: the patient's discomfort during clinical care, intolerant to touch and consequent failure in social interaction can be justified by constant handling, combined with delayed neuropsychological development. It is known that the hospitalization process can determine emotional and social problems and can trigger or intensify the suffering imposed by the change in habits.⁶ All of this, consequently, interferes with feeding and overall performance.

Nevertheless, other data corroborate this information. The occurrence of dysphagia in patients with cleft lip and palate (CLP), which should be diagnosed in the neonatal period, interferes with the quality of life and feeding of children. The lack of specialized monitoring and surgical correction at the appropriate time can cause developmental disorders and di-

rect interference with feeding, triggering nutritional disorders. Therapeutic monitoring, when it occurs at the right time and with the active participation of the family, contributes to a better quality of life and development of children with CLP.⁷

Based on the proposal by Ets, Barbosa and Cardozo (2019)⁸, The Pediatric Dysphagia Risk Screening Instrument (PDRSI) was developed for use in a hospital setting. This instrument has high sensitivity, specificity, internal consistency and demonstrates reliability. Considering the results achieved at this time and the fact that the literature lacks materials in this area, validation steps should be followed. Initiatives such as these can even help in assertive decision-making regarding the use of alternative feeding routes, for example, Gastrostomies (GTTs).

In addition, there are few normative studies in the literature on this with the pediatric population and there are no normative studies in the pediatric population. However, studying the transit time of the oral phase is related to its possible impact on issues regarding the efficiency and safety of swallowing in this population.⁹

Dysphagia in Adults and Elderly

Neurological and cardiological problems may be associated with the acute form of Covid-19. Oropharyngeal dysphagia is usually associated with these conditions, as well as increased risk of bronchoaspiration, thus requiring greater vigilance from the speech-language pathologist. In this case, it is prudent to use Personal Protective Equipment (PPE) even in

non-contaminated patients, considering that the professional needs to meet all demands. The use of biosafety protocols is recommended and specific protective measures must be strictly followed during speech-language pathologist care in a hospital environment.¹⁰

Surface electromyography (sEMG) in the evaluation of swallowing function shows that there was no variation in time or number of peaks in controlled swallowing (saliva, 10ml, 16.5ml and 20ml). Only in free-sip swallowing were different values observed, due to the possibility of fractioning the content, ingesting it in controlled and smaller volumes.¹¹

Relating orofacial motricity and dysphagia is essential in the speech therapist's assessment. Thinking together and considering clinical data can even help with the diagnosis and medical guidance for decision-making. Whether this assessment is prior to or after specific procedures, some studies still correlate motricity and dysphagia data with quality of life in a broad sense.

Patients who underwent partial or total thyroidectomy report better quality of life in dysphagia and reduced anxiety/depression scores three months after surgery. There was no correlation between anxiety, depression and quality of life in dysphagia at the times evaluated.¹² In patients without swallowing complaints in the late postoperative period of supracricoid laryngectomy, the prevalence of penetration and the chance of laryngotracheal aspiration are higher in elderly individuals over 60 years of age than in individuals under this age group. Fur-

thermore, many asymptomatic elderly individuals demonstrate videofluoroscopic alterations of the pharyngeal phase of swallowing compared with what is considered normal in healthy young adults.¹³

Late leak episodes occur predominantly in liquid consistency, in elderly individuals.¹⁴ In the geriatric population of the study, most of whom had Covid-19, the risk of dysphagia was associated with signs suggestive of sarcopenia, nutritional status and frequency of oral hygiene.¹⁵ Given this, the importance of the multidisciplinary team is highlighted.

The possibility of aging interfering in the functional results of oral intake of patients undergoing partial laryngectomy in terms of safety and efficiency parameters was observed.¹⁶ The diagnosis is made with computed tomography of the cervical spine and videoendoscopy of swallowing. The symptoms respond well to conservative treatment with speech therapy of orofacial motricity and swallowing. It is important that otorhinolaryngologists and speech therapists are aware of this diagnosis, allowing early and effective treatment for the patient being treated.¹⁷

Specific populations have received much attention from speech therapy, understood as a predominantly clinical science. The use of multidisciplinary screening protocols for dysphagia in patients with HIV is a screening tool that aims to identify the risk of swallowing difficulties early and prevent a possible pulmonary complication.¹⁸ Therefore, it can be inferred that the instrument is effective and useful, with the capacity to fulfill its purpose. However, it is worth reflecting on what can be achieved in practice and what is proposed and ends up restricting the research.

The results of studies inform the need for further research involving the use of Thermomyography for management and its effects on swallowing in

individuals with Chronic Obstructive Pulmonary Disease (COPD) with electromyographic assessments of the muscles and postural assessments.¹⁹

Ideally, a screening instrument should be administered by nurses in hospital care units, considering that the number of speech-language pathologists in clinical practice is limited. Therefore, therapeutic planning is defined by a set of alternatives, defined based on the assessment, with a multidisciplinary and interdisciplinary approach, which aims to obtain greater adherence of the patient and their guardians to the treatment.^{20,21}

It is worth noting that Speech Therapy is considered a science of specialist professionals who, in short, visit the patient one or more times a day, but without the intensive care provided by the nursing team. Thus, in care actions, in addition to direct assistance to the patient, nursing plans, develops, promotes quality and interacts with other professionals.²²

Dysphagia of Neurogenic Origin

Dysphagia may be present in strokes (cerebrovascular accidents) with cerebellar lesions and bulbar symptoms, showing symptoms of choking with all consistencies (mainly liquids).²³ Arthrogryposis, for example, due to the enormous tension that affects the head and neck region, favors the individual's speech-language pathological complications, such as orofacial structural and functional alterations, triggering the occurrence of oropharyngeal dysphagia. The same authors highlight the oropharyngeal impairment of swallowing, with changes in posture and orofacial mobility and the absence of a protective cough reflex. The occurrences of sialostasis and sialorrhea demonstrate the difficulty in controlling saliva, which may require xerostomic measures.²⁴

Dysphagia is associated with functional dependence, while demographic characteristics (imaging) and neuro-

logical impairment were not associated with swallowing disorders. These data also reveal a lot about the individual self-perception of the subject.²⁵

The severity of dysphagia is related to the clinical form of the disease, with severe dysphagia being more present in the primarily progressive and secondarily progressive forms.²⁶ The level of oral intake tends to increase as the severity of the stroke decreases. After speech therapy rehabilitation, according to research, there was an increase in the number of patients with oropharyngeal dysphagia (or at least in the reporting of cases). In neurodegenerative diseases, the pathophysiology of swallowing pharyngeal residues is associated with the neuromuscular deficit present in the oral and pharyngeal phases of swallowing.²⁷

Therefore, it can be inferred that speech therapy contributed to alleviating the neurological symptoms of stroke and improving the oral intake of patients. Dysphagia assessment and classification scales are effective tools for directing and evaluating speech therapy interventions in the rehabilitation of stroke patients.²⁸

Caution is suggested in clinical conduct so that cases that can be fed orally efficiently for the nutritional component and safely do not have their diet modified in terms of food consistency because some of these individuals, at a certain stage and with a certain food consistency, presented risks.²⁹ All these changes associated with the progression of neurodegenerative diseases can lead the patient to develop compensatory and adaptive movements that facilitate swallowing.³⁰

Tracheostomy and Dysphagia

In the management of dysphagia and rehabilitation of tracheostomized patients, the speech therapist focuses on some issues such as: cannula occlusion, reduction or prevention of aspirations, decannulation, vocal rehabilitation, and weaning from nasoenteral

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tube. In this context, one of the tools is the BlueDayTest (BDT).

The professionals who use the BDT, for the most part, work in hospitals and have 11 to 15 years of training and have worked in the area of dysphagia for 1 to 5 years. Specialists with training in dysphagia are those who use theoretical references the most to perform the BDT, in addition to interpreting the dye output through the tracheostomy more appropriately.³¹

Among the recent speech therapists and those with experience, these were the ones who presented the most appropriate responses regarding some aspects of the test, such as the types of cases indicated for performing the

BDT, the location of the dye deposit (training up to 10 years) and the interpretation of the positive result (professionals with more than 11 years of experience). The study reinforces the role of specialized training in dysphagia and continuing education practices in health, in determining the excellence of clinical speech therapy, especially in the care of more serious patients, such as patients with tracheostomy after intubation and at risk of bronchoaspiration.³¹

CONCLUSION

In general, there are few publications regarding tracheostomy. In dys-

phagia of neurogenic origin in adults and the elderly, there is a predominance of publications about the symptoms and the evaluation to be performed, thus providing more support to the speech therapist in terms of scientific evidence. In childhood dysphagia, the focus is more on chronic patients, with a prognosis of gastrostomy and the clinical symptoms inherent to these groups. It is considered necessary to carry out more studies in the areas at a “disadvantage” in the publications for clinical support.

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