

DYSPHAGIA *care*

☒ *starts with screening*



The **EAT-10**:
Clinically-validated dysphagia
screening tool for all your patients.

DYSPHAGIA PROBLEM: **UNDER-DIAGNOSIS**

- ⬡ About **15% of community-dwelling adults** over the age of **50 years** suffer from dysphagia¹⁻².
- ⬡ **65%** of the people with dysphagia **are undiagnosed and untreated**³.
- ⬡ **The recognition of the signs and symptoms of dysphagia** in the medical community has not generally been **the focus of attention and is remarkably poor**⁴.



I cough 3-4 times per day; usually after drinking. I think this is normal, I am 78 years old.



I frequently choke when eating tangerines, beans or strawberries. Is it due to the stroke I had?



I tend to choke on my saliva. I have no idea why.



I'm still the last one to finish lunch. I have to swallow several times before emptying my mouth, which is tiring. I think this is normal at my age.

Unmanaged dysphagia leads to **serious complications and impaired quality of life**³.

The **EAT-10**: an evidence-based, clinically-validated dysphagia screening tool⁵

EASY

- Just **10 questions** to help you measure the difficulty and severity of swallowing.
- **Easy to interpret** thanks to its simple scoring system. An **EAT-10 score ≥ 3** is abnormal and indicates the presence of swallowing difficulties.
- Can be completed either by the patients themselves or by healthcare professionals.

QUICK

- **Quick completion time** by patients in **<2 minutes**.

RELIABLE & VALIDATED

- **Proven reliability and validity with a wide range of causes of dysphagia and different settings** and in relation to the gold standard and other validated instruments.
- **Transcultural adaptation** and **translation studies** have shown the **validity and reliability of EAT-10** in relation to the gold standard and other validated instruments.
- **Potential in predicting aspiration risk in specific populations** (neurological disorders, head and neck cancer, COPD and obstructive sleep apnea) with different cut-off points.
- **Provide** complementary information to **other diagnostic tools**.

EAT-10 the optimal tool to be used as a **primary screening instrument** for dysphagia **in routine clinical practice**



Look at the recent **publication that reviews** and identifies the validation, **applicability and benefits of using EAT-10** in real clinical practice.



Watch the Video abstract of the recent publication on **EAT-10 review**.

SCREEN ALL YOUR PATIENTS IN ALL SETTINGS WITH THE **EAT-10**

EAT-10:

Eating Assessment Tool

For the screening of swallowing disorders



LAST NAME	FIRST NAME	SEX	AGE	DATE
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OBJECTIVE:

EAT-10 helps to measure swallowing difficulties.

It may be important for you to talk with your physician about treatment options for symptoms.

A. INSTRUCTIONS:

Answer each question by writing the number of points in the boxes.

To what extent do you experience the following problems?

1 My swallowing problem has caused me to lose weight.

0 = no problem

1

2

3

4 = severe problem

6 Swallowing is painful.

0 = no problem

1

2

3

4 = severe problem

2 My swallowing problem interferes with my ability to go out for meals.

0 = no problem

1

2

3

4 = severe problem

7 The pleasure of eating is affected by my swallowing.

0 = no problem

1

2

3

4 = severe problem

3 Swallowing liquids takes extra effort.

0 = no problem

1

2

3

4 = severe problem

8 When I swallow food sticks in my throat.

0 = no problem

1

2

3

4 = severe problem

4 Swallowing solids takes extra effort.

0 = no problem

1

2

3

4 = severe problem

9 I cough when I eat.

0 = no problem

1

2

3

4 = severe problem

5 Swallowing pills takes extra effort.

0 = no problem

1

2

3

4 = severe problem

10 Swallowing is stressful.

0 = no problem

1

2

3

4 = severe problem

B. SCORING:

Add up the number of points and enter your total score in the boxes.

Total Score (max. 40 points)

C. WHAT TO DO NEXT:

If the EAT-10 score is 3 or higher, you may have problems swallowing efficiently and safely. We recommend discussing the EAT-10 results with a physician.

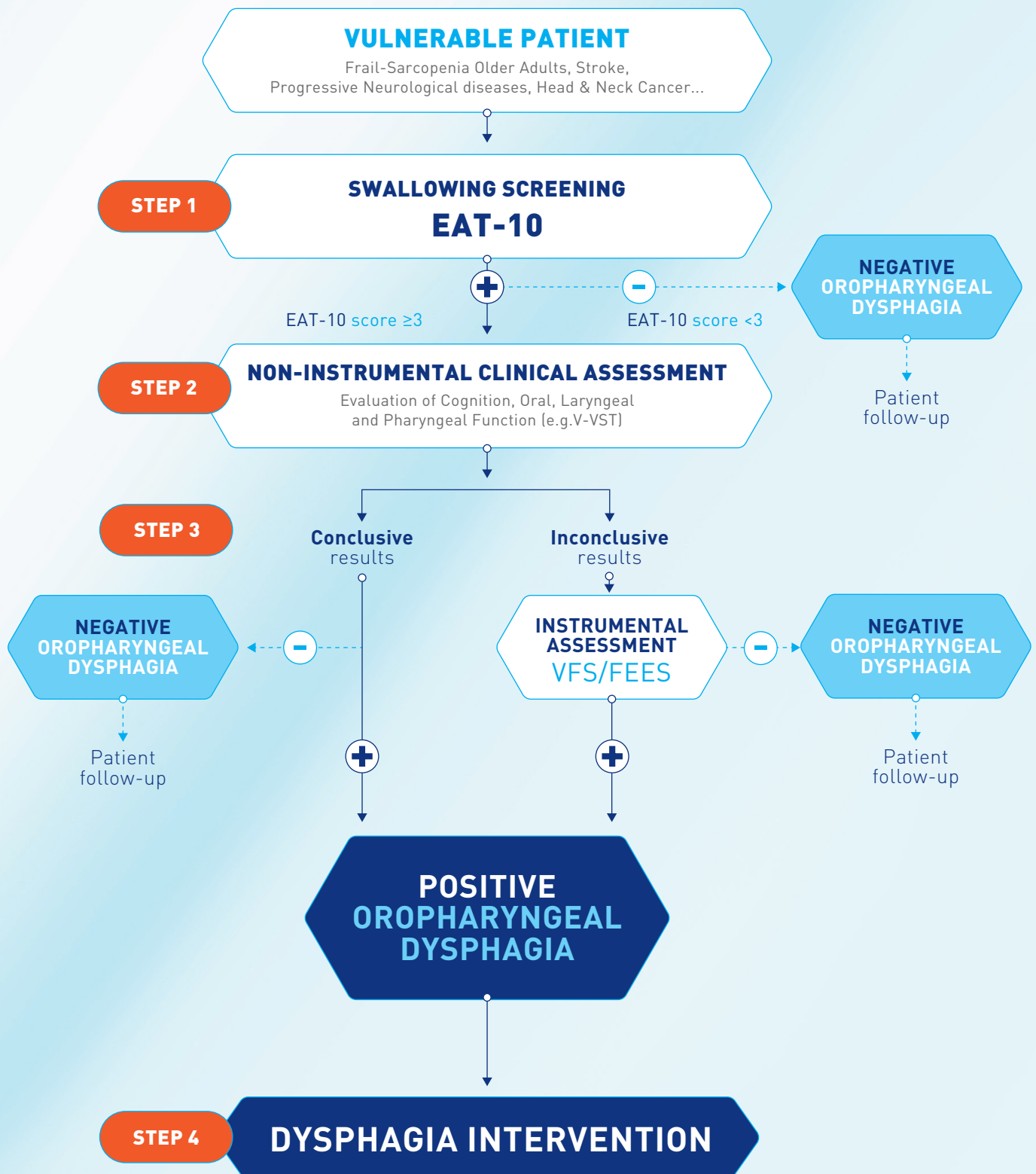


→ Look for the **EAT-10 form** in your language.

Reference: The validity and reliability of EAT-10 has been determined. Belafsky PC, Mouadeb DA, Rees CJ, Pryor JC, Postma GN, Allen J, Leonard RJ. Validity and Reliability of the Eating Assessment Tool (EAT-10). Annals of Otology Rhinology & Laryngology 2008;117(12):919-924.

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SCREENING AND INTERVENING IN DYSPHAGIA CAN MAKE A DIFFERENCE



DYSPHAGIA *care*

✓ *continues with intervention*

Dysphagia intervention should be based on a **comprehensive approach**.



Caregiver /
Patient education

+



Oral
Hygiene

+



Compensatory
and rehabilitative
techniques

WELL
NOURISHED

BOLUS CONSISTENCY MODIFICATION:

A. Change the consistency of liquids by adding thickeners,
and modify the texture of solid foods in line with IDDSI Framework.

B. Changes in bolus volume

C. Adaptative eating aid



(PRE) THICKENED ORAL NUTRITIONAL SUPPLEMENTS



Bolus consistency modification



ENTERAL TUBE FEEDING



PARENTERAL NUTRITION

SEVERE
MALNUTRITION