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Early and accurate post-stroke dysphagia assessment for effective treatment intervention

Abstract

Dysphagia is a common and serious complication following a stroke, with prevalence rates ranging from 42% to 75%, varying by the stroke phase and diagnostic method used. Early and accurate identification of dysphagia is crucial for preventing complications such as aspiration pneumonia, malnutrition, and increased mortality. Despite the availability of various clinical screening tools, diagnostic delays are still common, leading to poorer outcomes. This presentation reviews current evidence on the efficacy of both clinical and instrumental diagnostic tools for dysphagia after stroke, with an emphasis on early assessment strategies. Clinical tools, such as the Eating Assessment Tool (EAT-10), are evaluated for their effectiveness in bedside screening. Instrumental methods, including Flexible Endoscopic Evaluation of Swallowing (FEES) and Videofluoroscopic Swallowing Study (VFSS), are examined for their diagnostic accuracy and predictive value for complications. Moreover, recognizing dysphagia patterns through these methods can guide the selection of effective treatment interventions. A two-step approach, combining clinical screening with early instrumental evaluation, is recommended to reduce the risk of respiratory infections and alleviate the overall healthcare burden. Future research should aim to refine assessment protocols and further incorporate neuroplasticity-based rehabilitation strategies into routine dysphagia care.

References

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Watch the 19 minutes conference talk with Dr. Paul Muhle EARLY AND ACCURATE POST-STROKE DYSPHAGIA ASSESSMENT FOR EFFECTIVE TREATMENT INTERVENTION

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