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Challenges in the care of SARCOPENIC DYSPHAGIA in older adults with malnutrition

Speaker biography

Elisabet Sanchez-Garcia MD PhD is a physician, specialist in Geriatric Medicine. Currently working at the Mater Private Hospital in Cork, Ireland; she earned her Doctor of Medicine degree in 2014 from Complutense University Madrid. She obtained a post-doctoral Graduate Diploma in "Statistics and Research Methodology in Health Sciences" from Universitat Autónoma de Barcelona. She is a member of the Editorial Board for the Spanish Geriatric Medicine Journal (Revista española de Geriatria y gerontología) as clinical editor. She is a peer reviewer for several international journals and has authored or co-authored peer-reviewed articles in international journals and book chapters. Her recent research focuses on sarcopenia and nutrition. She is the lead investigator in a European study in collaboration with Salamanca University and CENIE (International Center on Aging). This pragmatic study addresses the effectiveness of various methods for recruiting patients with sarcopenia.



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Abstract

Sarcopenic dysphagia poses significant challenges in caring for elderly individuals, particularly when malnutrition is involved. Sarcopenic dysphagia is defined as the difficulty of swallowing due to sarcopenia of the swallowing and generalised skeletal muscles¹. This problem has recently gained attention in scientific and clinical settings. Due to its novelty, the available evidence is limited, but the existing studies are intriguing and provide valuable insights for improving patient treatment. The Working Group on Sarcopenic Dysphagia has developed a validated 5-step diagnostic algorithm, which includes dysphagia and sarcopenia diagnosis, imaging tests confirming the loss of swallowing muscle mass or strength with no other identifiable cause of dysphagia considered as the main factor². Both primary and secondary sarcopenia, caused by inactivity, malnutrition, or disease, are included in the definition of sarcopenic dysphagia^{3,4}. The reported prevalence of sarcopenic dysphagia is high, reaching 81% among acute patients with pneumonia and dysphagia⁵, 45% in older adults living in institutions⁶, and 32% in patients undergoing dysphagia rehabilitation³. Understanding the impact of oropharyngeal dysphagia on outcomes is crucial to address the challenges it presents. Research indicates that elderly individuals with dysphagia are at a higher risk of malnutrition, aspiration pneumonia, and reduced quality of life. These complications can further lead to increased healthcare utilisation, hospitalisations, and mortality rates⁷. Despite its prevalence and severity, oropharyngeal dysphagia is often under-diagnosed and left untreated. Geriatricians face numerous challenges in managing sarcopenic dysphagia. The management of dysphagia begins with Comprehensive Geriatric Assessment (CGA) and requires a multidisciplinary approach. Early diagnosis is crucial to prevent potential complications, and treatment plans should be tailored based on individual needs and capabilities, with active patient involvement in the decision-making process. A multidisciplinary team is typically involved in developing personalized treatment plans based on the underlying causes and severity of dysphagia. The primary treatments for oropharyngeal dysphagia include compensatory strategies such as postural adjustments, swallowing manoeuvres, and dietary modifications to improve safety during swallowing. Additionally, rehabilitative techniques such as exercises and therapies are employed to enhance swallowing function. Muscle strengthening methods for the treatment of sarcopenic dysphagia involve exercises targeting both oropharyngeal muscles (head-neck, tongue, and chewing muscles) and general muscles (lower extremities, anti-gravity, postural, and respiratory muscles)⁸. In addition to muscle strengthening, nutritional rehabilitation is essential. It is crucial to ensure adequate calorie and protein intake. General recommendations for nutritional rehabilitation in sarcopenic dysphagia include at least a calorie intake of >30 kcal/kg/day and a protein intake of \ge 1.2 g/kg/day⁹. Nutritional requirements can be higher in malnourished patients. According to the available evidence, meeting these requirements positively impacts swallowing function¹⁰, tongue strength¹¹, the functional situation in individuals with sarcopenic dysphagia. Texture modification of food should be incorporated to improve the safety and efficiency of oral eating in patients with sarcopenic dysphagia¹²; clinicians should be aware that preparing food meeting protein nutritional needs with consistency modification can be challenging and



time consuming for patients and caregivers, further hindering their ability to receive sufficient nutrition. The use of high-quality protein with essential amino acids oral nutritional supplement (ONS) is recommended to reinforce patients' diet and manage protein malnutrition and sarcopenic dysphagia. However, the preparation process required to thicken the ONS with thickening agents with the appropriated consistency may result in an unappealing, lumpy beverage which is likely to discourage use and lead to poor compliance^{13,14} and risk of aspiration^{15,16}. Pre-thickened-ONS are recommended and available to ensure the nutritional and consistency goals. Other relevant interventions in dysphagia treatment include education, ensuring oral hygiene¹⁷, treating periodontal diseases, managing xerosis, and reviewing and adjusting medications. Geriatricians can also play an essential role in prevention of sarcopenic dysphagia. Sarcopenic dysphagia can result from iatrogenic interventions¹⁸, such as unnecessary inactivity¹⁹ or oral intake restrictions, inappropriate nutritional care management, iatrogenic diseases, or adverse drug events. Continued research and clinical trials are essential for advancing our understanding and developing effective management strategies for this condition.

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Watch the 18 minute conference talk with Dr. Elisabet Sánchez and hear about CHALLENGES IN THE CARE OF SARCOPENIC DYSPHAGIA IN OLDER ADULTS WITH MALNUTRITION

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