INTRODUCTION

In this work we collected for the first time the nutrition state, respiratory status and the results of fiberoendoscopic swallowing exam (FEES) of a large cohort of patients with disorders of consciousness (DOC).

The principal aim of this study was to document the prevalence and characteristics of dysphagia in DOC population and therefore the link between consciousness and different components of swallowing.

METHOD

We collected prospectively 10 criteria in link with respiratory status, oral feeding and FEES exams of 209 patients admitted consecutively at the University Hospital of Liege (Belgium) for a one-week multimodal assessment of consciousness.

First, we did an univariate logistic regression between each criteria and consciousness diagnosis (UWS or MCS). In a second time, logistic regression adjusted for age, time since insult and etiology was performed.

RESULTS

Out of the 209 patients identified, 103 patients (43 women; mean age, 37±14 years; range, 5-72) were included in the study.

Compared to minimally conscious state patients (MCS), unresponsive wakefulness patients (UWS) are more subject to have a tracheotomy still in place (68% UWS vs 24% MCS, p=0.002), pharyngo-lingual secretions (60% UWS vs 27.77% MCS, p=0.032), salivary aspiration (39% UWS vs 13% MCS, p=0.015) and the absence of an efficient oral phase (0% UWS vs 64.51% MCS, p=0.003*).

The other criteria (exclusive enteral-feeding, poor sensibility in the pharyngo-lingual area, hypertonia of the jaw muscles, presence of an oral phase of swallowing and thick or liquid aspiration) are not significantly influenced by the level of consciousness.

CONCLUSION

Some components of swallowing seem to be linked to the level of consciousness, particularly the efficacy of the oral phase of swallowing.

This study emphasizes the severity of dysphagia in DOC population and thus, the importance of correctly managing this trouble to improve patients’ comfort.

BIBLIOGRAPHY


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