Background and importance Dysphagia can occur due to a wide range of medical conditions including acute or progressive neurological disorders, trauma or surgery, with secondary effects such as dehydration and malnutrition causing an increase in morbidity and mortality rates. Dysphagia screening and assessment of swallowing function by a multidisciplinary care team is essential to identify, diagnose and manage patients with dysphagia.

Aim and objectives To analyse the results of dysphagia screening and the benefit of including a hospital pharmacist in the multidisciplinary dysphagia screening team in an intermediate and long-stay hospital.

Material and methods A prospective study of dysphagia screening and subsequent interventions was performed over a 2-week period in all patients hospitalised in an intermediate and long-stay hospital. The multidisciplinary team responsible for dysphagia screening consisted of a registered nurse and a physician with the integration of a hospital pharmacist and nutritionist. The Eating Assessment Tool-10 (EAT-10) questionnaire was used as a direct-scoring screening test for dysphagia together with the standardised Volume-Viscosity Swallow Test (V-VST) in all patients with an EAT-10 score ≥3. After confirming the condition, different dietary and pharmaceutical interventions were performed. The following data were collected from the medical record program EKON: age, sex, primary diagnosis, diet and texture.

Results 86 patients (57% men) were included in the study with a mean age of 74 (39–102) years. The mean EAT-10 score was 8±9 points with 33 patients (38%) testing positive for being at risk of presenting dysphagia. Of these patients at risk, the V-VST detected dysphagia and the necessity of a nectar consistency in 21 patient (64%), a honey consistency in 2 patients (6%) and a pudding consistency in 2 patients (6%). Dietary and pharmaceutical interventions were made in 17 patients (68%) of those diagnosed with dysphagia, including modifications of the diet texture, tailoring of medical formulations available or drug administration mixed with more textured food.

Conclusion and relevance Dysphagia screening in intermediate and long-stay hospitals is not common practice even though there is a high prevalence and important clinical repercussions in these settings. A hospital pharmacist plays an important role as part of the multidisciplinary team making the necessary pharmaceutical interventions needed in patients with dysphagia.

REFERENCES AND/OR ACKNOWLEDGEMENTS
Conflict of interest No conflict of interest