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### Literature search results

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<td>Richard Bridgen</td>
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#### Search details

Effects of swallowing disorders/dysphagia in patients with COPD.

#### Resources searched

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; MEDLINE; Google Scholar

**Database search terms**: dysphagia*; DYSPHAGIA; aglutition; aphagia; odynophagia; swallowing adj2 disorder*; APHAGIA; ODYNOPHAGIA; exp DEGLUTITION DISORDERS COPD; “chronic obstructive pulmonary disease*”; exp CHRONIC OBSTRUCTIVE LUNG DISEASE; “chronic obstructive pulmonary disorder*”; “chronic obstructive lung disease*”; “chronic obstructive lung disorder*”; exp LUNG DISEASES OBSTRUCTIVE; exp PULMONARY DISEASE, CHRONIC OBSTRUCTIVE; “speech and language therap*”; exp SPEECH REHABILITATION; speech adj2 therap*; speech adj2 rehabilitation; SALT; exp SPEECH THERAPY; exp LANGUAGE THERAPY;

**Google search string**: (~dysphagia OR aphagia OR aglutation OR deglutition OR odynophagia OR "swallowing disorder") (~"chronic obstructive pulmonary" OR "chronic obstructive lung" OR COPD)

#### Summary

There is limited research on dysphagia, COPD and speech and language therapy; however there is more on dysphagia and COPD. I have included results for both search variants.

#### Guidelines

**NICE**

CG32 Nutrition support in adults: full guideline 2006
Published research

1. Oropharyngeal dysphagia as a risk factor for malnutrition and lower respiratory tract infection in independently living older persons: A population-based prospective study

Author(s) Serra-Prat M., Palomera M., Gomez C., Sar-Shalom D., Saiz A., Montoya J.G., Navajas M., Palomera E., Clave P.

Citation: Age and Ageing, May 2012, vol./is. 41/3(376-381), 0002-0729;1468-2834 (May 2012)

Publication Date: May 2012

Abstract: Objective: to assess the role of oropharyngeal dysphagia (OD) as a risk factor for malnutrition and/or lower respiratory tract infection (LRTI) in the independently-living population of 70 years and over. Design: a population-based cohort study. Subjects and setting: persons 70 years and over in the community (non-institutionalised) were randomly selected from primary care databases. Measurements: the volume-viscosity swallow test (V-VST) was administered by trained physicians at baseline to identify subjects with clinical signs of OD and impaired safety or efficacy of swallow. At the one year follow-up visit, hand grip, functional capacity (Barthel score), nutritional status (mini nutritional assessment, MNA) and LRTI (clinical notes) were assessed. Results: two hundred and fifty-four subjects were recruited (46.5% female; mean age, 78 years) and 90% of them (227) were re-evaluated one year later. Annual incidence of ‘malnutrition or at risk of malnutrition’ (MNA <23.5) was 18.6% in those with basal signs of OD and 12.3% in those without basal signs of OD (P = 0.296). However, prevalent cases of ‘malnutrition or at risk of malnutrition’ at follow up were associated with basal OD (OR = 2.72; P=0.010), as well as with basal signs of impaired efficacy of swallow (OR = 2.73; P = 0.015). Otherwise, LRTI's annual incidence was higher in subjects with basal signs of impaired safety of swallow in comparison with subjects without such signs (40.0 versus 21.8%; P = 0.030; OR = 2.39). Conclusions: OD is a risk factor for malnutrition and LRTI in independently living older subjects. These results suggest that older persons should be routinely screened and treated for OD to avoid nutritional and respiratory complications. The Author 2012. Published by Oxford University Press on behalf of the British Geriatrics Society. All rights reserved.

Source: EMBASE

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Available in print at Lincoln County Hospital Professional Library

2. An analysis of predictors of aspiration pneumonia in the development of a tool for use in dysphagia management

Author(s) Hibberd J., Fraser J., Chapman C., Mc Queen H., Pritchard M.

Citation: Dysphagia, December 2011, vol./is. 26/4(463), 0179-051X (December 2011)

Publication Date: December 2011

Abstract: Purpose: The purpose of the research project was to develop a statistically significant list of predictors of aspiration pneumonia for patients with a dysphagia. Our initial interest came from the work of Susan Langmore et al (2002). Her work concluded that dysphagia on its own will not result in an aspiration pneumonia and highlighted that other variables need to be present in order for an aspirate pneumonia to occur. This is the first step in producing a validated tool for predicting aspiration pneumonia in dysphagia management. Method(s): A pilot study was completed to identify key predictors from a list of potential variables. Thirty predictors were collected by Speech and Language Therapists over a period of 6 months, during routine bedside assessments of 687 patients. All subjects had dysphagia and included acute adult in patients, head and neck in and out patients and
adults with learning disability, seen in both acute and community settings. Result(s): Multivariate analysis and logistical regression were applied to the data to provide a statistically significant list of predictors of aspiration pneumonia for dysphagia. Of the 30 variables tested 8 were found to be statistically significant in our study. The 8 were mobility, NBM, dependency for feeding, good oral care, COPD, Stroke, Alcohol abuse and being male. Age, number of medical conditions and number of medications were shown to correlate highly. Conclusion: From the results we now have a statistically significant list of predictors of aspiration pneumonia for patients with dysphagia. Our findings indicate that in the UK we should begin to manage aspiration pneumonia as a multi-factorial condition.

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3. Comorbidities of chronic obstructive pulmonary disease
Author(s) Corsonello A., Antonelli Incalzi R., Pistelli R., Pedone C., Bustacchini S., Lattanzio F.
Citation: Current Opinion in Pulmonary Medicine, December 2011, vol./is. 17/SUPPL. 1(S21-S28), 1070-5287;1531-6971 (December 2011)
Publication Date: December 2011
Abstract: Purpose of review: Defining the nature of the association between chronic obstructive pulmonary disease (COPD) and other chronic conditions is of primary importance to improve the health status of COPD patients through the optimal care of comorbidities. We aimed at providing a reasoned guide to understand, recognize and treat comorbidity of COPD with the perspective of shifting from comorbidity to multimorbidity. Recent findings: Select comorbidities, such as atherosclerotic disease, depression, chronic kidney disease, cognitive impairment, obstructive sleep apnea syndrome, lung cancer, osteoporosis, diabetes, heart failure, sarcopenia, aortic aneurysm, arrhythmias and pulmonary embolism are highly prevalent among older COPD patients. Several concerns may affect the management of older COPD patients with comorbidity (e.g. the use of beta-blockers in patients with COPD and cardiovascular diseases or concerns about the cardiovascular safety of inhaled COPD drugs). Summary: Evidence suggests that systemic inflammation may be the link between COPD and comorbidities, but this issue is still debated. Whatever the mechanism underlying comorbidities in COPD may be, it has an important clinical, prognostic and therapeutic impact. Nevertheless, clinical practice guidelines do not take into account comorbidities in their recommendations. Additionally, clinical trials investigating COPD treatment in the context of multimorbidity and considering geriatric outcomes are also distinctly lacking.

Source: EMBASE
Available in print at ULHT journal article requests. Complete the online form to obtain articles.

4. Palliative care in non-malignant disease
Author(s) Gadoud A.C., Johnson M.J.
Citation: Medicine, November 2011, vol./is. 39/11(664-667), 1357-3039;1365-4357 (November 2011)
Publication Date: November 2011
Abstract: A lack of access to specialist palliative care (SPC) has led to a lack of clinicians' skills, knowledge and attitudes pertinent to the management of patients with chronic conditions such as end-stage heart failure, chronic obstructive pulmonary disease (COPD) and renal failure. Recognition of the 'end-stage' remains a key challenge. This article discusses how a palliative care approach can be incorporated into standard active treatment, outlines the management of important symptoms and discusses the importance of advance care planning. The particular problems experienced by patients with chronic neurodegenerative disease are discussed, and swallowing and respiratory difficulties are explored in the context of potential loss of mental capacity and ability to communicate. The importance of excellent communication skills is highlighted in particular regard to advance planning for end-of-life issues. 2011 Elsevier Ltd. All rights reserved.

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5. Prevention of chronic obstructive pulmonary disease exacerbation by angiotensin-converting enzyme inhibitors in individuals with impaired swallowing

Author(s): Kobayashi S., Kubo H., Hanagama M., Yanai M.
Citation: Journal of the American Geriatrics Society, October 2011, vol./is. 59/10(1967-1968), 0002-8614;1532-5415 (October 2011)
Publication Date: October 2011
Source: EMBASE
Available in fulltext at the ULHT Library and Knowledge Services’ eJournal collection

6. Oropharyngeal dysphagia in exacerbations of chronic obstructive pulmonary disease

Author(s): Robinson D.J., Jerrard-Dunne P., Greene Z., Lawson S., Lane S., O’Neill D.
Citation: European Geriatric Medicine, September 2011, vol./is. 2/4(201-203), 1878-7649;1878-7657 (September 2011)
Publication Date: September 2011
Abstract: Objective: To determine whether patients presenting to hospital with an acute exacerbation of chronic obstructive pulmonary disease (COPD) are more likely than controls to suffer from oropharyngeal swallow disorder. Design: Prospective case-controlled survey. Setting: Departments of general and geriatric medicine in a university teaching hospital. Participants: Forty-one consecutive admissions with a primary diagnosis of acute exacerbation of COPD were compared with 41 emergency medical admissions with primary diagnoses other than COPD or neurological disease. Measures: A swallow screening test and structured neurological examination. Patients who tested positive on the swallow test were referred for formal Speech and Language therapy assessment with videofluroscopic examination if clinically indicated. Results: Of 41 patients with COPD, 23 (56%) had a positive swallow test, compared to 12 of 41 controls (29%, P < 0.05). On bedside assessment 18 COPD subjects were identified as “at significant risk for aspiration” and the remaining five had a functional swallow. Thirteen of the “risk for aspiration” group underwent videofluoroscopy. This revealed aspiration in seven (17%) subjects and other abnormalities in six subjects (11%). By contrast two controls were assessed as “significant risk for aspiration”. Conclusion: A significant proportion of patients who are hospitalized with an exacerbation of chronic obstructive Airways disease have coexisting oropharyngeal swallow disorder. Oropharyngeal swallow disorder may contribute to or exacerbate their illness. The majority of this sub-group may recover a functional swallow with compensatory strategies. Oropharyngeal swallow disorder may represent a possible remediable factor in the management of some patients with chronic obstructive Airways disease. 2011 Elsevier Masson SAS and European Union Geriatric Medicine Society.
Source: EMBASE
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7. Dysphagia after anterior cervical spine surgery: A prospective study using the swallowing-quality of life questionnaire and analysis of patient comorbidities

Author(s): Siska P.A., Ponnappan R.K., Hohl J.B., Lee J.Y., Kang J.D., Donaldson W.F.
Citation: Spine, August 2011, vol./is. 36/17(1387-1391), 0362-2436;1528-1159 (01 Aug 2011)
Publication Date: August 2011
Abstract: Study Design. Prospective study of 29 patients who underwent anterior cervical (AC) or posterior lumbar (PL) spinal surgery. A validated measure of dysphagia, the Swallowing-Quality of Life (SWAL-QOL) survey, was used to assess the degree of postoperative dysphagia. Objective. To determine the degree of dysphagia preoperatively and postoperatively in patients undergoing AC surgery compared with a control group that underwent PL surgery. Summary of Background Data. Dysphagia is a well-known complication of AC spine surgery and has been shown to persist for up to 24 months or longer. Methods. A total of 18 AC patients and a control group of 11 PL patients were
prospectively enrolled in this study and were assessed preoperatively and at 3 weeks and 1.5 years postoperatively using a 14-item questionnaire from the SWAL-QOL survey to determine degree of dysphagia. Other patient factors and anesthesia records were examined to evaluate their relationship to dysphagia. Results. There were no significant differences between the AC and PL groups with respect to age, sex, body mass index, or length of surgery. The SWAL-QOL scores at 3 weeks were significantly lower for the AC group than for the PL group (76 vs. 96; P = 0.001), but there were no differences between the groups preoperatively or at final follow-up. Smokers, patients with chronic obstructive pulmonary disease, and women had lower SWAL-QOL scores at one or more time point.

Conclusion. Patients undergoing AC surgery had a significant increase in the degree of dysphagia 3 weeks after surgery compared with patients undergoing PL surgery. By final follow-up, swallowing in the AC group recovered to a level similar to preoperative and comparable to that in patients undergoing lumbar surgery at 1.5 years. Smoking, chronic obstructive pulmonary disease, and female sex are possible factors in the development of postoperative dysphagia.

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8. Dysphagia after anterior cervical spine surgery: A prospective study using the Swallowing-Quality of Life Questionnaire and analysis of patient comorbidities
Author(s) Siska PA, Ponnappan RK, Hohl JB, Donaldson WF, Lee JY, Kang JD
Citation: Spine, August 2011, vol./is. 36/17(1387-91), 0362-2436 (2011 Aug 1)
Publication Date: August 2011
Abstract: Study Design. Prospective study of 29 patients who underwent anterior cervical (AC) or posterior lumbar (PL) spinal surgery. A validated measure of dysphagia, the Swallowing-Quality of Life (SWAL-QOL) survey, was used to assess the degree of postoperative dysphagia. Objective. To determine the degree of dysphagia preoperatively and postoperatively in patients undergoing AC surgery compared with a control group that underwent PL surgery. Summary of Background Data. Dysphagia is a well-known complication of AC spine surgery and has been shown to persist for up to 24 months or longer. Methods. A total of 18 AC patients and a control group of 11 PL patients were prospectively enrolled in this study and were assessed preoperatively and at 3 weeks and 1.5 years postoperatively using a 14-item questionnaire from the SWAL-QOL survey to determine degree of dysphagia. Other patient factors and anesthesia records were examined to evaluate their relationship to dysphagia. Results. There were no significant differences between the AC and PL groups with respect to age, sex, body mass index, or length of surgery. The SWAL-QOL scores at 3 weeks were significantly lower for the AC group than for the PL group (76 vs. 96; P = 0.001), but there were no differences between the groups preoperatively or at final follow-up. Smokers, patients with chronic obstructive pulmonary disease, and women had lower SWAL-QOL scores at one or more time point.

Conclusion. Patients undergoing AC surgery had a significant increase in the degree of dysphagia 3 weeks after surgery compared with patients undergoing PL surgery. By final follow-up, swallowing in the AC group recovered to a level similar to preoperative and comparable to that in patients undergoing lumbar surgery at 1.5 years. Smoking, chronic obstructive pulmonary disease, and female sex are possible factors in the development of postoperative dysphagia.

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9. Symptoms of dysphagia in patients with COPD [Spanish] Sintomas indicativos de disfagia em portadores de DPOC
Author(s) de Deus Chaves R., de Carvalho C.R.F., Cukier A., Stelmach R., de Andrade C.R.F.
Citation: Jornal Brasileiro de Pneumologia, March 2011, vol./is. 37/2(176-183), 1806-3713;1806-3713 (Mar./Apr. 2011)
Publication Date: March 2011
Abstract: Objective: To identify symptoms of dysphagia in individuals with COPD, based on their responses on a self-perception questionnaire. Methods: The study comprised 35 individuals with COPD and 35 healthy individuals, matched for age and gender. The study group was assessed regarding COPD severity; sensation of dyspnea; body mass index (BMI); and symptoms of dysphagia. The control group was assessed regarding BMI and
symptoms of dysphagia. Results: The most common symptoms of dysphagia in the study group were pharyngeal symptoms/airway protection (p < 0.001); esophageal symptoms/history of pneumonia (p < 0.001); and nutritional symptoms (p < 0.001). Positive correlations were found between the following pairs of variables: FEV<sub>1</sub> and BMI (r = 0.567; p<0.001); pharyngeal symptoms/airway protection and dyspnea (r = 0.408; p = 0.015); and esophageal symptoms/history of pneumonia and pharyngeal symptoms/airway protection (r = 0.531; p = 0.001). There was a negative correlation between nutritional symptoms and BMI (r = -0.046; p < 0.008). Conclusions: Our results show that the individuals with COPD presented with symptoms of dysphagia that were associated with the pharyngeal and esophageal phases of swallowing, as well as with the mechanism of airway protection, a history of pneumonia, and nutritional symptoms.

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10. Abnormal swallowing reflex and COPD exacerbations
Author(s) Terada K., Muro S., Ohara T., Kudo M., Ogawa E., Hoshino Y., Hirai T., Niimi A., Chin K., Mishima M.
Citation: Dysphagia, December 2010, vol./is. 25/4(350-351), 0179-051X (December 2010)
Publication Date: December 2010
Source: EMBASE
Available in fulltext at EBSCOhost
Available in print at ULHT journal article requests. Complete the online form to obtain articles.

11. Outcomes of dysphagia intervention in a pulmonary rehabilitation program
Author(s) McKinstry A., Tranter M., Sweeney J.
Citation: Dysphagia, June 2010, vol./is. 25/2(104-111), 0179-051X (June 2010)
Publication Date: June 2010
Abstract: People with chronic obstructive pulmonary disease (COPD) or chronic respiratory disease demonstrate an increased prevalence of oropharyngeal dysphagia as a consequence of impaired coordination between respiration and swallowing function. To date, the effect of patient education and intervention on the management of oropharyngeal dysphagia within pulmonary rehabilitation programs has not been reported or evaluated. Data were collected on participants who were enrolled in the Outpatient Pulmonary Rehabilitation Program and who received dysphagia intervention. Intervention consisted of some or all of the following: (1) a 1-hour dysphagia education program, (2) screening for oropharyngeal dysphagia, and (3) individual comprehensive oropharyngeal dysphagia assessment and management if a screening assessment was failed. A statistically significant improvement was found in participants' knowledge of dysphagia and COPD (P < 0.001). Participants' retention of this knowledge 4 days post education remained statistically significant (P < 0.001). Twenty-seven percent of participants who were screened had symptoms of oropharyngeal dysphagia. Fifty-five (53%) participants receiving further individual dysphagia assessment/management correctly completed pre/post swallowing-related quality-of-life surveys (SWAL-QOL). Statistically significant improvement was found in the following subscales: Burden of Dysphagia (P < 0.009), Physical Problems of Dysphagia (P < 0.012) and Managing Diet Options/Food Selection (P < 0.016). Dysphagia education, screening, and management in a pulmonary rehabilitation program improved participants' swallowing-related quality of life and overall self-management of chronic respiratory disease and dysphagia. 2009 Springer Science+Business Media, LLC.
Source: EMBASE
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12. A dermatological cause for dysphagia
Author(s) Zappa T.M., Jones S.K.
Citation: Australasian Journal of Dermatology, May 2010, vol./is. 51/(A47), 0004-8380 (May 2010)
Publication Date: May 2010
Abstract: This is the case of a 73 year man who presented with prominent violaceous streaks over his fingers and dorsal hands. He reported progressive shoulder weakness. Investigations for dermatomyositis were initiated in outpatients. Subsequent to this he developed acute shortness of breath, cough and swallowing difficulties. He was admitted to ICU and a PEG tube was inserted. Treatment options where limited as he had a background of recently diagnosed palliative prostate cancer, as well as hypertension, osteoporosis, COPD, TIAs and aortic aneurysm. He had a poor response to methyl prednisolone and methotrexate. Intravenous Immunoglobulin was trialed. 2 g/kg over 5 days (0.4 mg/kg/day) was used. This dose was repeated monthly for 3 months. He showed gradual improvement and at 12 weeks the PEG tube was removed. This presentation describes the investigations and management of dermatomyositis and discusses an interesting treatment for a potentially life threatening problem.

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have alterations of arterial oxygen saturation because they have limitations of ventilatory function. Our objective was to evaluate arterial oxygen saturation ($\text{SpO}_2$) and heart rate before, during and after a meal in patients with COPD. Methods: We studied 14 normal volunteers and 16 patients with a clinical and spirometric diagnosis of COPD. All subjects ingested a meal of 1800 calories while $\text{SpO}_2$ and heart rate were measured by pulse oximetry. Results: The duration of the meal ingestion was similar in controls (10.9 +/- 4.1 min) and COPD patients (9.8 +/- 3.5 min), but only 2 (12.5%) of the patients ingested the entire volume whereas 11 (73.3%) of the controls subjects ingested the entire food volume. $\text{SpO}_2$ decreased after the meal in the volunteers and patients, and decreased during the meal in the COPD patients when compared with the values before the meal. $\text{SpO}_2$ was always lower in COPD patients than in controls. Heart rate was always higher in patients than in controls. In patients and volunteers, heart rate increased from before to during the meal and decreased from during to after the meal. Conclusion: We conclude that COPD patients have a lower $\text{SpO}_2$ than controls, which decreases during meals. Heart rate is higher in COPD patients than in controls, a fact that may be a compensation for the lower $\text{SpO}_2$.

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16. Impairment of swallowing in COPD
Author(s) Kobayashi S., Kubo H., Yanai M.
Citation: American Journal of Respiratory and Critical Care Medicine, September 2009, vol./is. 180/5(481), 1073-449X;1535-4970 (01 Sep 2009)
Publication Date: September 2009
Source: EMBASE
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Author(s) Mellor, S
Citation: Journal of Community Nursing, Aug 2009, vol. 23, no. 8, p. 10-13, 0263-4465 (August 2009)
Publication Date: August 2009
Abstract: Case study of an elderly patient with Parkinson disease referred to a Long Term Conditions Team led by a community matron. Management of the patient's problems with swallowing is described and the complications caused by COPD are discussed. Dysphagia in Parkinson disease is described and its effect on patient's ability to take medication is considered. [(BNI unique abstract)] 26 references
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Available in print at Lincoln County Hospital Professional Library

18. Evaluation of swallowing function by two screening tests in primary COPD
Author(s) Ohta K., Murata K., Takahashi T., Minatani S., Sako S., Kanada Y.
Citation: European Respiratory Journal, July 2009, vol./is. 34/1(280-281), 0903-1936;1399-3003 (July 2009)
Publication Date: July 2009
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Available in print at ULHT journal article requests. Complete the online form to obtain articles.
19. Palliative care in non-malignant disease
Author(s) Arolker M.S., Johnson M.J.
Citation: Medicine, February 2008, vol./is. 36/2(96-99), 1357-3039 (February 2008)
Publication Date: February 2008
Abstract: A lack of access to specialist palliative care (SPC) has led to a lack of clinicians’ skills, knowledge and attitudes pertinent to the management of patients with end-stage heart failure, chronic obstructive pulmonary disease (COPD) and renal failure. Recognition of the ‘end-stage’ itself remains a key challenge. This article discusses how a palliative care approach can be incorporated into standard active treatment for patients with organ failure and outlines the management of important symptoms. The problems experienced by patients with chronic neurodegenerative disease are discussed, and swallowing and respiratory difficulties are explored in the context of potential loss of mental capacity or ability to communicate. Finally, an overview is provided of the management of the most prevalent gastrointestinal symptoms found in patients with HIV/AIDS: a condition which may return to inpatient care if increases in drug resistance continue. The importance of excellent communication skills is highlighted in particular regard to advanced planning for end-of-life issues. 2007 Elsevier Ltd. All rights reserved.
Source: EMBASE
Available in print at ULHT journal article requests. Complete the online form to obtain articles.

20. Impairment of the swallowing reflex in exacerbations of COPD [6]
Author(s) Kobayashi S., Kubo H., Yanai M.
Citation: Thorax, November 2007, vol./is. 62/11(1017), 0040-6376 (November 2007)
Publication Date: November 2007
Source: EMBASE
Available in fulltext at Highwire Press
Available in fulltext at National Library of Medicine
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21. Dysphagia with chronic obstructive pulmonary disease and vocal cord palsy: A case report
Author(s) Ogawa T., Hanamitsu M., Arikata M., Seno S., Suzuki M., Shimizu T.
Citation: Practica Oto-Rhino-Laryngologica, 2005, vol./is. 98/10(797-801), 0032-6313 (2005)
Publication Date: 2005
Abstract: A 67-year-old man was admitted for vocal cord paralysis and dysphasia. He was suffering from dyspnea attack on aspiration in addition to his chronic obstructive pulmonary disease (COPD). Expansion of the piriform recess by videofluorography suggested vagus nerve palsy. We failed with conservative treatment but succeeded with operative treatment. We performed thyroplasty, adduction of arytenoid cartilage and bilateral dissection of cricopharyngeal muscle in a two-phase operation. The dissection of contralateral cricopharyngeal muscle was especially effective. We suspected the cricopharyngeal muscle of the diseased side had no systole. Tube nutrition was discontinued without dyspnea attack. In the literature, COPD brings potential dysphagia, and so we thought that in this case severe dysphagia occurred after the vocal cord palsy.
Source: EMBASE

22. A study of swallowing function in patients with chronic obstructive pulmonary disease (COPD)
Author(s) Matsuda M., Teramoto S., Ohga E., Tomita T., Yamaguchi Y., Yamamoto H., Ouchi Y.
Chronic obstructive pulmonary disease (COPD) is a predictor of aspiration pneumonia in nursing home residents. However, swallowing function in patients with COPD has not been fully elucidated. We examined the swallowing physiology and the prevalence of dysphagia in patients with COPD. Swallowing function is tested by swallowing provocation test (SPT). We examined swallowing function in 48 patients with COPD and 48 age-matched control subjects. Eighteen of 48 patients with COPD (33%) showed swallowing dysfunction. Latent time for swallowing reflex in patients with COPD was greater than the LT values in the control subjects. The magnitude of swallowing disorder was greater in COPD patients with respiratory failure than that in COPD patients without respiratory failure. COPD patients with swallowing disorders may be at risk of aspiration pneumonia.

Source: EMBASE

23. Clinical implications of gastroesophageal reflux disease and swallowing dysfunction in COPD
Author(s) Mokhlesi B.
Citation: American Journal of Respiratory Medicine, 2003, vol./is. 2/2(117-121), 1175-6365 (2003)
Publication Date: 2003
Abstract: The intimate anatomical and physiologic relationship between the upper airway and esophagus consists of complex interactions between various muscles and nerves with both voluntary and involuntary patterns of control. Alterations in this harmonic relationship can lead to swallowing abnormalities ranging from dysphagia to gross aspiration, gastroesophageal reflux disease (GERD) and chronic cough. There is a paucity of data regarding pathologic alterations in the upper airway-esophageal relationship in patients with COPD. The association between GERD and respiratory symptoms is well recognized in the setting of asthma; however, the nature of this relationship remains controversial. The association of GERD and COPD is even less clear. A review of the limited data on GERD and swallowing abnormalities in patients with COPD indicate that prevalence of GERD and esophageal disorders in patients with COPD is higher than in the normal population. However, its contribution to respiratory symptoms, bronchodilator use and pulmonary function in patients with COPD remains unknown. Although dysphagia and swallowing dysfunction on videofluoroscopic swallow evaluation are common in patients with COPD, their role as exacerbators of COPD remains to be elucidated. Further clinical research is necessary to evaluate the role of GERD and swallowing dysfunction in both stable and acute exacerbation of COPD.
Source: EMBASE
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Author(s) Teramoto S., Kume H., Ouchi Y., Mokhlesi B.
Citation: Chest, 2002, vol./is. 122/3(1104-1105), 0012-3692 (2002)
Publication Date: 2002
Source: EMBASE
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Available in print at ULHT journal article requests. Complete the online form to obtain articles.
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Available in print at Lincoln County Hospital Professional Library

25. Oropharyngeal deglutition in stable COPD
Author(s) Mokhlesi B., Logemann J.A., Rademaker A.W., Stangl C.A., Corbridge T.C.
Citation: Chest, 2002, vol./is. 121/2(361-369), 0012-3692 (2002)
Publication Date: 2002
Abstract: Study objectives: The aim of this study was to examine deglutition in stable
patients with COPD and lung hyperinflation. Design: Twenty consecutive, eligible COPD patients with an FEV$_{1}$ <= 65% of predicted and a total lung capacity >= 120% of predicted were enrolled prospectively. Intervention: Patients received a detailed videofluoroscopic evaluation of oropharyngeal swallowing and were compared to 20 age-matched and sex-matched historical control subjects. Setting: An outpatient pulmonary clinic at a Veterans Affairs Medical Center. Measurements and results: The mean total lung capacity, functional residual capacity, and residual volume for the patients were 128% of predicted, 168% of predicted, and 218% of predicted, respectively. The mean FEV$_{1}$ was 39% of predicted. There was no evidence of tracheal aspiration in either group. The laryngeal position at rest measured relative to the cervical vertebrae was not different between groups. The maximal laryngeal elevation during swallowing was significantly lower in patients with COPD (p < 0.001). Patients with COPD exhibited more frequent use of spontaneous protective swallowing maneuvers such as longer duration of airway closure and earlier laryngeal closure relative to the cricopharyngeal opening than did control subjects (p < 0.05). Conclusions: We conclude that hyperinflated patients with COPD have an altered swallowing physiology. We suspect that the protective alterations in swallowing physiology (swallow maneuvers) may reduce the risk of aspiration. However, these swallowing maneuvers may not be useful during an exacerbation and may require further research.

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Available in print at Lincoln County Hospital Professional Library

26. Oropharyngeal dysfunction in COPD patients: The need for clinical research
Author(s) Harding S.M.
Citation: Chest, 2002, vol./is. 121/2(315-317), 0012-3692 (2002)
Publication Date: 2002
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27. Optimal patterns of care in patients with chronic obstructive pulmonary disease
Author(s) Martin-Harris B
Citation: Seminars in Speech and Language, 2000, vol./is. 21/4(311-22), 0734-0478 (2000)
Publication Date: 2000
Abstract: An intimate relationship exists between the physiological processes of respiration and swallowing at all levels of neuromotor control and peripheral function in healthy adults. Little is known regarding the potential alterations in these patterns in patients with chronic obstructive pulmonary disease (COPD), yet the impact of swallowing impairment and aspiration on the health outcomes of patients with COPD may be significant. COPD is a common comorbidity in patients with head and neck cancer and neurological disorders seen by swallowing clinicians, and warrants consideration during swallowing treatment. This article summarizes reports of alterations in the nutritional status, airway protective mechanisms, and swallowing efficiency that potentially contribute to or exacerbate the chronic and debilitating pulmonary condition. Care guidelines are given for modification of eating and swallowing behavior to optimize the health status of the patient with COPD. The need for controlled clinical trials for validation of the impact of these care guidelines on clinical outcomes is explained.
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The coordination of breathing and swallowing in chronic obstructive pulmonary disease
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Pneumonia in stroke patients with oropharyngeal dysphagia: a six-month follow-up study
S Masiero, R Pierobon, C Previato… - Neurological sciences, 2008 - Springer
… The pneumonia was associated with absence of reflex cough after swallow, COPD, and severe ... Keywords Rehabilitation · Pneumonia · Deglutition disorders · Aspiration · Stroke ... Oropharyngeal dysphagia (OD) has also been report- ed to be an important contributor to increased ...
Cited by 29 - Related articles- Lancashire Teaching Hospitals - BL Direct - All 7 versions

Dysphagia in the elderly: preliminary evidence of prevalence, risk factors, and socioemotional effects.
… RESULTS: The lifetime prevalence of a swallowing disorder was 38%, and 33% of the ... Most seniors with dysphagia described a sudden onset with chronic problems that had ... Stroke (p = .02), esophageal reflux (p = .003), chronic obstructive pulmonary disease (p = .05), and ...
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Impairment of the swallowing reflex in exacerbations of COPD
S Kobayashi, H Kubo… - Thorax, 2007 - thorax.highwire.org
… Cricopharyngeal dysfunction in chronic obstructive pulmonary disease. Chest 1990;97:347–52. ... Prevalence and nature of dysphagia in VA patients with COPD referred for videofluoroscopic swallow examination. ... Oropharyngeal deglutition in stable COPD. ...
Cited by 9 - Related articles - Find@The Christie - BL Direct - All 9 versions

Oropharyngeal dysphagia in patients with chronic obstructive pulmonary disease: a systematic review
L O'Kane… - Revista CEFAC, 2009 - SciELO Brasil
BACKGROUND: oropharyngeal dysphagia in patients with chronic obstructive pulmonary disease. PURPOSE: patients with Chronic Obstructive Pulmonary Disease (COPD) can be vulnerable to respiratory incompetence that may lead to swallowing impairment. A ...
Cited by 3 - Related articles - Cached- Lancashire Teaching Hospitals- Find@The Christie - All 4 versions

Triaging dysphagia: nurse screening for dysphagia in an acute hospital
JAY Cichero, S Heaton… - Journal of clinical nursing, 2009 - Wiley Online Library
… to their training in the anatomy, neuroanatomy and physiology of deglutition (Logemann 1998). ... Dysphagia is a key attribute of individuals with a diagnosis of: surgery ... injury (Pilitsis & Rengachary 2001), respiratory disorders such as chronic obstructive pulmonary disease (COPD) ...
Cited by 12 - Related articles - Lancashire Teaching Hospitals - Find@The Christie - All 5 versions
Acute exacerbations of chronic obstructive pulmonary disease

RG Barr… - New England Journal of Medicine, 2002 - Mass Medical Soc
... dimensional model provides a clear anatomical explanation for the patient's presenting symp tom, which was dysphagia. ... 1 Stoller states that the use of methylxanthines in pa
tients with exacerbations of chronic obstructive pulmonary disease (COPD) remains "unclear ... Cited by 126 - Related articles - Lancashire Teaching Hospitals - BL Direct - All 27 versions

Outcomes of dysphagia intervention in a pulmonary rehabilitation program

A McKinstry, M Tranter… - Dysphagia, 2010 - Springer
... Chronic obstructive pulmonary disease (COPD) 4 Outcomes 4 Swallowing 4
Deglutition 4
Deglutition disorders ... Social Management of Dysphagia (max score: 25 ... Lacasse Y, Goldstein R, Lasserson TJ, Martin S. Pulmonary rehabilitation for chronic obstructive pulmonary disease ...
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Evidence-Based to Reality-Based Dysphagia Practice

JL Coyle, C Easterling, M Lefton-Greif… - The ASHA Leader, 2007 - ASHA
... The first case is a 79-year-old female with a medical history of chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), and idiopathic pulmonary fibrosis ... Laryngeal penetration during deglutition in normal subjects of various ages. Dysphagia, 21, 270-274 ...
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Dysphagia Evaluation and Treatment: Past, Present, and Future

... Age effects on lingual pressure generation as a risk factor for dysphagia. ... Methods: Thirty-two patients with significant COPD (ie, mean FEV(1), 37% of predicted) were recruited for the study. ... Increasing Confusion Diagnosis – identify the specific swallowing disorder(s), eg, ...
Related articles - View as HTML

Managing the patient with dysphagia

A Brady - Home healthcare nurse, 2008 - journals.lww.com
... other medical condition. Patients with chronic obstructive pulmonary disease (COPD) also should be closely monitored for signs or symptoms of dysphagia. This population often is at risk for a silent aspiration event. Even trace ...
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