Modificações fisiológicas na deglutição da população idosa

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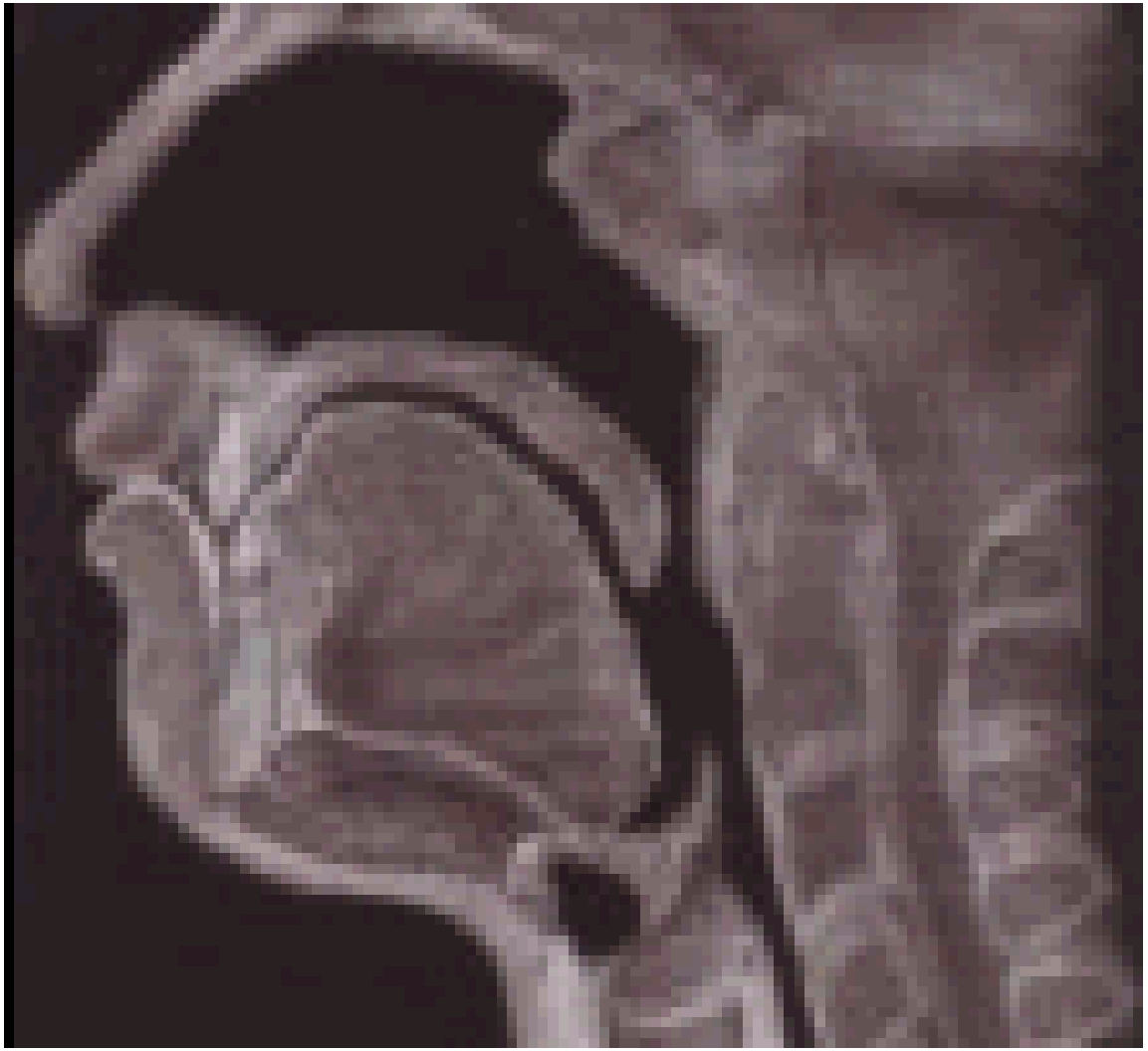
O processo de envelhecimento pode ser explicado da seguinte forma:

Modificações fisiológicas em idosos com relação à deglutição

Durante o processo de envelhecimento os estágios da deglutição – oral, faríngeo e esofágico - e a musculatura respiratória sofrem mudanças fisiológicas as quais podem contribuir para o aparecimento dos sintomas disfágicos.

Presbifagia



Disfagia é a dificuldade de deglutição relacionada ao funcionamento das estruturas orofaringolaríngeas e esofágicas, dificultando ou impossibilitando a ingestão oral segura, eficaz e confortável de saliva, líquidos e/ou alimentos de qualquer consistência, podendo ocasionar desnutrição, desidratação, aspiração, desprazer e isolamento social, além de complicações mais graves como a pneumonia aspirativa e o óbito;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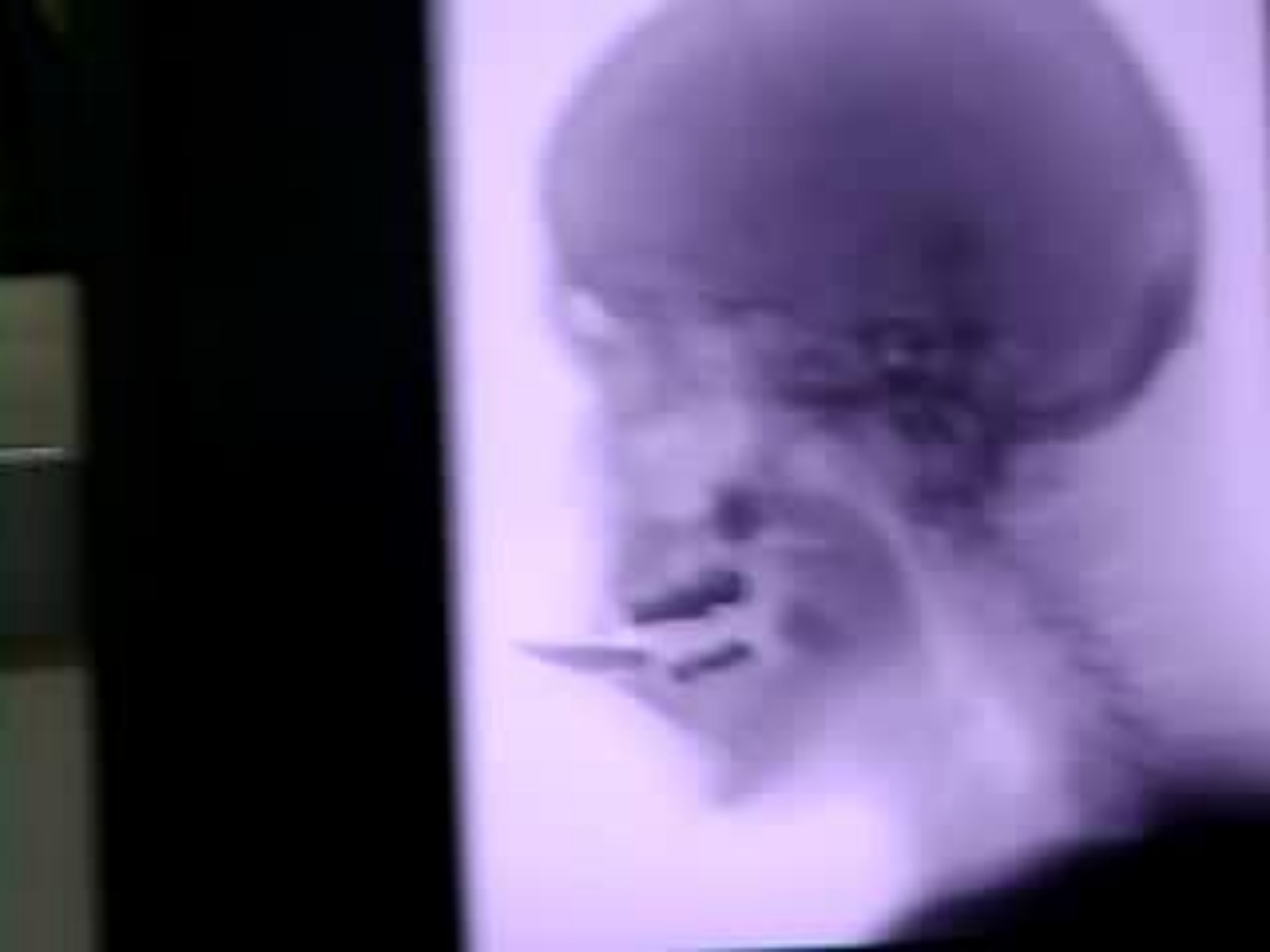
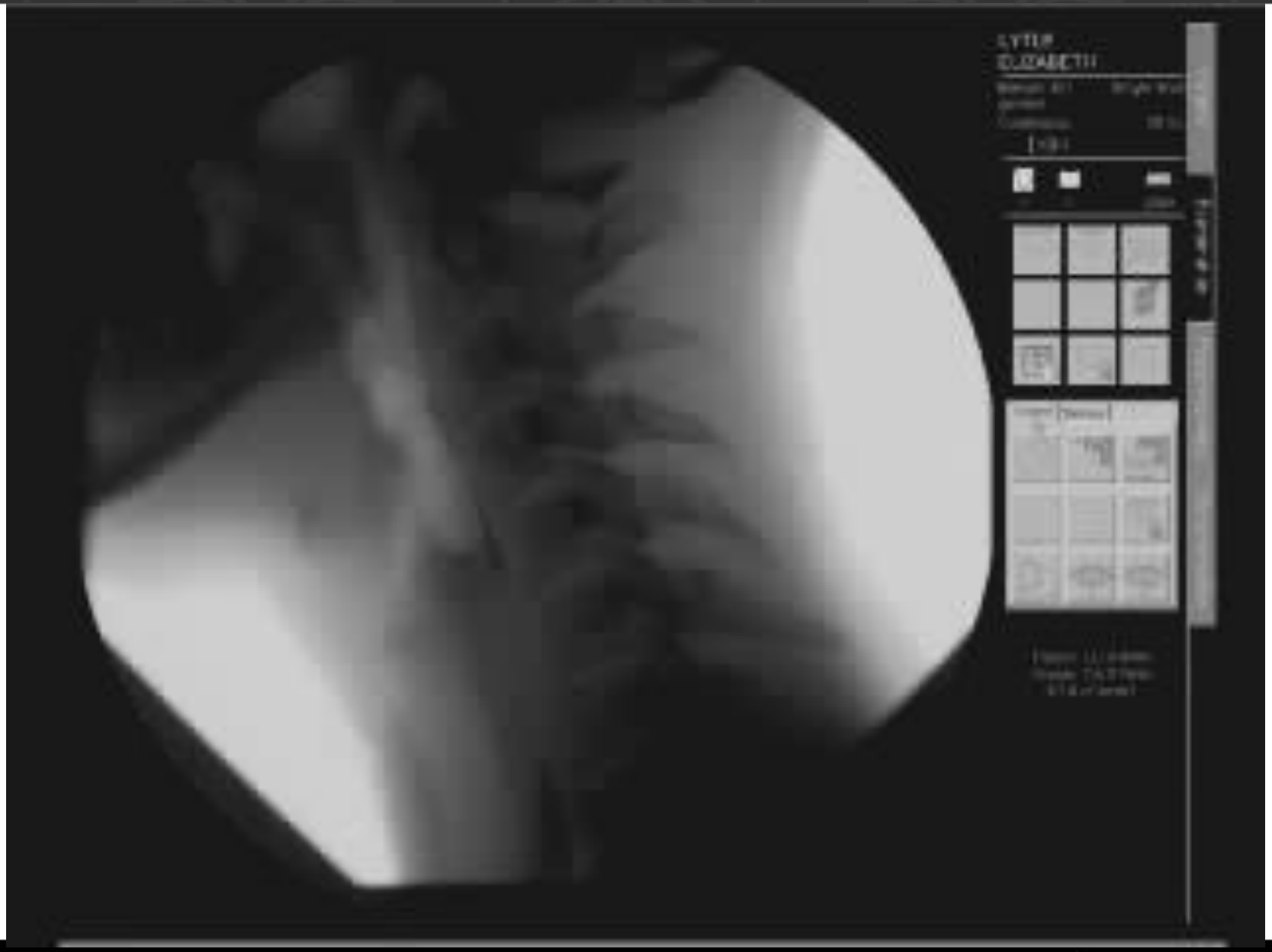
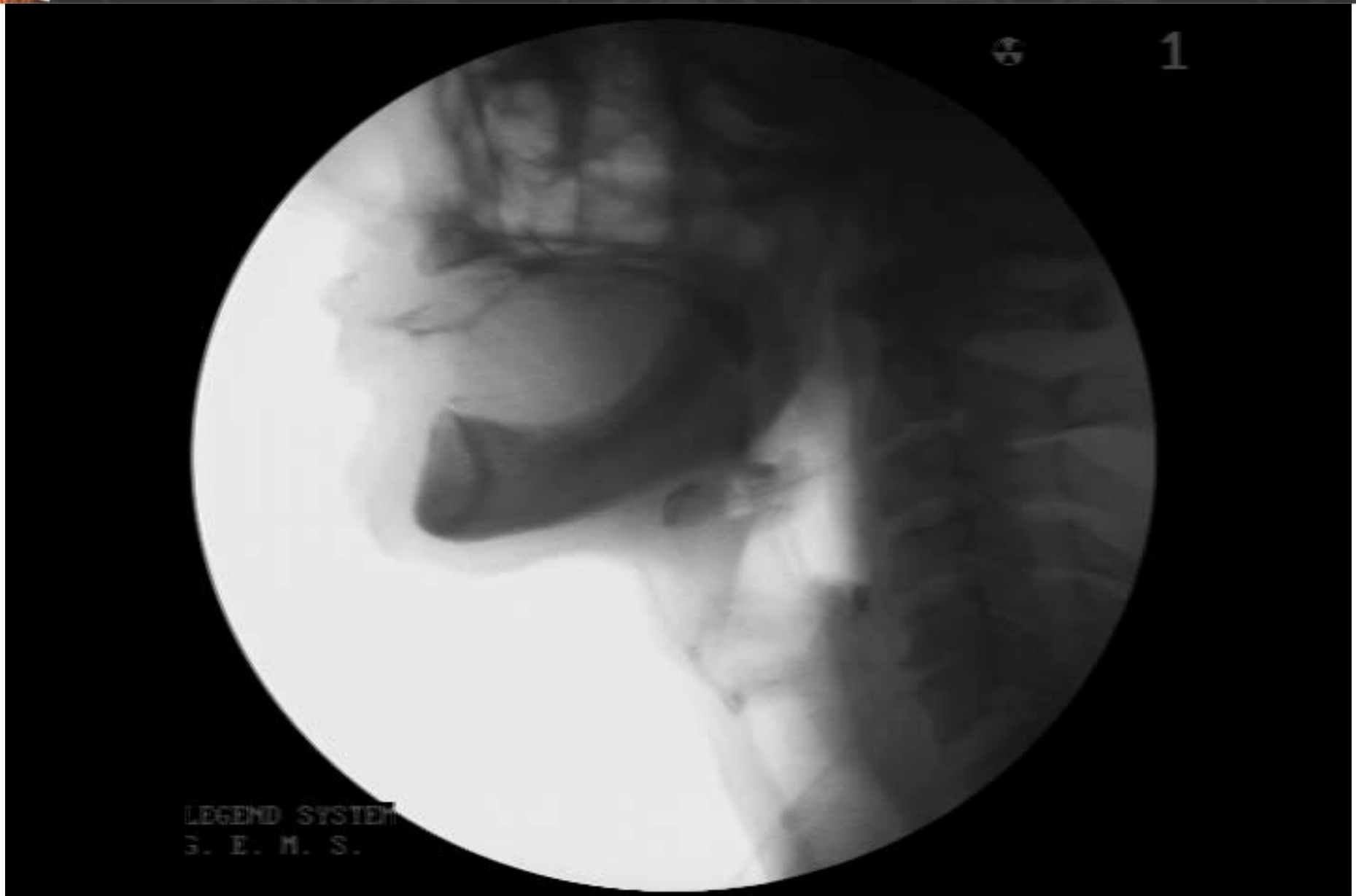
Disfagia Sintoma

Grau De Severidade Das Disfagias



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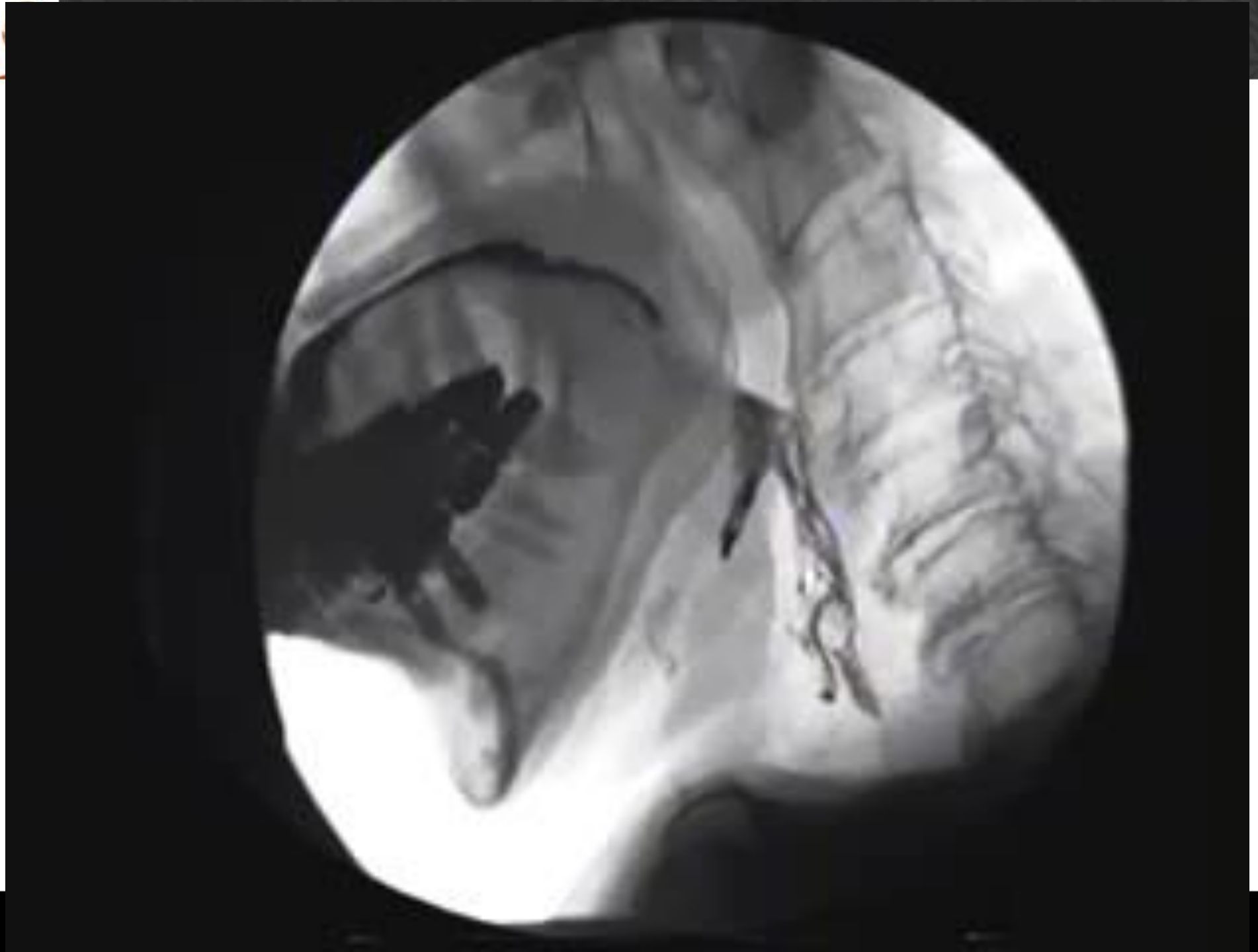
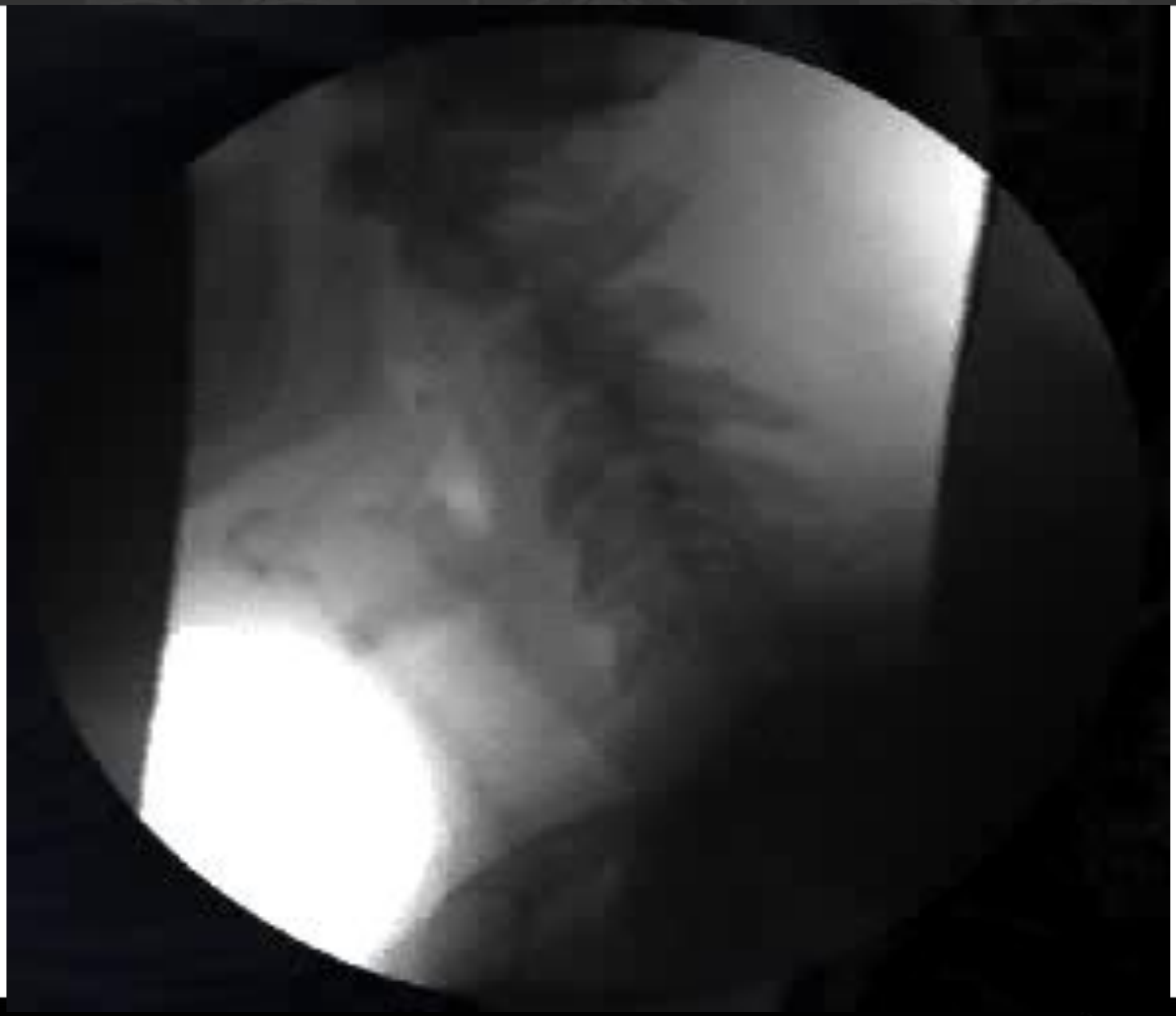




REVIEW

Swallowing function in advanced age

Marie Jardine[a], *Anna Miles*[a], *and Jacqui E. Allen*[b,c]

Purpose of review
To present current literature regarding swallowing function in advanced age, including healthy ageing, dysphagia and trends in multidisciplinary team service delivery.

Recent findings
Normative studies support swallowing efficiency but greater variability in healthy advanced age, through to 100 years old. Deviations from normative data and symptoms of dysphagia leading to aspiration or nutritional risk, imply swallowing disorder, rather than simply the ageing process. Quantitative and qualitative studies are emerging that promote management of swallow dysfunction for an ageing society, including innovative assessment, home treatment, swallowing exercise and optimized mealtimes.

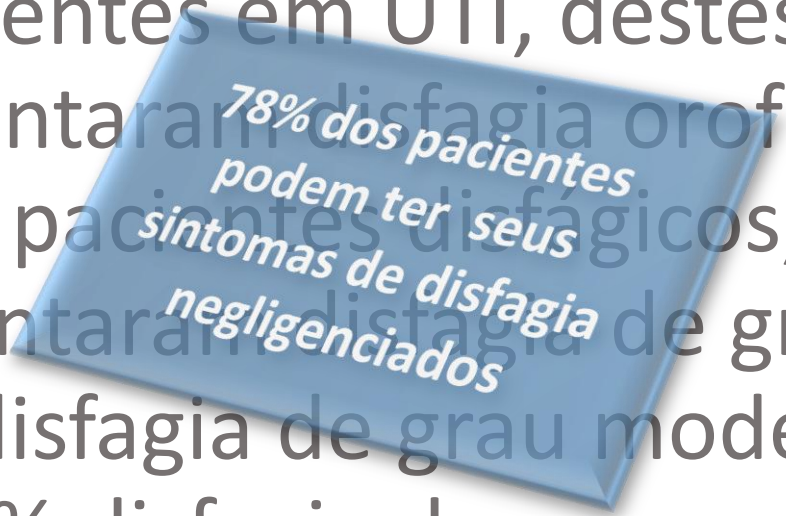
Summary
Current literature on swallowing function in advanced age provides multidisciplinary perspectives and initiatives, with clear commitment to improving quality of life for older adults. The diversity of the older population and serious consequences of swallowing difficulties calls for routine screening tools for swallowing impairment and malnutrition risk. Representation of 'oldest old' in future normative studies is essential to guide swallowing management in adults over 85 years old.

Keywords
dysphagia, elderly, malnutrition, older adults, swallowing

Um total de 134 doentes idosos (> 70 anos) internados com pneumonia, 55% apresentaram sinais clínicos de disfagia orofaríngea.

Cabre M, et al. 2010

Um estudo avaliou a deglutição de pacientes em UTI, destes 74% apresentaram disfagia orofaríngea. Dos pacientes disfágicos, 45% apresentaram disfagia de grau leve, 22% disfagia de grau moderado e 33% disfagia de grau grave.



**Moraes AMS, Coelho WJP, Castro G, Nemr
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Nestlé Nutr Inst Workshop Ser, vol 72, pp 1–11,
Nestec Ltd., Vevey/S. Karger AG., Basel, © 2012

Definition, Prevalence and Burden of Oropharyngeal Dysphagia: A Serious Problem among Older Adults Worldwide and the Impact on Prognosis and Hospital Resources

Julie A.Y. Cichero[a] · Kenneth W. Altman[b]

[a]School of Pharmacy, The University of Queensland, Brisbane, QLD, Australia; [b]Eugen Grabscheid Voice Center, Department of Otolaryngology – Head and Neck Surgery, Mount Sinai School of Medicine, New York, NY, USA

Abstract

Oropharyngeal dysphagia describes difficulty with eating and drinking. This benign statement does not reflect the personal, social, and economic costs of the condition. Dysphagia has an insidious nature in that it cannot be 'seen' like a hemiplegia or a broken limb. It is often a comorbid condition, most notably of stroke, and many other neurodegenerative disorders. Conservative estimates of annual hospital costs associated with dysphagia run to USD 547 million. Length of stay rises by 1.64 days. The true prevalence of dysphagia is difficult to determine as it has been reported as a function of care setting, disease state and country of investigation. However, extrapolating from the literature, prevalence rises with admission to hospital and affects 55% of those in aged care settings. Consequences of dysphagia include malnutrition, dehydration, aspiration pneumonia and potentially death. The mean cost for an aspiration pneumonia episode of care is USD 17,000, rising with the number of comorbid conditions. Whilst financial costs can be objectively counted, the despair, depression, and social isolation are more difficult to quantify. Both sufferers and their families bear the social and psychological burden of dysphagia. There may be a cost-effective role for screening and early identification of dysphagia, particularly in high-risk populations.

Introduction

Eating and drinking are essential to human survival as a form of nourishment. Aspects that affect this biological function are naturally a cause for concern.

ORIGINAL ARTICLE

Consequence of Dysphagia in the Hospitalized Patient

Impact on Prognosis and Hospital Resources

Kenneth W. Altman, MD, PhD; Gou-Pei Yu, MD, MPH; Steven D. Schaefer, MD

Objective: To determine if comorbid dysphagia in all hospitalized patients has the potential to prolong hospital stay and increase morbidity. Dysphagia is increasingly prevalent with age and comorbid medical conditions. Our research group has previously shown that dysphagia is a bad prognostic indicator in patients with stroke.

Design: Analysis of national database.

Main Outcome Measures: The National Hospital Discharge Survey (NHDS), 2005-2006, was evaluated for presence of dysphagia and the most common comorbid medical conditions. Patient demographics, associated disease, length of hospital stay, morbidity and mortality were also evaluated.

Results: There were over 77 million estimated hospital admissions in the period evaluated, of which 271 983 were associated with dysphagia. Dysphagia was most commonly associated with fluid or electrolyte disorder, esophageal disease, stroke, aspiration pneumonia, urinary tract infection, and congestive heart failure. The median number of hospitalization days for all patients with dysphagia was 4.04 compared with 2.40 days for those patients without dysphagia. Mortality increased substantially in patients with dysphagia associated with rehabilitation, intervertebral disk disorders, and heart diseases.

Conclusions: Dysphagia has a significant impact on hospital length of stay and is a bad prognostic indicator. Early recognition of dysphagia and intervention in the hospitalized patient is advised to reduce morbidity and length of hospital stay.

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Departments of Otolaryngology, The Mount Sinai School of Medicine (Dr Altman) and New York Eye and Ear Infirmary (Drs Yu and Schaefer), New York, New York.

THE CONSEQUENCES OF DYSphagia can be profound. Although it is appreciated that nutrition, hydration, quality of life issues, and social isolation may arise, aspiration (especially if not immediately recognized) may be the pivotal factor that precipitates a significant decline in a patient's outcome. Our research group[1] has previously shown that in patients hospitalized with stroke, only 14% of those without dysphagia required more than 7 days of hospitalization. When a patient with stroke also had dysphagia, their likelihood of hospitalization longer than 7 days was up to 73.9%.[1] These findings emphasize the importance of early diagnosis of dysphagia so that an appropriate plan of care can be instituted and so that the potential economic impact of a prolonged hospitalization might be mitigated.

The devastating effects of dysphagia on patients with stroke and the importance of early recognition are well known.[2,3] The consequences of dysphagia on hospitalized patients with heart disease[4] and pneumonia[5] and its association with laryngopharyngeal abnormalities (particularly with intubation) have also been recognized.[6] In this study, using data from the 2004 and 2005 National Hospital Discharge Survey (NHDS),[7] we sought to quantify the consequences of dysphagia in hospitalized patients admitted with other diagnoses. Our hypothesis was that dysphagia adversely affected outcomes as determined by length of hospitalization and increased risk of mortality during that hospitalization.

METHODS

Data were obtained from the 2004 and 2005 National Hospital Discharge Survey (NHDS).[7] This sampling survey has been conducted continuously by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention, since 1985. The NHDS is a representative sample of patient discharge records from short-stay, nonfederal general and children's hospitals in the United States, exclusive of federal, military, and Veterans Administration hospitals. Only short-stay hospitals (those

Definition, Prevalence and Burden of Oropharyngeal Dysphagia: A Serious Problem among Older Adults Worldwide and the Impact on Prognosis and Hospital Resources.

Definição, prevalência e custo das disfagias orofaríngeas: um sério problema entre os idosos no mundo, e o impacto no prognóstico e nos recursos hospitalares

Cichero JA, Altman KW.

Source

School of Pharmacy, The University of Queensland, Brisbane, QLD, Australia.

Abstract

Oropharyngeal dysphagia describes difficulty with eating and drinking. This benign statement does not reflect the personal, social, and economic costs of the condition. Dysphagia has an insidious nature in that it cannot be 'seen' like a hemiplegia or a broken limb. It is often a comorbid condition, most notably of stroke, and many other neurodegenerative disorders. Conservative estimates of annual hospital costs associated with dysphagia run to USD 547 million. Length of stay rises by 1.64 days. The true prevalence of dysphagia is difficult to determine as it has been reported as a function of care setting, disease state and country of investigation. However, extrapolating from the literature, **prevalence rises with admission to hospital and affects 55% of those in aged care settings. Consequences of dysphagia include malnutrition, dehydration, aspiration pneumonia and potentially death**. **The mean cost for an aspiration pneumonia episode of care is USD 17,000, rising with the number of comorbid conditions.** (**O custo médio do atendimento de um episódio de pneumonia por aspiração é de US$ 17.000 dólares, aumentando o número de comorbidades).** Whilst financial costs can be objectively counted, the despair, depression, and social isolation are more difficult to quantify. Both sufferers and their families bear the social and psychological burden of dysphagia. **There may be a cost-effective role for screening and early identification of dysphagia, particularly in high-risk populations**. **A avaliação e a identificação precoce de disfagia, podem apresentar uma redução efetiva nos custos, particularmente com o risco de aspiração dessa população.**

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Consequence of dysphagia in the hospitalized patient: impact on prognosis and hospital resources.

Conseqüência da disfagia no paciente hospitalizado: impacto sobre o prognóstico e recursos hospitalares

Altman KW, Yu GP, Schaefer SD.

Abstract

OBJECTIVE: To determine if comorbid dysphagia in all hospitalized patients has the potential to prolong hospital stay and increase morbidity. Dysphagia is increasingly prevalent with age and comorbid medical conditions. Our research group has previously shown that dysphagia is a bad prognostic indicator in patients with stroke.

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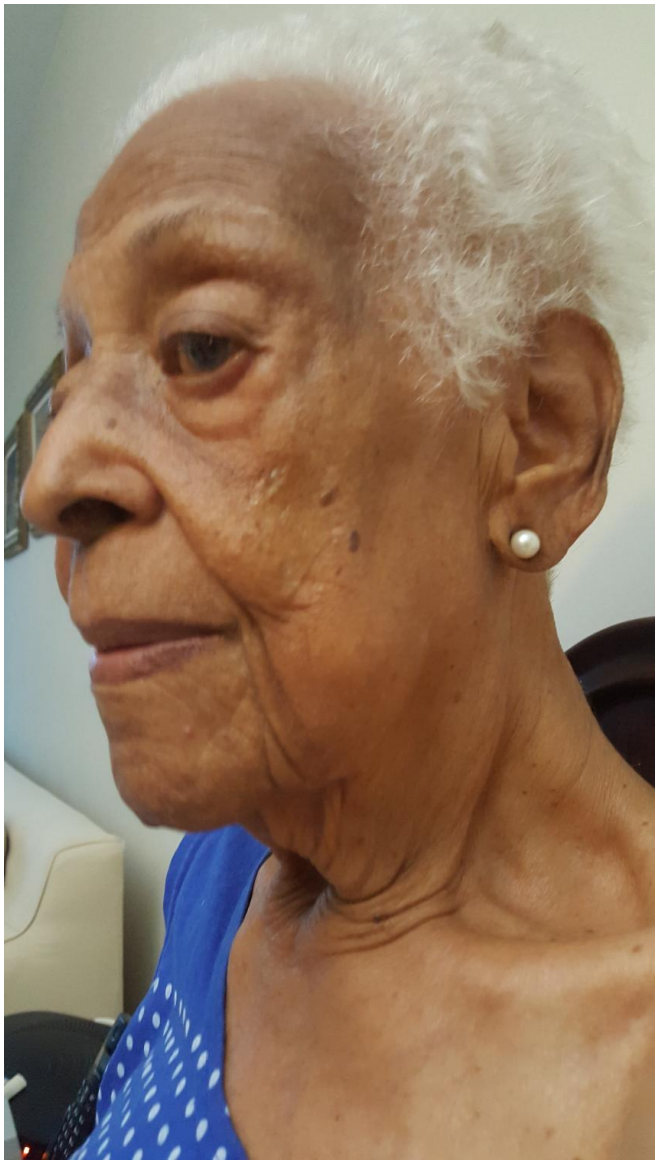
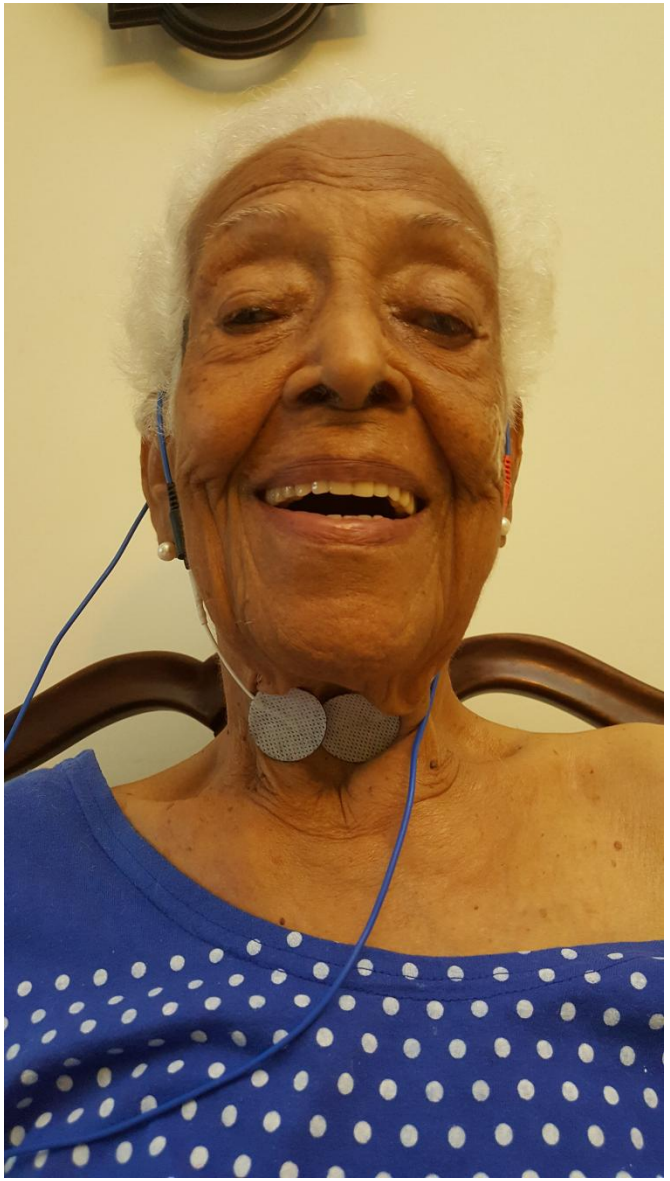
CONCLUSIONS: Dysphagia has a significant impact on hospital length of stay and is a bad prognostic indicator. Early recognition of dysphagia and intervention in the hospitalized patient is advised to reduce morbidity and length of hospital stay. *OTOL.* 2010;136(8):784-789. doi:10.1001/archoto.2010.129

Art.1º - O fonoaudiólogo é o profissional legalmente habilitado para realizar a avaliação, diagnóstico e tratamento fonoaudiológicos das disfagias orofaríngeas, bem como o gerenciamento destas no recém-nascido, na criança, no adolescente, no adulto e *no idoso*;





Intervenção Fonoaudiológica na Deglutição

Obrigada pela atenção!
Profª Viviane Marques