NUTRICIA
LIFE-TRANSFORMING NUTRITION

PRACTICAL GUIDANCE FOR THE DIAGNOSIS AND NUTRITIONAL MANAGEMENT OF **DYSPHAGIA IN ACUTE STROKE**

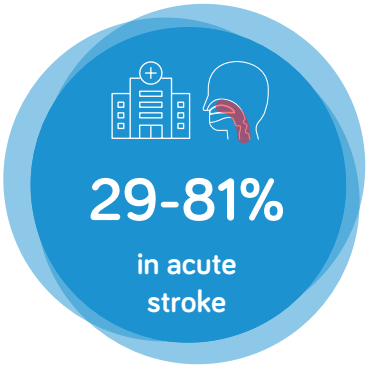
Adapted from: Dziewas, et al. European Stroke Organisation and European Society for Swallowing Disorders guideline for the diagnosis and treatment of post-stroke dysphagia. European Stroke Journal 2021; 6: LXXXIX-CXV.

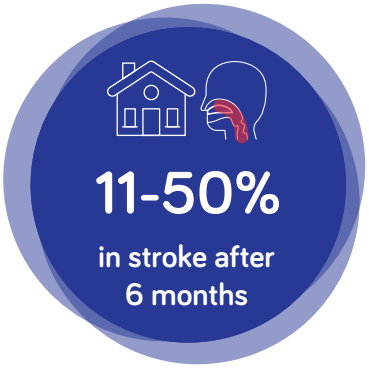
For healthcare professionals only

This guidance document is designed for use by stroke HCPs and other members of the multidisciplinary team on how to screen, assess and nutritionally manage dysphagia in acute stroke patients, with the aim of avoiding dysphagia-related complications and to facilitate recovery of swallow function.

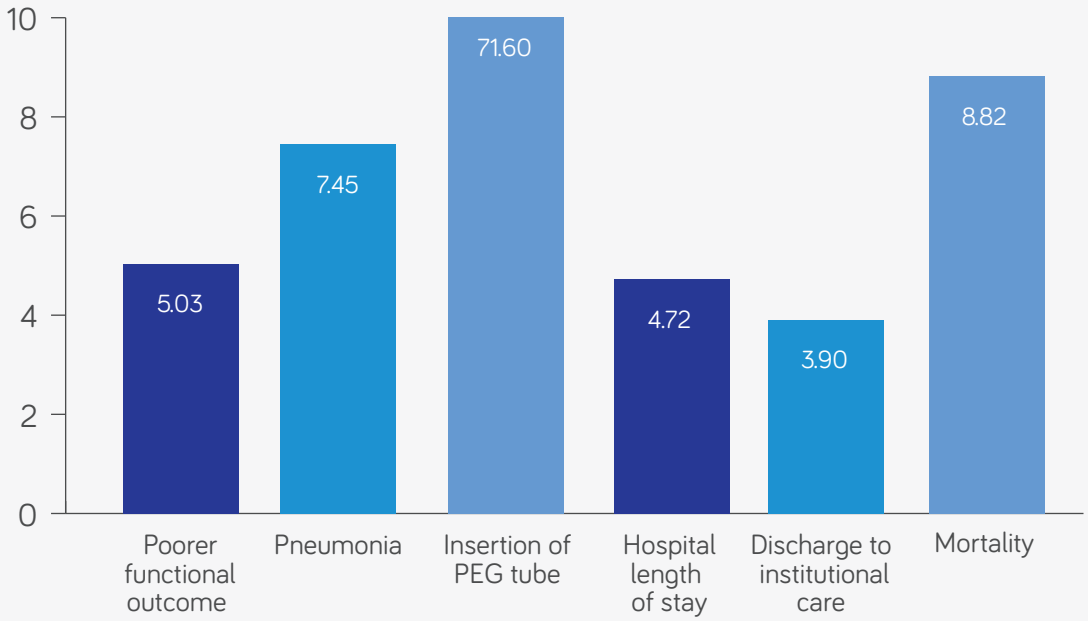
IMPACT OF POST-STROKE DYSPHAGIA ON STROKE OUTCOME[1]

Swallowing difficulty (dysphagia) is common after stroke:





Post-stroke dysphagia (PSD) increases risk (odds ratio) of:



PSD also increases the risk of malnutrition and dehydration, affects psychological well-being and level of independence and is linked to low mood and depression

DYSPHAGIA AND NUTRITIONAL SCREENING[1]

Recommendations:

Conduct a formal dysphagia screening test to prevent post-stroke pneumonia and decrease risk of early mortality. Screen patients as fast as possible after admission. For screening, either water-swallow-tests or multiple-consistency tests may be used.

No administration of any food or liquid items (NPO), including oral medication, until dysphagia screening has been done and swallowing judged to be safe.

Expert opinion:

There is consensus among the guideline group that patients with acute stroke should be screened for nutritional risk within the first days after hospital admission using validated screening tools.

DYSPHAGIA ASSESSMENT[1]

Recommendations:

Dysphagia assessment is suggested in all stroke patients failing a dysphagia screen and/or showing other clinical predictors of PSD, in particular a severe facial palsy, severe dysarthria, severe aphasia or an overall severe neurological deficit (NIH-SS ≥ 10 points).

Dysphagia assessment should be done as soon as possible. In addition to the clinical swallow examination, VFSS or, preferentially, FEES should be available.

Swallowing of tablets is suggested to routinely be evaluated as part of dysphagia assessment in addition to assessing the swallowing of liquid and different food consistencies and quantities.

Examples of Practical Screening and Assessment Tools for PSD

	WATER SWALLOW TEST	MULTIPLE CONSISTENCY TEST	FIBEROPTIC ENDOSCOPY
SUITABLE HCP	Nurses in stroke units with limited time/ resources to assess acute stroke patients	Nurses and/or swallow specialists in stroke units with moderate time/resources to assess acute stroke patients	SLTs and/or specialist clinicians in stroke units with access to FEES medical imaging equipment and trained in its use
DESCRIPTION	Simple bedside screening tools that involve a functional assessment of the patient, including a water swallow challenge	Bedside screening tool that uses foods/liquids of varying consistency to help determine the severity of swallowing impairment	Specialized method for swallowing assessment after acute stroke that grades severity by visualising the swallowing process directly in response to foods/liquids of varying consistency
AIM	Identify aspiration risk, the most appropriate feeding route, and possible need for additional specialist assessment	Identify aspiration risk, the most appropriate feeding route/consistency, and the possible need for additional specialist assessment	Provide direct visualisation of the oropharynx and advise the most appropriate feeding route/consistency to be used
	CLICK FOR EXAMPLE	CLICK FOR EXAMPLE	CLICK FOR EXAMPLE

Example of Practical Screening Tool for Malnutrition

Click for example

Not part of clinical guidelines

TREATMENT OF POST-STROKE DYSPHAGIA[1]

Recommendations:

DIETARY INTERVENTIONS

Texture-modified diets and/or thickened liquids are suggested to be used to reduce the risk of pneumonia.

Texture-modified diets and/or thickened liquids should be prescribed only based on appropriate assessment of swallowing.

Monitor fluid balance and nutritional intake in stroke patients put on texture-modified diets and/or thickened liquids.

NUTRITIONAL INTERVENTIONS

In stroke patients who present with a risk of malnutrition or with manifest malnutrition and can tolerate an oral diet, it is suggested to consider the use of oral nutritional supplementation.

In patients with PSD and insufficient oral intake, it is suggested to use early enteral nutrition via a nasogastric tube.

Specialised nutrition solutions can address key nutritional challenges to support stroke patients along their recovery journey:

Hyper-acute — Acute — Early Subacute — Late Subacute — Chronic

Dysphagia

Nutilis Range
Thickening agents and Pre-thickened ONS

Nutrison Range*
Enteral feeds

*In patients with PSD and insufficient oral intake, it is suggested to use early enteral nutrition via a nasogastric tube

Malnutrition

Nutrison Range
Enteral feeds

Fortimel Compact Protein
ONS

Nutilis Complete
Pre-thickened ONS

Muscle Loss in Sarcopenia

Fortimel Advanced
Muscle-targeted ONS

FortiFit
Muscle-targeted powder

Pressure Injury

Cubitan
Wound-targeted ONS

Cubison
Wound-targeted enteral feed

Not part of clinical guidelines

Nutricia products shown above are Foods for Special Medical Purposes (FSMP) and must be used under medical supervision.

Indications: Nutilis Clear & Nutilis Powder are for the dietary management of dysphagia; Nutilis Complete & Nutilis Aqua are for the dietary management of DRM with dysphagia; Nutrison products are for the dietary management of DRM (indication may vary, please refer to product technical sheet or ask a Nutricia representative); Fortimel Compact Protein is for the dietary management of DRM; Fortimel Advanced is for the dietary management of DRM with muscle loss; FortiFit is for the dietary management of diseases associated with protein malnutrition with a loss of muscle mass; Cubitan is for the dietary management of chronic wounds; Cubison is for the dietary management of DRM with chronic wounds.

Reference

1. Dziewas, et al. European Stroke Organisation and European Society for Swallowing Disorders guideline for the diagnosis and treatment of post-stroke dysphagia. European Stroke Journal 2021; 6: LXXXIX-CXV.

DRM: disease-related malnutrition, NPO: nil per os, ONS: Oral nutritional supplement, PSD: Post-stroke dysphagia

