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Swallowing Dysfunction of the Elderly in Intensive Care Unit and Non-Intensive Care Unit

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Introduction

The aim of this study was to clarify causes of swallowing dysfunction of the elderly without previous neurologic lesion in brain images or electrophysiological examinations via videofluoroscopic swallowing study (VFSS) and its associated factors such as albumin, body mass index (BMI) and intensive care unit (ICU) admission.

Methods

Medical records of elderly patients (>65 years) with dysphagia symptoms who were hospitalized due to respiratory disorders such as pneumonia or chronic obstructive pulmonary disease in Regional Pulmonary Center and consulted to Rehabilitation Department because of dysphagia symptoms from January 2014 to September 2017 were reviewed. Patients who had been diagnosed with stroke, Parkinson's disease, motor neuron diseases such as amyotrophic lateral sclerosis, and previous history of cervical spinal operation were excluded. Swallowing function was evaluated by VFSS and serum albumin, body mass index (BMI), use of nasogastric tube, prevalence of pneumonia in chest computed tomography (CT) were evaluated.

Results

In total, 30 elderly patients with no underlying brain lesion and neurological disorder were included, of which 13 patients were treated in ICU. Patients in ICU group showed lower serum albumin level and more frequent use of nasogastric tube (3.0 ± 0.2 , $P=0.015$ and 76.9% , $P=0.025$) compared with patients in non-ICU group. The prevalence of pneumonia in chest CT were 92.3% in ICU group and 70.6% in non-ICU group, but the data were not enough to show statistical significance. For comparison of Penetration-Aspiration Scale (PAS) between two groups, the ICU group showed higher score in 2cc fluid (4.5 ± 2.9 , $P=0.025$), but PAS in other food materials did not show statistical significance.

Conclusions

In conclusion, the ICU group observed more severe aspiration, particularly fluid, although they did not have underlying brain lesion and neurologic disorder. Therefore, older patients who have been hospitalized in ICU should be carefully monitored swallowing dysfunction and proper rehabilitation would be necessary.