

노인재활

발표일시 및 장소: 10 월 19 일(토) 10:50-11:00 Room B(5F)

OP2-3-6

Trends in dysphagia prevalence and incidence rate requiring medical attention in Korea

Junsik Kim^{1*}, Kyung Do Han¹, Nam-Jong Paik¹, Won-Seok Kim^{1†}

Seoul National University Bundang Hospital, Department of Rehabilitation Medicine¹, The Catholic University of Korea Seoul St. Mary`s Hospital , Department of Biostatistics²

Objective

To report the nationwide prevalence and incidence rate of dysphagia requiring medical attention in Korea through the year 2006 to 2016 using the Korean national health insurance service (KNHIS) data.

Methods

We identified dysphagia patients from the KNHIS database (2006 to 2016) by defining dysphagia requiring medical attention as one with satisfying all of the following conditions; dysphagia (R13) disease code present, two or more insurance claims for swallowing therapy (MX141) within a month, and two or more dysphagia evaluation (E7011 or E7012) performed within three months. The period prevalence and incidence in each year were extracted. The rate was reported as the number per 10,000 people each year.

Results

Both prevalence and incidence rate of dysphagia has continuously increased. In the year 2006, the crude prevalence rate of dysphagia was 9.43 per 10,000 people. This has increased to 24.84 in 2016. The incidence rate has also increased from 7.13 to 15.64 per 10,000 people in 10 years. The adjusted prevalence rate and incidence rate also increased from 10.75 to 22.31 and 8.16 to 14.18, respectively (Fig. 1). This increasing tendency was more prominent in the older population (Fig. 2). Among the population with dysphagia, stroke was the highest co-existing disease code with 56.33%, followed by chronic obstructive pulmonary disease (38.69%), cancer (7.27%), and Parkinson`s disease (5.79%) (Fig. 3).

Conclusions

Population with dysphagia requiring medical attention has continuously increased from 2006 to 2016. This was especially more prominent in the geriatric population. In the aging society and era of non-communicable diseases, medical care and rehabilitation of dysphagia will become more important. Health care plan to distribute the medical resources appropriately to meet these increasing needs is required.

Acknowledgment : "This study used National Health Information Database (NHIS-2018-1-331) made by National Health Insurance Service (NHIS)."

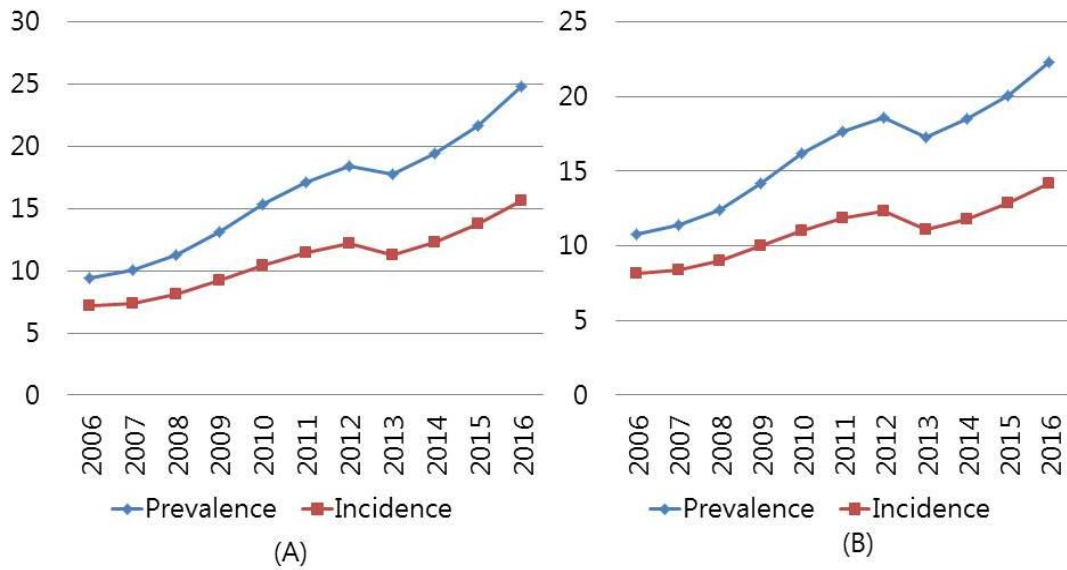


Fig 1. The crude (A) and age-adjusted (B) prevalence rate through 2006 and 2016

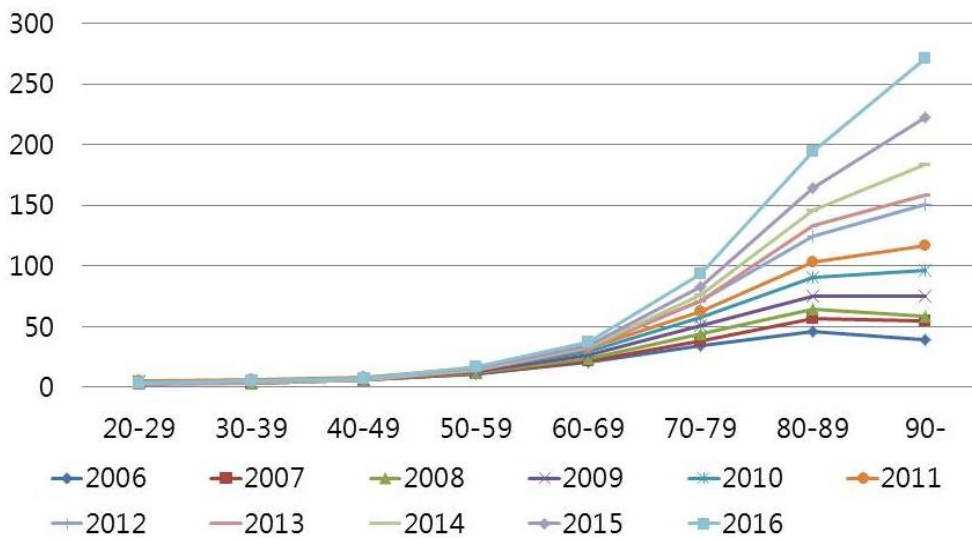


Fig 2. The prevalence rate of each age group through 2006 and 2016

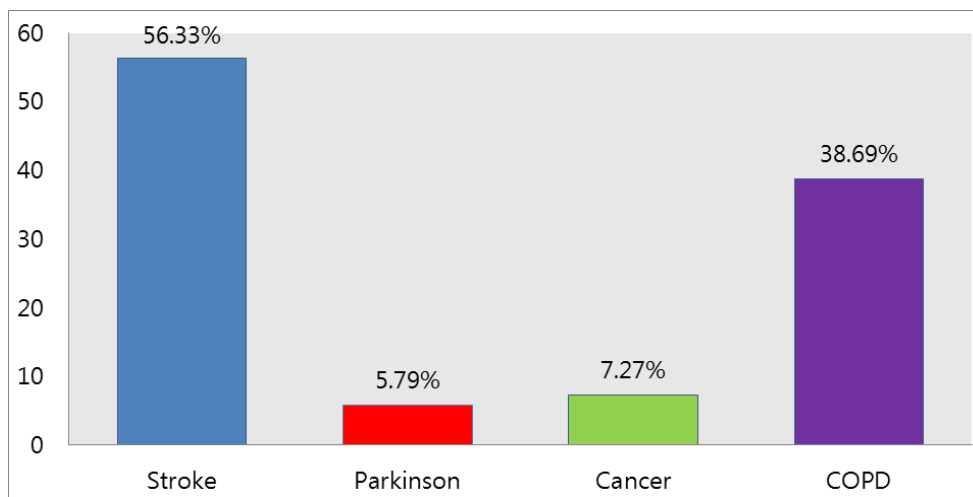


Fig 3. The percentage of each disease in the positive dysphagia disease code group in 2015