Multiprofessional action in pediatric dysphagia

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Abstract

The purpose of this manuscript is to describe the importance of multiprofessional performance in pediatric cases of oropharyngeal dysphagia, identifying professionals of various specialties that the involvement of the patient as a whole in their rehabilitation process provides success. In addition, communication between the patients’ health care team should be prioritized in order to provide quality patient care, exchanges of experience and deepening of techniques.

Keywords: Pediatrics, Patient Care Team, Deglutition Disorders.

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The prevalence of eating disorders in pediatric populations ranges from 25% to 45% in children with typical development and from 33% to 80% in children with developmental delays. The incidence of pediatric dysphagia, however, remains unknown. A known fact is that the incidence of swallowing disorders in pediatric populations is on the rise, as the survival rates of preterm newborns, neonates with low birth weight, and children with complex medical conditions increase.1

Speech and hearing therapists diagnose individuals with oropharyngeal dysphagia and work in close cooperation with other healthcare providers to ensure patients are able to safely and efficiently swallow and eat. In addition to providing direct care to children with oropharyngeal dysphagia, speech and hearing therapists participate in the development of patient assessment protocols and multidisciplinary team reviews, provide advice to patient caretakers on the positions and techniques required to feeding patients safely, and prevent possible alterations from occurring.2,3

Children with dysphagia are at risk of growth failure, malnutrition, nutrient deficiency, and developmental delay.4 It is the role of nutritionists to assess and provide patients with a nutrition diagnosis, analyze their history of nutrition, assess patient growth, order laboratory tests, check for clinical nutritional signs and food intake patterns, and make sure patients have their nutritional needs properly satisfied in view of the method prescribed to safely feed them. Nutritional therapy in patients with dysphagia aims to maintain or recover their nutritional and hydration status based on a diet adapted to individual patient needs.5,6,7,8

Several studies have reported on the positive impacts of involving clinical pharmacists in patient care. Clinical pharmacists promote safe, rational use of medication while maximizing the effects and minimizing the risks inherent to drug therapy.9

Concurrent use of multiple medications, also known as polypharmacy, increases the risk of adverse events. Patient quality of life can be significantly improved when possible adverse events are monitored and issues with medication are mitigated.9,10 The main parameters considered in the assessment of drug prescriptions are the route of administration, frequency and dose of medication, compatibility, reconstitution and dilution of intravenous drugs, drug interactions (drugs vs. other drugs; drugs vs. food), allergies, adverse drug reaction (ADR) monitoring, and need to administer medication through a catheter.9

Clinical pharmacists advise other healthcare providers involved in the care of pediatric patients with dysphagia of prescribed drug therapies and possible side effects (some medications may cause dry mouth, sialorrhea, or sleepiness) that may hamper the treatment of individuals with dysphagia. They also review possible means of administering medication orally based on each patient’s limitations. In addition to increasing the quality and safety of care, clinical pharmacists enable a more rational use of resources, thereby decreasing the cost of treatment. Clinical pharmacists also help to improve patient compliance to treatment, an essential step to achieving treatment goals and results.9,10

Physical therapists are involved in cases of dysphagia to preserve respiratory system function, maintain or restore lung function, and ensure airway patency.11 There is a correlation between respiratory muscle weakness and swallowing disorders, which combined may increase the risk of pulmonary aspiration and aspiration pneumonia. Lung volume and capacity decrease in the event of respiratory muscle weakness, thus affecting the system protecting the airways during swallowing. Interventions by a physical therapist may include clearing the airways, managing secretion, and maintaining lung volume, which contribute to the coordination of swallowing and breathing in children.12

Psychologists offer support to patients and families as they adjust to the procedures designed to tackle the swallowing disorder, help them to work on the feelings arising from the situation, and develop coping strategies for patients and families to deal with the condition and the rehabilitation process. According to Torres (2008),13 psychologists work as facilitators in the process patients and families go through as they adjust to the changes imposed by disease. Children with disease inevitably affect their families and cause the eruption of feelings of distress and apprehension. The changes required of patients and families, particularly when the first are hospitalized, may trigger mental disorders.14,15 In such a scenario, psychologists help children and their families to cope with the required interventions and treatment procedures.16

In their interactions with care team members, physicians call in members of the multidisciplinary team when their services are needed and are often involved in the initial identification of signs and symptoms of dysphagia in children. Physicians are responsible for issuing prescriptions to patients in healthcare units. They are also tasked with the identification of the clinical conditions needed to reintroduce oral feeding and initiate treatment with a speech and hearing therapist.

A recent study found that although healthcare providers generally describe themselves as knowledgeable on dysphagia, the knowledge they actually possess on how to treat patients with dysphagia and administer oral drug therapy is incipient.17 A multidisciplinary approach to patients with dysphagia aims to combine the knowledge from different specialties and offer integrated care and rehabilitation to children with dysphagia.

REFERENCES


