E-Poster

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Predictors and Outcomes of Post-Stroke Dysphagia

Topic: Complications/Sequelae (ie Spasticity, Immobilization and Frailty)

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BACKGROUND

Dysphagia is a common (incidence rates up to 87%) and life-threatening symptom post stroke. Age (> 70), NIH Stroke Scale/Score (NIHSS) at admission (≥ 12, according to some studies), Total Anterior Circulation Infarcts (TACI) and Hemorrhagic Strokes are associated with higher risk of dysphagia, with no preference regarding the laterality of the lesion. It is associated with higher rates of respiratory infections, longer hospitalizations and higher needs of rehabilitation care after discharge, so its early detection is crucial. To evaluate predictors and outcomes of dysphagia in adults admitted in an acute care hospital with stroke.

METHODS

Retrospective study including adults with stroke admitted in an acute care hospital, between January 1, 2023, and June 31, 2023. Data collected at evaluation by a Physiatrist and completed by consulting the electronic clinical record. Statistical analysis was conducted using SPSS. $P < 0.05$ considered significant for all tests.

RESULTS

Two hundred forty eight patients with stroke [225 ischemic (90.7%), 23 hemorrhagic (9.3%)] – 126 men (50.8%), 122 women (49.2%). Medium age: 73 years. 129 patients presented with dysphagia during hospitalization. In average, patients with dysphagia were older (78 vs 68), were submitted to Thrombolysis/Endovascular treatment (82.5% vs 45.1% for conservative treatment), had higher likelihood of having had hemorrhagic transformation (90.5%), higher NIHSS score at admission (9 vs 3) and at discharge (6 vs 1) and longer time of hospitalization (10 vs 5 days) ($p < 0.001$). NIHSS scores at admission (IDDSI 2: 4, IDDSI 4: 10, NG tube: 12, $p < 0.001$) and at discharge (IDDSI 2: 1, IDDSI 4: 7, NG tube: 10, $p < 0.001$) were also higher as the severity of dysphagia increased. Patients with TACI were more affected (91.2%) as well as those with affection of the Central Medium Artery (CMA, left: 64.9% & right: 78.4% vs other arteries: 46.5%, $p < 0.001$). All patients with Aspiration Pneumonia had dysphagia. Patients with dysphagia were more likely to return to nursing homes or to be admitted in the National Integrated Continued Care Network (NICCN) or in a Rehabilitation Center (RC) (64.3%, 78.8%, 77.8%, respectively) than to return home (20.2%), $p < 0.001$). 76.9% of Deaths after First Stroke occurred in patients with dysphagia.

CONCLUSION

Age > 70 and TACI are strong predictors of dysphagia. Affection of the CMA can also play a role. NIHSS scores at admission < 12 are also associated with dysphagia. It still represents a major cause of aspiration pneumonia, longer hospitalizations and of necessity of rehabilitation care after discharge.

Statement of Disclosures

None

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