

Difficulty swallowing a sign of poor prognosis among hospitalized patients

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Dysphagia, or difficulty swallowing, is associated with longer hospital stays among patients with any diagnosis, is increasingly prevalent with older age and is an indicator of a poor prognosis, according to a report in the August issue of *Archives of Otolaryngology-Head & Neck Surgery*, one of the JAMA/Archives journals.

"The consequences of [dysphagia](#) can be profound. Although it is appreciated that nutrition, hydration, quality of life issues and social isolation may arise, aspiration (especially if not immediately recognized) may be the pivotal factor that precipitates a significant decline in a patient's outcome," the authors write as background information in the article. The harmful effects of dysphagia on patients with stroke, heart disease and pneumonia have been recognized.

Kenneth W. Altman, M.D., Ph.D., of The Mount Sinai School of Medicine, New York, and colleagues analyzed data from the 2005 to 2006 National Hospital Discharge Survey to evaluate the presence of dysphagia and the most common co-occurring medical conditions. Demographics, associated diseases, length of hospital stay, illness and death were assessed.

During the time period studied, more than 77 million hospital admissions were recorded, of which 271,983 were associated with dysphagia.

"Dysphagia was most commonly associated with fluid or electrolyte disorder, esophageal disease, stroke, aspiration pneumonia, urinary tract infection and congestive heart failure," the authors write. Being older

than age 75 was associated with double the risk of dysphagia.

The median (midpoint) number of days in the hospital was 4.04 among patients with dysphagia, compared with 2.4 among patients without, a 40-percent increase in length of stay. Patients undergoing rehabilitation had a greater than 13-fold increased risk of death during their hospitalization if they had dysphagia; the condition was also associated with increased risk of death among patients with intervertebral disk disorders and heart disease.

"While dysphagia occurs in only a small portion of hospitalized patients, the impact on hospital resources is substantial," the authors conclude.

"We recommend early identification of dysphagia in hospitalized patients, particularly in those with high-risk co-morbid conditions such as older age, stroke, dehydration, malnutrition, neurodegenerative disease, pneumonia, cardiac disease and the need for rehabilitation. The plan of care in these patients should include proper assessment, early intervention using appropriate therapy and aspiration precautions and consideration of enteral feeding or supplementation options in the high-risk population."

"Further clinical research to address clinical pathways and outcomes in these populations could help to mitigate both the clinical and economic ill effects of this potentially devastating condition."

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