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EFFECT OF INDIVIDUALLY-TAILORED DIETARY GUIDANCE ON ENERGY INTAKE IN SUBJECTS WITH DYSPHAGIA - A RANDOMIZED CONTROLLED TRIAL

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Rationale: Dysphagia is common cause of undernutrition among community-dwelling elderly and among individuals with neurological diseases. However, to our knowledge there are no studies on dietary interventions for community-dwelling individuals with dysphagia.

The aim of this study was to investigate the effect of individually-tailored dietary guidance following dysphagia assessment at an outpatient clinic.

Methods: A total of 13 first time referred subjects were randomized to an intervention group (n = 6) or a control group (n = 7) following written consent. Inclusion criteria were: >18 years, Fiberoptic Endoscopic Dysphagia Severity Scale score 1-4, <50% of intake through feeding tube, less energy intake than their calculated need. The intervention was individually-tailored dietary guidance based on dietary consistency recommendations from the dysphagia assessment. The control group received dietary consistency recommendations but with no support from the hospitals dietician. The primary outcome was energy intake calculated based on a three-day dietary record. Secondary outcomes were weight, fat free mass, fat mass, fluid status, quality of life and ADL by the Dysphagia Handicap Index.
Results: There was one and two dropouts in the intervention and control group respectively. Compliance with the intervention was deemed good. The mean increase in energy intake was 997 and 435 kilojoule per day in the intervention and control group, respectively (p=0.602), and the mean increase in protein intake was 17.7 and 13.8 grams per day, respectively (p=0.917).
Conclusion: There was no effect of the individually-tailored dietary guidance intervention on energy intake or secondary outcomes. However, tendencies in favor of the intervention warrant that the trial is repeated with greater statistical power.
Disclosure of Interest: None declared