Dysphagia in Parkinson's Disease: High-risk Defining Clinical Parameters

Janine A Simons 1, Nora Eisemann 2, Urban M Fietzek 3, Alexander Katalinic 1,2

1 Institute for Social Medicine and Epidemiology, Universität zu Lübeck, Germany
2 Institute for Cancer Epidemiology, Universität zu Lübeck, Germany
3 Centre for Parkinson's Disease and Movement Disorders, Schön Klinik, Munich, Germany

AIMS

To define high-risk groups for oropharyngeal dysphagia and laryngeal aspiration using clinical parameters, which are reported to have positive correlations with dysphagia severity in Parkinson’s disease (PD).

METHODS

Consecutively enrolled PD patients of a German movement disorders centre underwent neurological examinations as well as clinical and fiberoptic endoscopic swallowing evaluations.

Along the severity grades of underlying rating-scales they were allocated to 3 groups: no dysphagia (A), oropharyngeal dysphagia (B), and dysphagia with penetration/aspiration (C).

Cut-off values for high-risk groups (A vs C, or A vs B+C) were determined from receiver operating characteristic curves for modified Hoehn & Yahr scale (H&Y), UPDRS III, disease duration, age, drooling scale, dysarthria score, and body mass index.

Relative risks and 95%-confidence intervals were calculated.

CONCLUSION

Motor performance with UPDRS III >= 26 and disease stage with H&Y >= 4 were shown to be high risk factors for dysphagia.

In clinical practice patients presenting these cut-offs should be screened for dysphagia with a validated disease-specific questionnaire1 (Figure 2) or undergo additional diagnostics.

Table 1 shows the relative risks for laryngeal aspiration and/or oropharyngeal dysphagia symptoms for PD patients with the strongest clinical risk factors identified.

REFERENCES