

II CONGRESSO LATINO AMERICANO DE DISFAGIA

ANAIS CIENTÍFICOS

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Programação do congresso

PROGRAMAÇÃO SALA I - Cursos Pré-Congresso

09:00 – 10:30 - Disfagia em neonatologia e pediatria

Ana Maria Hernandez / Brasil - (Moderador)

Déborah Salle Levy / Brasil - (Palestrante)

Rita de Cássia Silveira / Brasil - (Palestrante)

10:30 - 11:00 Intervalo

11:00 – 12:30 - Disfagia em neonatologia e pediatria

Ana Maria Hernandez / Brasil - (Moderador)

Ricardo Katsuya Toma / Brasil - (Palestrante)

Silvia Cristina Jury – Argentina - (Palestrante)

12:30 - 14:00 - Almoço

14:00 – 15:30 - Disfagia em doenças neurodegenerativas

Deborah Sales / Brasil - (Moderador)

Denis Bichuetti / Brasil - (Palestrante)

Sara Elizabeth Tapia / Chile - (Palestrante)

Intervalo - 15:30 – 16:00

16:00 – 17:30 - Disfagia em doenças neurodegenerativas

Nara Lopes / Brasil - (Moderador)

Ana Lúcia de Magalhães Chiappetta / Brasil - (Palestrante)

Deborah Sales / Brasil - (Palestrante)

18:30 – 19:30

ASSEMBLÉIA SLAD

PROGRAMAÇÃO SALA II - Cursos Pré-Congresso

09:00 – 10:30 - Disfagia no câncer de cabeça e pescoço

Camila Molento / Brasil - (Moderador)

Elisabete Carrara Angelis / Brasil - (Palestrante)

José Guilherme Vartanian / Brasil - (Palestrante)

10:30 – 11:00 - Intervalo



11:00 – 12:30 - Disfagia em doenças infectocontagiosas

Patrícia Santoro / Brasil - (Moderador)

Ivan França / Brasil - (Palestrante)

Mariana Saconato / Brasil - (Palestrante)

12:30 – 14:00- Almoço

14:00 – 15:30 - Atuação com disfagia na UTI

Jeferson George Ferreira / Brasil - (Moderador)

Christiane Lopes de Albuquerque Merelles / Brasil - (Palestrante)

Valéria Ton / Argentina - (Palestrante)

15:30 – 16:00 - Intervalo

16:00 – 17:30 - Delineamento de estudos em pesquisa científica

Elisabete Carrara Angelis / Brasil - (Moderador)

Leandro de Araujo Pernambuco / Brasil - (Palestrante)

Sheila Tamanini de Almeida / Brasil - (Palestrante)

Dia 1

08:00 – 08:30 - Cerimônia abertura

08:30 - 09:00 - Conferência magna - Inteligência artificial e disfagia

Roberta Gonçalves da Silva / Brasil - (Moderador)

Ervin Sejdic / EUA - (Palestrante)

09:00 - 10:30 – Mesa redonda

Aspectos diferenciais do diagnóstico clínico e instrumental entre a dificuldade alimentar pediátrica (DAP) e a disfagia infantil

Rodrigo Morales / Chile - (Moderador)

Carolina Castelli Silvério / Brasil - (Palestrante) Tema: Disfagia Infantil

Jose Spolidoro / Brasil - (Palestrante) Tema: Condições gastropediátricas diferenciais entre DAP e Disfagia infantil

Patricia Junqueira / Brasil - (Palestrante) Tema: Dificuldades alimentares pediátricas

Vanessa Henandez Rosiles / México - (Palestrante) Tema: Condições nutricionais

10:30 - 10:45 – Highlights

Pediatric special interest group of dysphagia research society: objetivos e possibilidades de participação para a América Latina

Déborah Salle Levy / Brasil - (Palestrante)

10:45 - 11:00

Intervalo



11:00 - 12:30 – Mesa redonda

Aspectos diferenciais do diagnóstico da disfagia em diferentes etiologias

Evaldo Macedo / Brasil - (Moderador)

Andressa Silva de Freitas / Brasil - (Palestrante) Tema: Câncer de cabeça e pescoço

Renata Mancopes / Brasil - (Palestrante) Tema: Idosos e doenças pulmonar

Rosana Prado de Oliveira / Brasil - (Palestrante) Tema: Síndromes genéticas

Veronica Fleitas / Paraguai - (Palestrante) Tema: Doenças neurodegenerativas

Espaço patrocinado

12:30 - 13:15 – Lunch with Nestlé company - Relação disfagia e cuidados no idoso

Ana Beatriz Di Tommaso / Brasil - (Palestrante)

Fátima Lago / Brasil - (Palestrante)

13:15 - 13:30 - Intervalo

13:30 - 15:00 – Mesa redonda

Exames instrumentais na tomada de decisão clínica em disfagia orofaríngea - VED, VF, Manometria

Ricardo Viebig / Brasil - (Moderador)

Maria Eugenia Lopez Yermanos / Colômbia - (Palestrante) Tema: Videofluoroscopia: Análise qualitativa

Monica R. Zavala Solares / Mexico - (Palestrante) Tema: Manometria de alta resolução

Simone Aparecida Claudino da Silva Lopes / Brasil - (Palestrante) Tema: videofluoroscopia: Análise quantitativa,

Suely Motonaga Onofri / Brasil - (Palestrante) Tema: Videoendoscopia de deglutição

15:00 - 15:30 - Intervalo



Temas livres - 15:30 - 16:30 - David Parra / Peru - (Moderador)

Demographic profile and oropharyngeal swallowing performance in individual admitted to the Covid Hospital Care

Barbara Carolina Brandão / Brasil

Electrical stimulation for treatment of dysphagia post head neck cancer: a systematic review and meta-analysis.

Èmille Dalbem Paim/ Brasil

Proposal of checklist to trace changes in swallowing functionality in elderly hospitalized for trauma-orthopedic fractures: Radeg-I

Sheila Tamanini de Almeida / Brasil

15h45 - 16h – Highlights

16:30 - 18:00 – Novas tecnologias em disfagia: prática baseada em evidência - parte 1

Giédre Berretin-Felix / Brasil - (Moderador)

Hilton Justino da Silva / Brasil - (Palestrante) Tema: IOPI

Rosane Sampaio Santos / Brasil - (Palestrante) Tema: Análise acústica

Simone Galli Rocha Bragato / Brasil - (Palestrante) Tema: Ultrassom e Disfagia

18:00 - 19:00 – Research guest

From research to clinical practice in dysphagia: where are we?

Renata Lúgia Vieira Guedes / Brasil - (Moderador)

 Catriona Steele / Canadá - (Palestrante)

19:00 - 19:30 - Assembléia ABD

DIA 2

Dysphagia in the world

08:00 - 09:00 –

Scientific societies in the training for dysphagia around the world: from theory to action

Rodrigo Morales / Chile - (Moderador)

 Georgia Malandraki / EUA - (Palestrante)

 Jacqueline Allen / Nova Zelândia - (Palestrante)

 Nathalie Rommel / Belgica - (Palestrante)

 Yoko Inamoto / Japão - (Palestrante)

09:00 - 10:30 – MESA REDONDA

Manejo da disfagia orofaríngea em pacientes com Covid-19

Mariana Saconato / Brasil - (Moderador)

Angelica Maria Lizarazo Camacho / Colombia - (Palestrante)

José Ribamar do Nascimento Junior / Brasil - (Palestrante)

Maíra Santilli de Lima / Brasil - (Palestrante)

Rodrigo Tobar Fredes / Chile - (Palestrante)

10:30 - 10:50 – Espaço patrocinado Coffee with Fresenius company

Adequação calórico-proteica e o favorecimento de ganho funcional na deglutição

Camila Prim / Brasil - (Palestrante)

10:50 - 11:00 - Intervalo

11:00 - 12:30 – MESA REDONDA

O impacto da padronização de consistências de alimentos na biomecânica da deglutição e na qualidade de vida

Elma Heitmann Mares Azevedo / Brasil - (Moderador)

Cristiane Galbeno Rama / Brasil - (Palestrante)

Luís F. Riquelme / EUA - (Palestrante)

Nara Lopes / Brasil - (Palestrante)

12:30 - 13:30 – Lunch and science

Models of promoting dysphagia care

Natália Cabrera / Chile - (Moderador)

Luís F. Riquelme / EUA - (Palestrante)

13:30 - 15:00- Mesa redonda

Efeito e eficácia da reabilitação na disfagia orofaríngea

Emi Zuiki Murano / Brasil - (Moderador)

Lica Arakawa Sugueno / Brasil - (Palestrante)

Lúcia Figueiredo Mourão / Brasil - (Palestrante)

Pedro Jesús Ormazábal Silva / Chile - (Palestrante)



15:00 - 15:30 - Intervalo

Temas livres

15:30 - 16:30 – María Angélica Fernández / Chile - (Moderador)

Camila Lirani-Silva / Brasil

Do the impairment tongue pressure measurements affect the components of the oral phase of swallowing in patients with Parkinson's disease?

Cecília Corte de Melo / Brasil

Food refusal in pediatric patients submitted to prolonged invasive Mechanical Ventilation

Roberta Seabra Venite / Brasil

Correlation between pharyngeal residues and laryngotracheal penetration/ aspiration in stroke

Jordana Balbinot / Brasil

Tema: Prospective analysis of post-covid-19 swallowing in oncology patients

Highlights

16:30 - 18:00–Novas tecnologias em disfagia:prática baseada em evidência -parte 2

Rodrigo Bazan / Brasil - (Moderador)

Luciane Teixeira Soares / Brasil - (Palestrante) Tema: Laser

Paula Cola / Brasil - (Palestrante) Tema: Estimulação elétrica neuromuscular

Weslania Nascimento / Brasil - (Palestrante) Tema: Estimulação transcraniana elétrica e magnética

18:00 - 19:00 Encerramento –

23/08/2021 - segunda-feira

Casos clínicos

19:00 - 20:30

Caso clínico Fresenius Kabi

Danielle Barreto / Brasil - (Palestrante)

José Ribamar do Nascimento Junior / Brasil - (Palestrante)

TEMAS LIVRES E APRESENTAÇÕES ORAIS

144 - **Speech therapy intervention on Locked-In Syndrome dysphagia. A case study.**

Autores: Paola Andrea Eusse Solano, Miguel Antonio Vargas García, Jimmy Alvarado Meza

The clinical manifestations of are predominantly motor in order, a situation that requires the intervention of the speech therapist, given the communicative disorder and biomechanics of swallowing. The dysphagia in this syndrome is produced by the sensibly-motor disconnection of the anatomical structures of swallowing, altering the neuromotor and sensitive sequence of the swallowing process because of the pontine disconnection. The text presents the case of a 27-year-old female who is diagnosed with Locked-In Syndrome after suffering a cerebrovascular accident in the Basilar Right Artery, which compromises her motor skills. From her diagnosis and given the characteristics of swallowing, it is necessary to begin speech therapy intervention, focusing the sequences of the neurophysiological processes of swallowing; using as a strategy the management of consistency, strengthening sensor y and motor swallowing. After intervening the oral sensory motor, improving nutrition, and using as therapeutic strategies the modification of consistency, volume, posture, food supply and intake times. The risks in the feeding process are minimized, the nutritional status and optimal hydration can be maintained for the overall physical recovery, allowing the increase of intake with an initial proportion of 30% orally - 70% through enteral to 100%, including the 4-Pureed level, according to the IDDSI and developing parallel processes of family interaction, impacting their quality of life.

147 - **There is no time to identify symptoms of oropharyngeal dysphagia after hospital admission in the elderly.**

Autores: Letícia de Carvalho Palhano Travassos, Leandro de Araújo Pernambuco

Background – he association between symptoms of oropharyngeal dysphagia and the time at which they are identified after hospital admission in the elderly remains poorly understood. **Objective** – To analyze whether the time of hospital admission is associated with oropharyngeal dysphagia symptoms in the elderly. **Methods** – Quantitative, retrospective and documental study, approved by the Committee for Ethics in Research on Human Beings (no. 2.653.250/18). The sample was 168 individuals, 87 (51.8%) females, admitted to a university hospital, aged between 60 and 89 years (mean 70.11 ± 7.54), divided into three age groups (60–69, 70–79 and ?80 years). Data were collected from the "*Rastreamento de Disfagia em Idosos (RaDI)*", a nine-item questionnaire, considering each item and the presence of at least one symptom as positive screening. The time between hospital admission and screening was classified as "up to 48h" and ">48h". Pearson's chi-square test, Fisher's exact test, and one way ANOVA were used. The significance level was 5%. **Results** – At least one symptom was mentioned by 92 (54.8%) individuals, but with no association with the time of hospital admission. Clear the throat after swallowing was the most frequently symptom mentioned by the total sample ($n=43$; 25.6%) and by all three age groups. It was also the only symptom associated with the time of admission ($P=0.01$) in the 70-79 age group. **Conclusion** – There is no association between the studied variables, therefore, screening for oropharyngeal dysphagia in the elderly should be performed regardless of the time of hospital admission.

Keywords – Swallowing disorders; dysphagia; aging; hospitalization.

150 - Clinical, videoendoscopic and videofluoroscopic findings in individuals with amyotrophic lateral sclerosis.

Autores: Lorryne Trapia de Paula, Bruna de Jesus Santos, Suely Mayumi Motonaga Onofri, Bárbara Carolina Brandão, Roberta Gonçalves da Silva

Background – Oropharyngeal dysphagia is a common symptom in individuals with Amyotrophic Lateral Sclerosis and the understanding about clinical and objectives findings of swallowing allows more assertive clinical decision-making. **Objective** – This study aimed to describe the clinical, videoendoscopic and videofluoroscopy findings of swallowing in individuals with Amyotrophic Lateral Sclerosis. **Methods** – Retrospective clinical study inter-centers, between two institutions in the State of São Paulo, approved by the Research Ethics Committee under number 2.670.111. Clinical swallowing evaluation of 45 individuals with Amyotrophic Lateral Sclerosis, age from 26 to 88 years old, regardless of gender or stage of the disease, were selected for both institutions, after used the same protocol and severity scale classification. Of these, 24 reports of videoendoscopic exams from institution 1 and 21 reports of swallowing videofluoroscopy reports from institution 2 were analyzed. **Results** – Clinical assessment showed that of 45 (100%) individuals, 19 (42.2%) had mild dysphagia, 14 (31.1%) moderate dysphagia and 12 (26.6%) severe dysphagia. As for the videoendoscopic findings of the 24 (100%) individuals, 13 (54.1%) had posterior oral spillage, 12 (50%) pharyngeal residues, 10 (41.6%) laryngeal penetration and 3 (12.5%) laryngotracheal aspiration. Of the 21 (100%) individuals who underwent videofluoroscopy, 21 (100%) had posterior oral spillage, 18 (85.7%) pharyngeal residues, 8 (38.1%) laryngeal penetration and 4 (19.0%) laryngotracheal aspiration. **Conclusion** – Individuals with Amyotrophic Lateral Sclerosis have oropharyngeal dysphagia ranging from mild to severe, with more frequent posterior oral spillage and pharyngeal residues than laryngeal penetration and laryngotracheal aspiration.

Keywords – Swallowing disorders; dysphagia; amyotrophic lateral sclerosis; endoscopy; fluoroscopy.

153 - Effect of respiratory muscle training with flow incentive on swallowing dynamics.

Autores: Bruna Mariana de Oliveira Farias, Amanda Ribeiro de Paula, Mariana Pinheiro Brendim

According to the literature, expiratory muscle training is an efficient strategy for the rehabilitation of oropharyngeal dysphagia. However, the pressure regulated devices that allow this training are not accessible to the majority of the Brazilian population, this way, flowregulated respiratory promoters, which are low-cost, have been used in clinical speech therapy. Effect of respiratory muscle training with flow incentive on swallowing dynamics: P- swallowing / dysphagia; I- speech therapy with respiratory muscle training with flow incentive (Respiron) Oeffect of Respiron on the rehabilitation of dysphagia. This is a study carried out between march and September, 2020 in the Pubmed databases, BVS, in addition to the combination of terms on Google, in Portuguese and English. Only studies that used the respiratory flow stimulator were included and studies whose outcomes were not related to respiratory training with flow incentive or swallowing function were excluded. Of the 13 studies included, five were excluded. Six studies evaluated the immediate effect and two evaluated the short-term effect in adults and the elderly, and only two included individuals with underlying disease considered to be at risk for dysphagia and used a gold standard test to assess swallowing. Only one study mentioned the independence of the evaluators and presented the inter-evaluator agreement index. Although studies describe changes in biomechanics, functional outcome and quality of life in swallowing, there is no robust evidence of the effect of this training on the rehabilitation of oropharyngeal dysphagia, due to the absence of a randomized clinical trial.

154 - Spontaneous swallowing frequency, saliva Substance p and Calcitonin gene-related peptide concentration, nutritional and hydration status in post-stroke patients with and without oropharyngeal dysphagia.

Autores: Marta Alvarez-Larruy, Weslania Nascimento

Background – Spontaneous swallowing depends on activation of brainstem, precentral and postcentral cortical areas, it is modulated by cortical inputs and contributes to airway protection. Oropharyngeal dysphagia (OD), a frequent post-stroke (PS) complication, could negatively impact nutrition, hydration and lead to pneumonia. **Objective** – To study the effect of OD on spontaneous swallowing frequency (SSF), and saliva concentration of substance P and calcitonin gene-related peptide (CGRP), hydration and nutritional status in the acute stroke phase. **Methods** – After approval (CEIM 74/20), we included 45 PS patients (4.00±2.80 days after stroke), 73.00±13.46yr. OD was assessed by the Volume-Viscosity Swallowing Test (V-VST). SSF was recorded during 10 minutes using surface electromyography (sEMG) and an omnidirectional accelerometer. Saliva samples were collected with a Salivette® to determine SP and CGRP concentration by ELISA. Nutritional and hydration status, and body composition was evaluated by MNA-sf and bioimpedance. Blood samples were collected to determine albumin, prealbumin, protein, lymphocytes and cholesterol levels. **Results** – Twenty-seven patients (had OD and 40% of them impaired safety of swallow with liquid viscosity. SSF was reduced in PSOD (0.20±0.18 vs. 0.40±0.29 swallows/minute in PS without OD (PSnOD); $P=0.0033$). Malnutrition was observed in 11.11% PSnOD vs 62.92% in PSOD ($P=0.007$). Bioimpedance showed intracellular dehydration in 37.50% PSOD; and albumin, prealbumin and lymphocytes serum values were reduced in PSOD ($P<0.05$). **Conclusion** – SSF is reduced in PSOD with a high prevalence of clinical signs of impaired safety of swallow. Our study confirms that acute PSOD patients present hydropenia, poor nutritional status and high risk for respiratory complications.

161 - The use of the FOIS scale as an indicator of evolution in speech therapy rehabilitation at hospital bed in a university hospital.

Autores: Josefa Aparecida Ribeiro Bispo, Deisiane dos Santos Fernandes da Visitação, Priscila Silva Passos, Jemima Santos Silva, Luciane Ribeiro Dantas, Danielle Ramos Domenis

Background – The use of indicators in the rehabilitation process has been increasingly recommended as it allows a better analysis of the objectives and goals to be followed during the intervention. **Objective** – To evaluate the use of FOIS as an evolution indicator in hospital bed speech therapy rehabilitation. **Methods** – This is a retrospective and quantitative study approved by the institution's Ethics and Research Committee (ordinance 4,026,262). Medical records of patients hospitalized in 2019 were analyzed using the following inclusion criteria: patients aged 18 years or older, evaluated and admitted for speech therapy, and, as exclusion criteria, patients with insufficient data in medical records. Variables such as age, gender, length of hospital stay, medical diagnosis, comorbidities, respiratory condition, speech therapy diagnosis, type of therapy, reasons for therapeutic closure, and FOIS before and after speech therapy intervention were analyzed. **Results** – Of the 174 medical records analyzed, the mean age was 72.3 years (± 16.9) old, with 40.8% being over 80 years old, and 54.6% male. Most patients (57%) had neurological diseases and 39.7% were diagnosed with severe oropharyngeal dysphagia. Regarding FOIS, 74.1% had level 1, with no oral activity before the intervention and, after the intervention, 40.8% remained at that level. **Conclusion** – The FOIS scale proved to be a good indicator of the evolution of the degree of functionality in speech therapy rehabilitation, contributing to conducts related to a safe clinical outcome. However, it should not be used as the only parameter, especially when considering therapeutic effectiveness and degenerative pathologies.

Keywords – Swallowing disorders; rehabilitation; speech therapy.

162 - Deglutition assessment instruments used in critical patients submitted to orotraqueal extubation: a systematic review.

Autores: Rayane Délcia da Silva, Rosane Sampaio Santos, Karinna Verissimo Meira Taveira, Odilon Guariza Filho, Isabela Bittencourt Basso, Glória Maria Nogueira Cortz Ravazzi, José Stechman-Neto, Cristiano Miranda de Araujo

Background – Orotracheal intubation (IOT) is an invasive method commonly used in intensive care units (ICU). An oropharyngeal dysphagia after orotracheal extubation can occur as a result of changes in the swallowing mechanoreceptors, lesions in the oral, pharyngeal mucosa and the larynx and trachea region. **Objective** – to identify, by means of a bibliographic survey, which instruments for assessing swallowing are used in patients after orotracheal extubation. **Methods** – This review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis Checklist (PRISMA). An electronic search for national and international publications was carried out on June 20, 2020, indexed in the PubMed /Medline, EMBASE, Latin American and Caribbean Literature in Health Sciences (LILACS) databases, Web of Science, Scopus, Livivo. In addition, gray literature was also used as a source of information through Google Scholar, AshaWire, Proquest and Open Gray. There was no restriction on sex, ethnicity of requirements, language, time of publication and diagnosis. **Results** – 13 articles were found that question the research question. The most cited protocol in the studies was the Dysphagia Risk Assessment Protocol (PARD) and the objective assessment test was FEES (flexible endoscopic swallowing assessment (FEES)). As limitations of this research, it can be mentioned, little methodologically elaborated, with a high risk of bias and little relationship between bedside protocols and imaging exams in the same study for comparative analysis. **Conclusion** – There is a need for a specific protocol to evaluate this patient profile, in addition to comparative studies of clinical, classification and objective evaluation.

Keywords – Swallowing disorders; dysphagia; intubation; intratracheal.

163 - High-flow nasal cannula and swallowing: speech therapy findings in a patient with covid-19.

Autores: Deisiane dos Santos Fernandes da Visitação, Priscila Silva Passos, Danielle Ramos Domenis

Background – The high flow nasal cannula is a device used in the treatment of respiratory diseases and it has been frequently in patients with COVID-19. Its heating and humidification system allows the supplementation of up to 60 liters of oxygen per minute. Studies have been carried out with the aim of analyzing possible effects of the use of this device on the biomechanics of swallowing. Case report: Study approved by the institution's Ethics Committee (ordinance 4,404,388). A male patient, 74 years old, with previous diagnoses of diabetes mellitus and hypertension, was admitted to the hospital after six days of flu and detectable rtPCR for COVID-19. After speech therapy evaluation, during which he wore a Hudson mask at 8L/min, he was released for oral feeding with a homogeneous liquid and pasty diet, alternating the offer and mask use. After the physiotherapy team approach and the installation of the highflow nasal cannula (with supplementation of up to 60L/min during hospitalization), speech therapy management was maintained due to the instability of the respiratory condition. In these approaches, there were no clinical signs suggesting laryngotracheal penetration/aspiration, lack of coordination between breathing and swallowing functions, changes in cervical auscultation, or desaturation. **Conclusion** – There were no clinical signs that evidenced negative effects of the use of the high-flow nasal cannula on the swallowing function, being relevant to the orientations regarding the pace and speed of the offer and discussions with the multidisciplinary team to sustain oral offer security.

Keywords – SARS-CoV-2; COVID-19; dysphagia; swallowing; high-flow nasal cannula.

166 - Correlation between posterior oral spillage and laryngotracheal penetration/ aspiration on different food consistencies in stroke.

Autores: Carolina Pina Nascimento

Background – Post-stroke individuals with oropharyngeal dysphagia have a swallowing efficiency and safety impairment, with several aspects that compromise the risk for laryngotracheal aspiration. **Objective** – Correlate the occurrence of posterior oral spillage and laryngotracheal penetration/aspiration (LPA) on different food consistencies in post-stroke individuals. **Methods** – Clinical, descriptive and retrospective study, part of a research project (n° 4,663,882). Analysis of the fiberoptic endoscopic evaluation of swallowing (FEES) of 229 post-stroke participants, confirmed by neurological and imaging examinations (computed tomography or magnetic resonance) with diagnosis of dysphagia confirmed in a reference center from 2015 to 2019. Analysis of 229 examinations in pureed consistency and 202 in thin liquid consistency standardized by levels 2 and 0, respectively, based on the International Dysphagia Diet Standardization Initiative (IDDSI) in 5 and 10mL in a spoon. The analysis of swallowing parameters was confirmed by an expert in FEES. For data analysis, Spearman's nonparametric test was applied. **Results** – There was no statistically significant difference between posterior oral spillage and LPA for the pureed consistencies. In the thin liquid consistency, there was a statistically significant difference between posterior oral spillage and laryngeal penetration ($r=0.20$ and $p<0.004$) and for posterior oral spillage and laryngotracheal aspiration ($r=0.17$ and $p<0.013$), but with a small effect size for both conditions $r^2=4\%$ and $r^2=3\%$, respectively. **Conclusion** – There was a positive correlation between posterior oral spillage and LPA in poststroke individuals for thin liquid consistency.

Keywords – Dysphagia; stroke; neurology; deglutition disorders; aspiration pneumonia.

170 - Correlation between pharyngeal residues and laryngotracheal penetration/ aspiration in stroke.

Autores: Laura Mochiatti Guijo, Roberta Seabra Venite

Background – Oropharyngeal dysphagia is a common symptom in post-stroke individuals, and pureed food can improve the presence of pharyngeal residues and compromise the safety of swallowing. **Objective** – To correlate pharyngeal residues and laryngotracheal penetration/aspiration in the pureed consistency of post-stroke individuals. **Methods** – Clinical, descriptive and retrospective study, part of a research project of this institution (n° 4,663,882). Analysis of the fiberoptic endoscopic evaluation of swallowing (FEES) of 229 individuals with stroke, confirmed by neurological and imaging examinations (computed tomography or magnetic resonance) and with dysphagia diagnosed in a reference center from 2015 to 2019, was performed. The 229 examinations were analyzed for pureed consistency, equivalent to level 2 based on the International Dysphagia Diet Standardization Initiative (IDDSI), in 5 to 10 mL in a spoon. The occurrence of pharyngeal residues and laryngeal penetration and aspiration (LPA) was confirmed by an expert in FEES. For data analysis, Spearman's nonparametric test. was applied. **Results** – There was a statistically significant difference in the correlation between pharyngeal residues and laryngeal penetration ($r=0.45$ and $p>0.001$) and, for residues and laryngotracheal aspiration ($r=0.36$ and $p>0.001$), with an effect size equivalent to $r^2=20\%$ and $r^2=13\%$, respectively. **Conclusion** – There was a positive correlation of regular degree between the presence of pharyngeal residues and laryngotracheal penetration/aspiration for pureed consistency in post-stroke individuals.

Keywords – Dysphagia; stroke; neurology.

171 - Impact of tongue pressure measurements on laryngeal elevation and tongue base retraction in subjects in the aging process.

Autores: Aline Oliveira, Camila Lirani-Silva, Daniella Lima, Lúcia Figueiredo Mourão

Objective – To assess whether the pressure of the tongue alone and associated with isometric and especially swallowing tasks differ in groups with and without changes in safety and swallowing components. **Methods** – (IRB approval nº 2.847.278). Participants over the age of 55 were included. The Iowa Oral Performance Instrument (IOPI) was used to assess maximum tongue pressure (Pmax), isometry, endurance, percentage of pressure during swallowing (PPD) anterior and posterior regions. Swallowing was evaluated based on the Measurement Tool of Swallowing Impairment (MBSImp) protocol, considering the components: laryngeal elevation (LE), hyoid anteriorization (HA), opening of the upper esophageal sphincter (UES) and tongue base retraction (RBT). To assess swallowing safety, the Penetration-Aspiration Scale (PAS) was used. The Mann-Whitney test was applied, with a significance level of $P < 0.05$. **Results** – 25 participants (17 women, 8 men) showed changes in LE (n=10), HA (n=6), in the opening of the UES (n=15) and in the RBT (n=18). No difference between sexes were observed of tongue pressure measurements. The group with no change in LE showed higher anterior PPD (0.004) and the group without alteration of the TBR showed greater posterior PPD ($P=0.042$). However, the group with alteration of the TBR had higher anterior Pmax ($P=0.048$). **Conclusion:** The anterior and posterior PPD discriminated groups with and without changes in LE and TBR. The Pmax was higher in the group with changes in the RBT. The results reinforce studies that can direct the most appropriate muscle training for each change in the swallowing process.

174 - Comparison between parameters of sarcopenia, tongue strength and swallowing in individual from the community aged 55 to 71 years.

Autores: Aline Oliveira, Camila Lirani-Silva, Daniella Lima, Natalia Conessa, Lúcia Figueiredo Mourão

A relationship between sarcopenia, tongue strength and swallowing has been investigated, however there are few studies evaluating this relationship in individuals in the community aged between 55 and 71 years old and using swallowing assessment methods such as videofluoroscopy. Objective: The aim of this study was to compare parameters of sarcopenia, tongue strength and dysphagia risk scale between groups with and without alterations of swallowing in participants of the community aged between 55 to 71 years. Method: (IRB approval nº 2.847.278). Participants aged over 55 years were included. The Dysphagia Outcome and Severity Scale (DOSS) and Penetration-Aspiration Scale (PAS) were used to separate the groups with and without swallowing alterations. Subsequently, the variables were compared: age, SARC-F, maximum handgrip strength (HGmax), calf circumference (CP), anterior and posterior maximum tongue pressure (Pmax), risk of dysphagia using the Eating Assessment Tool - 10 (EAT-10), the oral and pharyngeal scores extracted from the videofluoroscopic assessment based on the Measurement Tool of Swallowing Impairment (MBSImp) protocol, using the Mann-Whitney test, with a significance level of P .

175 - Correlations between masticatory and vocal alterations with oropharyngeal dysphagia in institutionalized older adults.

Autores: Davi Reuel Pontes Trindade, Stefane Maria de Lima Campos, Afra Marília Alves Trindade, Ana Paula Sabino de Medeiros Neves, Hipólito Virgílio Magalhães Junior

Background – Aging brings a series of biological factors that modify the stomatognathic system of the older adults, which, if accompanied by health problems, can cause masticatory, voice and swallowing disorders, frequent in Long Term Care Institutions for the Elderly (LCIOA). **Objective** - To correlate the masticatory and vocal disorders with swallowing disorders in institutionalized older adults. **Methods** – cross-sectional, descriptive and analytical study, approved by the Ethics and Research Committee under number 2.983.265, carried out in four philanthropic LCIOA, of both sexes, from 60 years old, without severe cognitive, neurological decline, or neuromuscular disorders or neurodegenerative, hearing loss without hearing aids, not with alternative feeding, laryngectomy and tracheostomy. After the application of the following questionnaires for older adults: the Oropharyngeal Dysphagia Screening (RaDI), the Voice Disorders Screening (RAVI) and the Screening of Masticatory Disorders (RAMI), the data analysis considered the description of the measures of central tendency and the variability and correlations of linear trend and associations by Fisher's exact test, with a significance level of 0.05. **Results** – There was a moderate direct correlation between RaVI and RaDI ($r=0.64$), RaMI and RaDI ($r=0.48$). The variables that were related to swallowing changes were: feeling of vocal effort, worsening in chewing in recent years, tension / pain in the shoulders. **Conclusion** – The correlation between vocal and masticatory changes with the presence of oropharyngeal dysphagia was significant, which may reflect on the biomechanics involved from the interference of the oral preparatory phase to the pharyngeal phase.

Keywords – Swallowing disorders; mass screening; aging; homes for the aged.

176 - Type and classification of swallowing difficulties complaints in Parkinson's disease.

Autores: Bruna de Jesus Santos, Lorryne Paula de Trapia, Suely Mayumi Motonaga onofri, Roberta Gonçalves da silva

Background – The types of complaints of difficulty swallowing may reflect different impacts on the efficiency and safety of swallowing. **Objective** – To characterize and classify complaints of difficulty in swallowing in Parkinson's disease (PD). **Methods** – Retrospective observational clinical study, approved by the Research Ethics Committee under number 2.671.11 / 2018. Thirty individuals with PD participated in this study, regardless of the time or stage of the disease, 18 males and 12 females, aged 54 to 88 years (mean 71.43 years). We collected complaints from the instrument for clinical assessment of swallowing performed by the individual. For the analysis of the results, we grouped the complaints into three categories: changes in swallowing efficiency (C1), safety (C2), and complaints of efficiency and safety simultaneously (C3). **Results** – The most frequent types of complaints were about difficulties regarding food consistency (73.3%), choking (73.3%), and coughing (40%). The less frequent complaints were dry mouth (3.3%), sialorrhea (6.6%), weight loss (3.3%), respiratory change (13.3%), sleepiness after eating (3.3%), pneumonia (20%), and throat clearing (6.6%). It was found that of the 30 (100%) individuals, 18 (60%) had complaints in C3, seven (23.3%) only in C2, and five individuals (16.6%) in C1. **Conclusions** – In this population with Parkinson's disease, the most frequent complaints of difficulty in swallowing were concomitantly associated with efficiency and safety.

Keywords – Parkinson's disease; swallowing; swallowing disorders; evaluation; dysphagia.

177 - **Speech therapy profile of patients with head and neck cancer treated in an ambulatory dysphagia clinic of a university hospital.**

Autores: Bárbara Silva Pereira, Larissa Lima da Silva, Cláudia Tiemi Mituuti Kitani

Background – Head and neck cancer represents the third most common cause of cancer death in the world. Radiotherapy and surgical treatments can cause sequelae that affect the speech and swallowing of patients with head and neck cancer, interfering with the quality of life of patients. **Objective** – This research aims to characterize the speech therapy profile of patients with head and neck cancer treated in an ambulatory dysphagia clinic of a university hospital between 2016 and 2020. **Methods** – This is an observational, cross-sectional and retrospective study. Data from 108 medical records of patients with cancer were analyzed and underwent speech therapy. **Results** – The results show a predominance of males, aged between 18 and 59 years, the most affected region was the tongue, with the use of treatments such as surgery, radiotherapy and concomitant chemotherapy. Changes such as dysphonia, dysphagia, mucositis, changes in chewing and speech were found. **Conclusion** – The speech-language assessment establishes an improvement in the patient's quality of life, enabling safe eating, thus preserving the airways and improving all the physiology involved in this process, promoting actions at the levels of prevention, promotion and rehabilitation.

178 - **Quality of life related to swallowing in patients with head and neck cancer.**

Autores: Carla Morés, Cláudia Tiemi Mituuti Kitani

Background – Although many different carcinoma types can develop in the neck and head region, epidermoid carcinoma is the most frequent in the mouth region, typically associated with alcoholism, smoking and poor oral hygiene. The difficulty in swallowing is present in the quality of life of patients due to impacts caused by treatment. **Objective** – Measure the impact of oral cancer on quality of life related to swallowing and oral health in patients with head and neck cancer after medical treatment. **Methods** – Ten patients participated on study in medical posttreatment for head and neck cancer, coming from the head and neck cancer ambulatory Hospital Dentistry Center of the XXXX. They were submitted the quality-of-life questions MD. Anderson, Oral Health Impact Profile and SWAL – QOL. This work was approved by the Human Research Ethics Committee under the opinion - 99249018.7.0000.0121. **Results** – The emotional and functional dominions got good averages, while the physical domain shown damaged. 40% of participants were hated with a high index of impact on oral health. The dimensions “psychological discomfort” and “deficiency” negatively impact on patients QOL. “activity” and “spittle” were the problems most reported, showing that, “spittle”, “humor” and “chewing” were the three most important domains on patient’s view. **Conclusion** – Mouth and teeth pains, stress, daily activities limitation and spittle were often quoted as consequences from CCP treatment. The sample size, heterogeneity of the cancer location and the information lack related to surgeries were the limitations found in these studies.

181 - Quality of life of patients with esophageal dysphagia care at a university hospital.

Autores: Scherley Keavynny, Lúcia Inês de Araújo, Maria Luiza de Faria Paiva

Background – Dysphagia is the difficulty in swallowing, which can lead to malnutrition, dehydration, bronchial aspiration pneumonia and even psychological changes such as depression. Many conditions generate esophageal dysphagia, and these changes can cause discomfort to the patient, thus influencing their quality of life. **Objective** – To investigate the impact of esophageal dysphagia on the quality of life of individuals. **Methods** – Quantitative, descriptive and cross-sectional performed with 16 individuals admitted to the surgical clinic of HC-UFG / EBSERH who were affected with esophageal dysphagia and who had not undergone treatment. A socioeconomic questionnaire and the SWAL-QOL were applied. Significance level is 0.05. Ethics committee approved with number 1.733.911. **Results** – Esophageal dysphagia caused damage in all areas investigated. More than half of the sample used alternative feeding methods and the most common underlying pathology was chagasic megaesophagus. Still swallowing as a burden and duration of feeding were the most affected domains. A statistical relationship was observed in relation to older age, the worse the perception of health and the more symptoms, the worse the perception of health. Men were the most affected in terms of communication and social function. **Conclusion** – Esophageal dysphagia impairs quality of life and health professionals should look at this patient with the concern of seeing this patient in a comprehensive way.

183 - Risk factors and prevalence for oropharyngeal dysphagia in fragile older adults hospitalized with orthopedic fractures.

Autores: Carine Delevatti, Esther da Cunha Rodrigues, Karoline Weber dos Santos, Sheila Tamanini de Almeida

Background – Dysphagia among the elderly is frequent and belatedly identified, often associated with the senescence process and, thus, postponing the investigations. Early identification of this change is fundamental to minimize, or even avoid clinical complications. **Objective** – To estimate the prevalence of and risk factors for oropharyngeal dysphagia in older adults hospitalized for orthopedic trauma fractures. **Methods** – Sociodemographic data, clinical comorbidities, autoperception of swallowing performance (Eating Assessment Tool) and identification of nutritional risk (Mini Nutritional Assessment) were collected. In order to evaluate the stomatognathic system and swallowing, the Orofacial Myofunctional Evaluation Protocol for older people and the Volume Viscosity Swallow Test protocols were used to assess the outcome through the Functional Oral Intake Scale. Ethics Committee Approval nº3.125.527. **Results** – 58% individuals presented dietary consistency restrictions due to oropharyngeal dysphagia (Functional Oral Intake Scale? 6). A risk for functional decrease was observed among patients 70 years or older, with worse dental conditions, global functionality decreased, neurologic disorders and self-perception of swallowing changes. **Conclusion** – The study observed a prevalence of oropharyngeal dysphagia in six out of ten individuals. Fragility, advanced age, multiple comorbidities and deficient oral conditions are risk factors that should be identified in order to prevent food aspiration.

Keywords – Swallowing disorders; risk factors; aged; fractures bone; bone plates.

184 - Proposal of checklist to trace changes in swallowing functionality in elderly hospitalized for trauma-orthopedic fractures: Radeg-I.

Autores: Geovana Pacheco, Carine Delevatti, Esther Cunha Rodrigues, Guilherme Briczinski Souza, Karoline Weber dos Santos, Sheila Tamanini de Almeida

Background – The use of checklist with scores created from the estimation of risks for a health condition is considered an easy-to-apply instrument, with each element being a measure for the purpose of assessment that facilitates the tracking of individuals at risk. **Objective** – To develop a checklist proposal to track changes in swallowing functionality in elderly hospitalized for trauma orthopedic fractures. **Methods** – We evaluated 229 individuals older than 65 years. The identification of swallowing alterations was observed from Volume Viscosity Swallow Test. The level of oral intake was classified by Functional Oral Intake Scale for composition of the outcome (with or without alteration). The items analyzed to form the checklist, obtained from the risk analysis of previous study, were: age, dental conditions, global functionality based on the degree of dependence, neurological diseases and self-perception of changes in deglutition. A logistic regression was performed to compose the weights of the items in the check-list and the area under the ROC curve was estimated to sensitivity/specificity of the checklist. Ethics Committee nº3.125.527. **Results** – It was observed that 132 (58.0%) individuals presented some type of limitation of swallowing function with indication of food consistency restriction (Functional Oral Intake Scale? 6). The checklist resulted in a score between 0–15, with score? 5 indicating the need for evaluation by a specialist (sensitivity of 80% and specificity of 8%). **Conclusion** – The variables included in the RADEG-I allowed the identification of 8 out of 10 individuals with the alteration, demonstrating good predictive capacity of the instrument for this sample.

Keywords – Aged; dysphagia; risk factors.

185 - Survival of the elderly with trauma-orthopedic fractures with oropharyngeal dysphagia.

Autores: Guilherme Briczinski de Souza, Carine Delevatti, Esther da Cunha Rodrigues, Karoline Weber dos Santos, Sheila Tamanini de Almeida

Background – Elderly with multi-comorbidities may present complications after surgery. This occurrence, associated with underlying diseases, increases the risk of oropharyngeal dysphagia, which increases the worsening of the clinical condition in hospitalization. **Objective** – To evaluate the survival of elderly hospitalized for traumato-orthopedic fractures and to analyze the presence of oropharyngeal dysphagia as a risk factor for post-surgical complications. **Methods** – Retrospective cross-sectional study, carried out in a public hospital. Ethics Committee nº3.125.527. Medical records of 229 elderly evaluated for dysphagia with indications of clinical worsening after surgery were reviewed. Patients with maxillofacial fractures and those discharged from the intensive unit care were excluded. The Volume-Viscosity Swallow Test protocol was used to identify individuals with dysphagia. For associations and probability, Student's t test and Fisher's exact test were used, and the Kaplan-Meier method, with risk analysis by Log Rank. **Results** – The mean age was 77.9 (\pm 8.21 years), with 78.6% of females. The shorter time to perform the surgery, greater indication of antibiotic use, change in food consistency, indication of enteral nutrition, blood transfusion, occurrence of cardiorespiratory arrest and death after surgery were significant ($P < 0.05$) in the group of elderly people with dysphagia. In the analysis of survival within 30 days of the postoperative period, individuals with dysphagia had a risk of death 4.65 times higher than those without dysphagia. **Conclusion** – In view of the data, elderly people with dysphagia have a greater predisposition to postoperative complications and have shorter survival than without dysphagia.

Keywords – Frail elderly; survival analysis; swallowing disorders.

187 - Oral feeding indication in patients with covid-19 after prolonged orotracheal intubation.

Autores: Julia Souza De Oliveira, Betina Scheeren, Luana Cristina Berwig, Karoline Terezinha Quaresma, Silvia Dornelles

Background – Orotracheal intubation is one of the interventions in the treatment of patients with severe COVID-19 manifestation. This procedure has effects on swallowing function when maintained for a long time, which may result in oropharyngeal dysphagia. **Objective** – To evaluate the influence of prolonged orotracheal intubation on the indication of oral feeding in patients with COVID-19. **Methods** – Retrospective cross-sectional study, with data obtained from medical records and clinical swallowing assessment protocols review from April to December 2020. Patients with COVID-19, submitted to prolonged orotracheal intubation, aging 18 years or more were included. The variables collected were the consistencies released, and the feeding route defined in the first speech-language pathology assessment. This study was approved by the institution's Research Ethics Committee (code no 4.666.251). **Results** – The study sample consisted of 132 from 183 patients evaluated after orotracheal intubation. A similar distribution was found between male and female (48.4% and 51.5% respectively) and the mean age was 54 years. The average duration of orotracheal intubation was 12.10 days. In the first assessment the oral route was contraindicated in 40.15% of the cases. In 27.27% it was suggested mouth feeding of a single consistency, in 21.21% of multiple consistencies and in 11.36% minimum volume by mouth. The mixed feeding route was indicated in 44.69% of the cases and the exclusive oral route in 15.15%. **Conclusion** – Most patients with COVID-19 after prolonged orotracheal intubation had an indication of exclusive alternative route of feeding after the first evaluation, followed by the mixed route with adapted consistencies.

190 - Risk factors for laryngotracheal aspiration in hospitalized adults: systematic review.

Autores: Julia Souza de Oliveira, Elkin Eduardo Archila Alonso, Cecília Dias Flores, Sheila Tamanini de Almeida

Background – The identification of risk factors for laryngotracheal aspiration provides information to develop screening protocols to identify patients with oropharyngeal dysphagia that are at risk of aspiration, preventing the development of pulmonary complications and ensuring a safe and efficient oral feeding. **Objective** – To identify in the literature what are risk factors for laryngotracheal aspiration in hospitalized adults **Methods** – The systematic review protocol was published in PROSPERO under registration number CRD4201919662. A systematic review was performed in the Medline (via Pubmed), Lilacs and Embase databases regarding the risk factors for laryngotracheal aspiration in hospitalized adults. The terms used for the three databases were “respiratory aspiration”, “probability”, “adult” and “inpatients”. Three research performed the search, reading and extraction of the data from the articles. The included studies were evaluated for methodological quality through the Loney and Ottawa protocols. **Results** – After searching and selecting, 12 articles met all inclusion criteria and were included. Cross sectional studies assessed with the Loney scale had a median score of 4 out of a total 8 points, and cohort and case-control studies scored 4 and 5 stars, respectively, out of a total of 9 stars. The evaluation of the methodological quality shows that most studies presented low methodological rigor. Only two studies had scores to be considered with favorable results **Conclusion** – The most common risk factors for laryngotracheal aspiration found in the literature were advanced age, drowsiness and sleep medication use, stroke, prolonged tracheal intubation on average 1-2 days, presence and severity of dysphagia, dementia and male gender.

191 - Food refusal in pediatric patients submitted to prolonged invasive mechanical ventilation.

Autores: Cecília Corte de Melo, Lauren Medeiros Paniagua, Alana Verza Signorini, Karine da Rosa Pereira, Deborah Salle Levy

Background – Prolonged permanence in invasive mechanical ventilation (IMV) during hospitalization is associated with a series of complications that may influence pediatric feeding and swallowing prognosis. **Objective** – To verify the presence of food refusal in pediatric patients undergoing prolonged IMV during hospitalization. **Methods** – Retrospective study, approved under number 3.824.532, performed by analyzing the medical records of patients admitted to the Pediatric ICU and followed up until hospital discharge, from 3/2017 to 12/2018. Patients submitted to IMV for more than 48 hours were included and those with incomplete records were excluded. **Results** – Of the 51 patients in the sample, 64.7% were male. The median age was 6.7 months. 74.5% of the patients underwent only orotracheal intubation and 25.5% progressed to the use of tracheostomy (TRACH). Among patients submitted to IMV up to a median of 14 days, no statistically significant refusal was observed. After 18 days on IMV, the most frequently observed speech therapy diagnosis was food refusal associated or not with some degree of oropharyngeal dysphagia, occurring in 69.2% of tracheostomized patients and in 26.3% of patients without TRACH. A significant association was observed between the diagnosis of persistent food refusal until hospital discharge and the presence of TRACH compared to patients without TRACH ($P=0.001$). **Conclusion** – Time of IMV and the presence of TRACH were associated with diagnosis of food refusal, being frequent speech therapy findings for this population.

Keywords – Swallowing disorders and/or dysphagia; pediatrics; endotracheal intubation; tracheostomy; mechanical ventilation.

192 - Prospective analysis of post-covid-19 swallowing in oncology patients.

Autores: Jordana Balbinot, Rebeca Stephanie Terezim, Jéssica Tierno Cordeiro, Neyller Patriota Cavalcante Montoni, Bruna Morasco Geraldini, Elisabete Carrara De Angelis

Background – The impact of COVID-19 on swallowing is still uncertain, but it is inferred that these individuals may suffer consequences in the short and medium term. Objective: To verify the impact of COVID-19 on the swallowing on oncology patients. **Methods** – Prospective, observational, and longitudinal cohort study, approved by the Ethics Committee, under number 2959/20. There was 51 individuals treated by COVID-19. Participated patients who were hospital discharged between June and December 2020. The Deglutition Disadvantage Index was applied during hospitalization, after one month and after three months of hospital discharge. Participants who reported moderate to severe dysphagia in the questionnaire applied one month after hospital discharge and/or individuals who were followed up by the Speech Therapy team during hospitalization, were invited to undergo the modified barium swallow exam. **Results** – Among the 51 individuals, 19 had inclusion criteria for the face-to-face assessment, but only 5 attended. Among these, 1 was excluded, 1 had functional swallowing, 1 had moderate dysphagia and 2 presented mild / moderate dysphagia. It was found that 3 months after hospital discharge, 23.7% of individuals still had a disadvantage related to swallowing. **Conclusion** – COVID-19 has an impact on swallowing in the oncology population, which can last as a sequel up to three months after hospital discharge. **Keywords:** Coronavirus infections; deglutition disorders; speech; language and hearing sciences.

195 - The effectiveness of an implementation of the risk protocol for aspiration in an intensive care unit in an oncology hospital.

Autores: Patrícia Massucatto Milanello, Jordana Balbinot, Stefani Abreu de Moraes, Camila Barbosa Barcelos, Pedro Caruso, Elisabete Carrara de Angelis

Background – Patients hospitalized in intensive care units (ICU) increase the risk of oropharyngeal dysphagia and consequently, aspiration pneumonia. Rare are the studies that evaluate the cancer population. **Objective** – To evaluate the effectiveness of the implementation of a risk protocol for aspiration in an ICU of an oncologic hospital. **Methods** – Retrospective study of medical record review among patients admitted in the ICU of a cancer hospital six months before and six months after the implementation of a risk protocol for aspiration (CEP nº2142/15). Identification, general medical history, clinical and rehabilitation data were collected. The patients were divided into Not evaluated, Presumed risk of dysphagia and Protocol. Comparison analyzes between the pre- and post-protocol groups were performed using Pearson's Q-square test. **Results** – The medical records of 1990 patients were analyzed, 996 pre-protocol and 994 post-protocol, mean of 60.4 years old. We observed a reduction of aspiration from 0.9% to 0.7% from pre to post protocol. Among the group Not evaluated, there was a reduction from 0.9% to 0.7% and between the group Not evaluated and Protocol, a reduction from 0.9% to 0%. **Conclusion** – Analysis of the initial effectiveness of an aspiration risk protocol demonstrated a reduction in the absolute total rates of aspiration pneumonia in the ICU. In the analysis of subgroups, the comparison between the group Not evaluated in the pre with the group of patients identified at risk for aspiration in the post, demonstrated elimination of aspiration pneumonia, showing the effectiveness of the protocol.

Keywords – Intensive care units; aspiration pneumonia; protocol; swallowing disorders and/or dysphagia.

201 - Brief therapy for dysphagia during chemoradiotherapy.

Autores: Elana de Menezes Rossetto, Luísa Bello Gabriel, Bárbara Luísa Simonetti, Émille Dalbem Paim, Vera Beatris Martins, Rafaela Lucena de Oliveira, Monalise Costa Batista Berbert

Background – Head and neck cancer patients for radio-chemotherapy treatment to a greater or lesser extent swallowing problems. **Objective** – to verify an objective of a training program brief and intensive therapy for dysphagia, in patients with head and neck cancer, concomitant with treatment radio-chemotherapy. **Methods** – Pilot study of a randomized clinical trial, developed in an oncology hospital. 12 participants, in two groups: 7 in the intervention group and 5 in the control group. In both groups applied to Functional Oral Intake Scale (FOIS) and choice of tongue pressure before and after therapy. The control therapy group speech therapy with weekly frequency and the normal intervention group attended five days a week, during three weeks, totaling fifteen according to your needs. **Results** – After an analysis by FOIS, it was observed that the intervention group showed 42.9% of the improvement, while the control group was not discharged. Regarding the maintenance of results, the intervention group presented 28.6% and the control group 40%. There was a worsening of 28.6% in the intervention group and 60% in the control group. There was no difference between the groups regarding the maximum value pressure, pre and post therapy, from the apex (31.7 ± 15.7 kPa) and lingual dorsum (27.3 ± 12.3 kPa). **Conclusion** – Brief therapy intensive treatment contributed to the improvement of the functional capacity of swallowing, and the lingual pressure remained similar in both groups during the pre and post-therapy period in the studied sample.

Keywords – Deglutition disorders; speech therapy; radiotherapy.

203 - Predictive factors for oropharyngeal dysphagia in an individual with cardiovascular disease and Covid-19.

Autores: Tatiana Magalhães de Almeida Gritti, Raquel Gama Fernandes, Vitor Della Rovere Binhardi, João Italo Dias França, Carlos Daniel Magnoni, Roberta Gonçalves da Silva

Background – Although oropharyngeal dysphagia in the population with cardiovascular disease is frequent, understanding the aggravating risk factors for this symptom in the presence of COVID-19 may collaborate with early actions for diagnosis and clinical decision-making. **Objective** – to analyze the relationship between predictive risk factors for dysphagia in individuals with previous cardiovascular disease and COVID-19 admitted to a Reference Cardiology Hospital. **Methods** – Retrospective clinical study. Approved by the Research Ethics Committee under protocol 4.521.771. Clinical swallowing evaluation protocols of 72 adult patients with cardiovascular disease and COVID-19 admitted to a Public Hospital of Cardiology from April to September 2020 were analyzed. Individuals under the age of 18 years and without previous cardiovascular disease were excluded. The presence of clinical conditions and/or neurological complications, orotracheal intubation, tracheostomy, oxygen support and age were considered to be aggravating predictive risk factors for dysphagia. Fisher's exact test was performed in the statistical analysis. **Results** – Clinical conditions complications ($P=0.01$), including prone ($P=0.003$) and intensive care unit stay ($P=0.04$), in addition with oxygen supplementation ($P=0.02$) and age ($P=0.03$), were statistically significant predictors for dysphagia. The intubation ($P=0.2$), tracheostomy ($P=0.7$) and the stroke ($P=0.4$) alone were not statistically significant. **Conclusion** – The predictive factors for oropharyngeal dysphagia in the population with cardiovascular disease and COVID-19 were age, clinical condition complications, including respiratory disorder requiring oxygen and prone supplementation, in addition to intensive care unit admission.

Keywords – Coronavirus infections; deglutition disorders; cardiovascular diseases.

205 - Glossectomies: relationship between surgical extension and time of using an alternative route, tracheostomy and the role of speech therapy.

Autores: Rebeca Stephanie Torezim, Gabrielle Franco de Moares, Camila Barbosa Barcelos, Bruna Morasco Geraldini, Luciana Dall Agnol Siqueira Slobodtsov, Elisabete Carrara De Angelis

Background – One of the main sequelae of glossectomies is swallowing. The literature referring to speech therapy activities in relation to glossectomized patients is still scarce. **Objective** – Analyze the relationship between surgical extension of glossectomized patients with time of tracheostomy, time of feeding tube and swallowing therapy, pulmonary complications and the role of rehabilitation in the progression of oral intake. **Methods** – Retrospective and descriptive cross-sectional study, approved by the Research Ethics Committee, under number 2661/19. Sociodemographic, clinical and swallowing data were collected from electronic medical records on the subjects undergoing glossectomy in 2017. For statistical analysis; Fisher's exact test and the Kruskal-Wallis non-parametric test were used. **Results** – Sample composed with 66 subjects, 69.7% male, mean age 64.5, 34.8% partial glossectomies and 21.2% with some pulmonary complication. There was a correlation between the surgical extension, time of using tracheostomy (y (6-210 days; $P<0.07$), feeding tube (10-180 days; $P<0.01$) and duration of swallowing therapy ($P<0.02$). Pulmonary complication has no correlation. In the initial assessment, 80.4% of the sample was at level 1 of the FOIS scale (Functional Oral Intake Scale) and 60.5% evolved to levels 2 and 3 (feeding tube concomitant to oral intake) with swallowing therapy. On follow-up, 63.6% ate exclusively orally. **Conclusion** – The time of using the feeding tube, tracheostomy and swallowing therapy was proportional to the surgical extension. This study also states that swallowing rehabilitation was effective for the functional rehabilitation of this function, including the reintroduction of a safe and efficient oral intake.

206 - Ultrasonographic measurement of the tongue and hyoid bone in different food and volume consistencies in individuals with neurogenic dysphagia.

Autores: Larissa Cristina Berti, Simone Galli Rocha Bragato, Roberta Gonçalves da Silva

Background – The impact of different food consistencies and volumes on individuals with dysphagia has already been studied by several methods, but the contributions of ultrasound analysis can complement the assessment in dysphagic patients. **Objective** – To compare the measures of time, distance and speed of the tongue and hyoid bone in different volumes and food consistencies in the individual with neurogenic dysphagia. **Methods** – Cross-sectional clinical study approved by the Research Ethics Committee (nº 19946119.8.0000.5406). Participated 16 adults with dysphagia of different etiologies and mean age 55 years. Used ultrasound Micro ultrasound system and AAA software. Oral transit time and time, displacement and speed of the hyoid bone were analyzed in three food consistencies and two volumes. The ANOVA Test of Repeated Measures of the Statistica software was used. **Results** – After post-hoc analysis it was found that the difference between each consistency for the oral transit time was statistically significant ($P=0.000006$, $P < 0.05$). The oral transit time was longer at consistency 4 (4.67s), followed by consistency 2 (3.87s) and 0 (2.87s). Regarding the parameters of distance and time of displacement of the hyoid bone, there was no significant effect for consistency or volume. For the speed of displacement of the hyoid bone, there was significance ($P=0.04$, $P < 0.05$) for the volume regardless of the consistency. **Conclusion** – Ultrasound analysis in patients with dysphagia showed that there was an impact in the oral transit time with consistency and in the speed of the hyoid bone with volume of the food.

207 - Swallowing of patients with hypoxemic respiratory failure using high flow nasal cannula or venturi mask.

Autores: Rafaela Fernanda Amaral, Simone Aparecida Claudino da Silva Lopes, Jéssica Tierno Cordeiro, Luciana Dall Agnol Siqueira Slobodtsov, Elisabete Carrara de-Angelis, Neyller Patriota Cavalcante Montoni

Background – Patients with respiratory failure may incoordinate breathing and swallowing, and aspirate during swallow. This is a risk factor for dysphagia in the intensive care unit. Oxygen therapy with a high-flow nasal cannula or Venturi mask can be used for respiratory support. There are few studies on the impact of these devices on swallowing. **Objective** – To compare swallowing findings in cancer patients with hypoxemic respiratory failure, using a high-flow nasal cannula or Venturi mask. **Methods** – Retrospective, cross-sectional and descriptive study, approved by the Research Ethics Committee, number 2773/19. Twenty patients with hypoxemic respiratory failure participated, assessed by speech therapist, divided into two groups – high flow nasal cannula and Venturi mask. Demographic data and clinical history were collected and described. Swallowing variables included: 1) Oral motor evaluation data; 2) Swallowing data: laryngeal elevation, clinical signs of residue, penetration and/or aspiration; 3) Respiratory data: dyspnea, quality and effectiveness of cough; 4) Release of diet and liquids. The groups were paired according to age, oxygen saturation, Glasgow scales and simplified Acute Physiology Score. The Mann-Whitney U test ($P < 0.05$) ensured sample homogeneity and Fisher's exact test compared data between groups ($P < 0.05$). **Results** – There was no significant difference between the groups in the evaluated parameters. Although we observe a better swallowing performance in clinical practice in patients using high flow nasal cannula, the study showed no difference between groups. **Conclusion** – There was no difference in swallowing in cancer patients with hypoxemic respiratory failure, using a high-flow nasal cannula or Venturi mask.

208 - Swallowing of individuals admitted to the intensive care unit of an oncology hospital and its relationship with delirium.

Autores: Stéfani Abreu de Moraes, Patrícia Massucatto Milanello, Luciana Dall Agnol Siqueira Slobodtsov, Elisabete Carrara-de Angelis

Background – Delirium is a disorder of consciousness that impacts cognitive functions and consequently impairs swallowing. Rare are the studies in this area. **Objective** – To characterize the oropharyngeal swallowing of individuals with delirium in intensive care units in an oncology hospital. **Methods** – This is a cross-sectional and descriptive retrospective study approved by the Research Ethics Committee number 2874/20. Data from medical records of patients evaluated by the speech therapy team and diagnosed with delirium from April 2018 to April 2019, both sexes and age? over 18 years. Descriptive analysis of variables and distribution in absolute and relative frequency was performed. **Results** – 120 patients who had delirium were identified. Regarding the Histological type, 43 participants (36%) had adenocarcinoma, followed by carcinoma (33%), in varied tumor sites. Regarding the reason for Hospitalization, 30 participants (25%) went for postoperative monitoring, followed by acute respiratory failure. The type of hypoactive delirium was present in 54 participants (45%). Among the clinical signs evidenced in the speech therapy evaluation, cough was present in 32 participants (27%), followed by changes in respiratory rate and heart rate in 17 participants (14%) and a drop in saturation in 13 participants (11%). At the end of the swallowing assessment, the presence of dysphagia was observed in 107 participants (90%) and an oriented oral diet was prescribed for 94 participants (78%). **Conclusion** – The cancer patient with delirium has high prevalence of changes in the biomechanics of swallowing. Most patients were able to receive oral feeding with orientation from speech pathologist.

209 - Penetration and aspiration events detected through videofluoroscopic swallowing study are associated with chest x-rays alterations in the pediatric population.

Autores: Betina Scheeren, Yasmim Lopes da Conceição, Deborah Salle Levy

Background – Pediatric dysphagia has become more prevalent over the years due to survival of premature neonates and infants with underlying diseases. Understanding how much pulmonary findings are related to laryngotracheal penetration and aspiration events is essential for the early diagnosis of aspiration and intervention in these patients. **Objective** – To verify the association between chest X-ray findings and penetration/aspiration episodes detected through videofluoroscopic swallowing study in the pediatric population. **Methods** – Retrospective descriptive study, including patients aged 0 to 17 years and 11 months, who underwent the videofluoroscopic swallowing study, from June 2016 to February 2020. Data related to videofluoroscopic were obtained from electronic medical records, considering penetration and tracheal aspiration as variables. For pulmonary findings, the alteration and location described in the X-ray report were analyzed. This study was approved by the Research Ethics Committee of the institution under number 2016-0175. **Results** – The sample consisted of 175 individuals, 62.3% of whom were male, with an average age of 27.11 months. The chest X-ray was performed in 81.7% of the patients and 68.5% presented alterations. Of these, 67.3% demonstrated penetration and 37% tracheal aspiration in the videofluoroscopic swallowing study. Atelectasis showed a significant association with laryngeal penetration ($P < 0.017$). Other findings did not demonstrate statistical significance. The changes were in both lungs (right-71.4% / left-73.3%). **Conclusion** – Our study demonstrated that several patients with alterations in the X-ray exam presented penetration/ aspiration in the videofluoroscopic swallowing study.

216 - Electrical stimulation for treatment of dysphagia post head neck cancer: a systematic review and meta-analysis.

Autores: Émille Dalbem Paim, Lica Arakawa Sugueno, Vera Beatris Martins, Virgilio Gonzales Zanella, Fabricio Edler Macagnan

Background – Electrical stimulation therapy has been suggested in the rehabilitation of swallowing in patients with head and neck cancer who develop radiotherapy-induced dysphagia, but the evidence is still limited. **Objective** – Conduct a systematic review to assess the effect of electrical stimulation on the rehabilitation of dysphagia. data sources: MEDLINE/PubMed, Embase, Cochrane, Scielo and Pedro were searched until September 1, 2020. The determination of the quality of the evidence was carried out using the ROB 2.0 bias assessment tool and summarized by the grade method. study selection: Randomized controlled clinical trials (in all languages) that included patients with head neck cancer (age? 18 years) diagnosed with dysphagia were included. One of the arms of the study should include electrical stimulation in the treatment of swallowing and compare it with traditional therapy. data extraction: Two independently researchers evaluated the literature according to eligibility criteria. data synthesis: Four studies were included. The participants (54.2±2.6 to 61.9±6.9 years) were predominating males. The intervention (started 9.1±4 to 63.1±6.5 months after finish the cancer treatment) showed heterogeneity on electrodes positioning, number and session duration (30-60 minutes). Fes current (70 to 80Hz, 300-700us of pulse width) was applied in all clinical trials. After meta-analysis no difference was identified in oral transit time, anterior and upper hyoid movement, penetration and/or aspiration. Quality of the evidence was very low to moderate. Limitations: There is feel randomized controlled clinical trials in this population. **Conclusion** – The evidence for recommending electrical stimulation in the treatment of radiotherapy-induced dysphagia is still limited.

Keywords – Electrical stimulation; dysphagia; head and neck neoplasms; rehabilitation.

217 - Longitudinal performance of swallowing in individuals hospitalized with Covid-19.

Autores: Barbara Carolina Brandão, Arianny Cintia de Souza Costa, Luciano Garcia Lourenção, Roberta Gonçalves Da Silva

Background – Oropharyngeal dysphagia (OD) has already been diagnosed as a common symptom in patients admitted to COVID-19 units and the performance of swallowing during this period is essential to guarantee the oral or partial safe feeding. **Objective** – to describe the longitudinal performance of swallowing in individuals from Unit COVID-19 of a Reference Center in the interior of the State of SP / Brazil. **Methods** – Longitudinal observational clinical study, approved by the Ethics Committee (Protocol 4.566.175). Participated 67 individuals hospitalized in COVID-19 units, diagnosed by laboratory and imaging exams, hospitalization between 11 and 88 days, average of 30.29 days, with different comorbidities, 94.01% had required orotracheal intubation, 23, 8% with less than 7 days, 50.8% between 7 and 14 days and 25.4% 15 days or more. Clinical swallowing evaluation was carried out with different volumes and consistencies of food and the American Speech-Language Hearing Association National Outcomes Measurements System (ASHA-NOMS) was applied for OD at the first evaluation and at hospital discharge. **Results** – In the first assessment, ASHA NOMS ranged from level 1 to 7 with 50.7% at level 1 (use of alternative feeding tube). In the last evaluation, although ASHA NOMS also varied from 1 to 7, it was found 26.8% between levels 3 to 6 and 52.2% in level 7, that is, 79.9% already they were safely on oral or partial feeding. **Conclusion** – During the hospitalization period studied, individuals with COVID-19 and dysphagia presented frequent condition to use partial or total oral feeding.

Keywords – coronavirus infections, swallowing disorders, dysphagia.

219 - Functional scales and level of speech therapy assistance in palliative care in dysphagia.

Autores: Telma Kioko Takeshita Monaretti, Marina Dipe Damando, Pedro Polastri Lima Peixoto, Nereida Kilza da Costa Lima, Hilton Marcos Alves Ricz, Lílian Neto Aguiar Ricz

Background – Palliative Care is an approach that promotes the quality of life of patients and their families, who face diseases that threaten the continuity of life, through the prevention and relief of suffering. The speech therapist is an important member of the interprofessional team, as he has specific skills directed to dysphagia and communication. **Objective** – To verify the correspondence of the functionality scales with the level of speech therapy assistance in palliative care. **Methods** – Study approved by the Research Ethics Committee (Number: 4.531.395), under CAEE number: 42601120.2.0000.5440. Retrospective observational study that analyzed the electronic medical records of patients in palliative care who were assisted by the Speech Therapy team of a Public Tertiary Health Care Hospital, in the period from 2017 to 2020. **Results** – It was found that the KPS values (Karnofsky Performance Scale) and PPS (Palliative Performance Scale) were equivalent and the level of speech therapy assistance in palliative care corresponded to the degree of functionality, that is, patients with KPS/ PPS between 90% and 70% received active care, treatment limited was provided to patients with KPS/PPS between 70% and 50% and lastly, measures of comfort and quality of life were offered to patients with 50% to 30% functionality. Speech-language intervention related to Swallowing was necessary in 80.7% of assisted patients. **Conclusion** – There is a significant relationship between the degree of functionality (KPS/ PPS) of patients with the level of speech therapy assistance proposed in palliative care in dysphagia. **Keywords** – swallowing disorders, dysphagia, palliative care.

220 - Taste and olfactory sensitivity cases report before and after the oncological treatment of the laryngeal region.

Autores: Letícia Marques Castro Tostes, Pedro Polastri Lima Peixoto, Telma Kioko Takeshita Monaretti, Hilton Marcos Alves Ricz, Lílian Neto Aguiar Ricz

Background – Total laryngectomy is one of the therapeutic options for the treatment of advanced laryngeal cancer, which results in anatomical and functional changes. **Objective** – To evaluate taste and olfactory sensitivities in total laryngectomized patients, under conditions before and after surgery and after complementary radiotherapy treatment. **Methods** – Approved ethics committee (opinion number: 4,556,132). The sample analyzed was four total laryngectomized patients, men, with a mean age of 63.5 years. All had ceased smoking and drinking. Participants who scored below the cut-off score on the Mini Mental State Examination were excluded from the study. Taste sensitivity was assessed using strips of filter paper soaked in solutions containing different flavors, which are: sweet, salty, bitter, acid, umami and neutral. Participants were evaluated using isopropanol solutions in polyethylene bottles interspersed with distilled water bottles, starting with the lowest concentration until the individual detects the stimulus 0.2%, 1%, 3%, 7%, 13%, 20%. **Results** – In the evaluation of taste sensitivity, the participants better identified the acid flavor and had less performance in identifying the umami flavor, before and after surgery. For olfactory sensitivity, laryngectomized patients were not able to detect the odor of isopropanol in any of the concentrations evaluated. The individuals in the sample, so far, have not started radiotherapy, for this reason, there are no results related to post radiotherapy. **Conclusion** – The sample studied showed anosmia and difficulty in identifying umami flavor.

222- Demographic profile and oropharyngeal swallowing performance in individual admitted to the Covid-19 hospital care.

Autores: Lara Bastos Brito, Roberta Gonçalves da Silva, Arianny Cintia de Souza Costa, Luciano Garcia Lourenção, Barbara Carolina Brandão

Background – COVID-19 reached different population groups and increased the frequency of dysphagia. **Objective** – To describe the profile and characterize the oropharyngeal swallowing of individuals from the COVID-19 Unit Care in a Reference Center in the State of SP / Brazil. **Methods** – Cross-sectional clinical study, approved by the Ethics Committee (4.566.175). Participated 67 individuals from the COVID-19 unit care, in the hospital between 11 and 88 days (average of 30.29 days), referred by the team for clinical swallowing evaluation. Clinical swallowing assessment (food volumes and consistencies) with severity classification (mild, moderate or severe), the Functional Oral Intake Scale (FOIS) and the American Speech- Language Hearing Association National Outcomes Measurements System (ASHA-NOMS) were applied for dysphagia. **Results** – 53.73% were male and 46.27% female, between 32 and 85 years old (average of 58.6). There were 58.21% of individuals with systemic arterial hypertension (SAH), 38.81% obesity, 37.31% diabetes mellitus (DM), 5.97% previous stroke, 4.48% COPD, 4.48% treated cancer and 4.48% were smokers and / or ex-smokers. There were 94.03% of individuals submitted to OTI, 2 to 22 days with an average of 9.6 days; 2.84% with TQT / VM, 76.12% using SNE and 22.39% by mouth. There was 91% dysphagia (20.9% mild, 20.9% moderate and 49.2% severe). FOIS varied from 1 to 7 and ASHA-NOMS from 1 to 7. **Conclusion** – There were different comorbidities and respiratory devices in this population with COVID-19, with wide variation in the severity impairment of oropharyngeal dysphagia, the level of oral intake and the recommendations.

Keywords – Coronavirus infections; swallowing disorders; dysphagia.

224 - Therapy in oropharyngeal dysphagia in patients with head and neck cancer.

Autores: Telma Kioko Takeshita Monaretti, Viviane Lopes Garcia, Pedro Polastri Lima Peixoto, Hilton Marcos Alves Ricz, Lílian Neto Aguiar Ricz

Background – Speech therapy has an important role in the management of patients with head and neck cancer before, during and after medical treatment. **Objective** – To characterize the speech therapy performance in the swallowing of patients with head and neck cancer, after undergoing surgical procedures and/or complementary treatments. **Methods** – Approved by the Research Ethics Committee: 3.806.099. Retrospective study, by means of survey of medical records of patients assisted at the dysphagia therapy outpatient clinic of the public tertiary hospital (January to December 2017). Sociodemographic and clinical information was collected, in addition to the speech therapy care plan. **Results** – Of the 150 records collected, 100 were included. The majority were men (78%), with an average age of 63 years. The primary site of the tumor was in the oral cavity (39%) and less frequently in the salivary glands (1%). 33% of the subjects presented severe dysphagia in the first visit, and in the last, 59% functional swallowing. The most used maneuvers were Mendelsohn (33%), multiple swallows, with effort and clearing (34%) and Masako (24%). For 79% of them, orofacial motricity exercises were applied. Most of them underwent up to seven speech therapy sessions. Speech therapy discharge occurred in 26% of cases. **Conclusion** – For most subjects, speech therapy intervention consisted of up to seven therapies, using swallowing maneuvers, orofacial and vocal exercises, presenting in the first care with severe dysphagia and ending with functional swallowing, which reflects quality of planning therapeutic developed and the importance of its characterization.

Keywords – Swallowing disorders; dysphagia; rehabilitation.

225 - Oropharyngeal dysphagia outcome after surgical resection of posterior brain fossa tumor in children.

Autores: Marcia Adriaio Briz, Sergio Pinillos Pison

Background – Swallowing impairment has been reported as a symptom and/or sequelae following surgery of posterior brain fossa tumor (PFT). Few studies have investigated oropharyngeal dysphagia (OPD) after surgery of PFT. Aim: Describe the presence, severity and characteristics of OPD in pediatric patients (? 18 years old) after surgical resection of PFT. **Methods** – A retrospective analysis was conducted. 34 consecutive patients with two types of malignant PFT: medulloblastoma (MBL) or ependymoma (EPN), less than 18 years of age, were enrolled between August 2015 to November 2019. **Results** – 17 patients with MBL (50%) and 17 with EPN (50%) undergoing surgical resection. 24 (70.5%) were referred for swallow evaluation (median age: 4.2 years). OPD was diagnosed in 15 patients (MBL in 53.3% and EPN 46.7%). VFS was performed in 8/15, altered in seven. 80% of them who had intracranial hypertension, but no significant relationship was found. Severity of OPD was: mild 3 patients (12.5%), moderate 6 (25%) and severe 6, (25%). Nutritional recommendation: modified diet (N=9, 37.5%) and tube feeding (n= 6, 25%). 9 patients (81.8%) persisted with OPD: improvement in 5 patients (45.5%), worsening in 3 (27.3%) and stability in 3 (27.3%). During the follow-up period, eight patients died, 5 of them were also diagnosed of dysphagia and they required tube feeding. **Conclusion** – The prevalence of early dysphagia post-surgery was relatively high, moderate and severe in almost all. Dysphagia is a dynamic disease that can persist in long-term in this kind of patients. Close monitoring is advisable.

Keywords: Dysphagia; posterior brain fossa tumor; children.

232 - Do the impairment tongue pressure measurements affect the components of the oral phase of swallowing in patients with parkinson's disease?

Autores: Daniele Baptistini de Souza, Camila Lirani-Silva, Flavia Pereira da Costa Christianini, Adriana Ponsoni, Daniella Priscila de Lima, Lúcia Figueiredo Mourão

Background – Rigidity, bradykinesia, and impairment in glossopharyngeal and vagus innervations are known for causing dysphagia in patients Parkinson's disease (PD), with this impairment can be present in the early stages. **Objective** – to analyze tongue pressure measures and the swallowing oral phase components in patients with mild and moderate ages of PD. **Methods** – 13 healthy elderly and 13 patients with PD matched by age was evaluated in dysphagia risk with Eating Assessment Tool-10 (EAT-10) and Swallowing disturbance Questionnaire (SDQ). Videofluoroscopic study (Modified Barium Swallow Impairment Profile – MBSImP) was performed using the six swallowing oral phase components. Penetration-Aspiration Scale (PAS) and Dysphagia Outcome and Severity Scale (DOSS) were classified. The tongue pressure measurements were collected with Iowa Oral Performance Instrument (IOPI®), in anterior and posterior maximum tongue pressure (Pmax), isometric endurance (IME), isotonic endurance (ITE) and swallowing task (ST). Statistical analysis to compare groups was performed with t-Student and Mann-Whitney tests (Ethics committee CAEE: 91231518.3.0000.5404). **Results** – PD patients had higher dysphagia risk by EAT-10 ($P=0.001$) and worst performance on PAS ($P=0.019$). There was no risk of dysphagia by SDQ and no difference between groups in DOSS and oral phase components. There was a difference in posterior Pmax ($P=0.049$), anterior IME ($P=0.044$), posterior IME ($P=0.034$), ITE ($P=0.012$) and posterior ST ($P=0.007$). **Conclusion** – PD patients showed changes in tongue pressure measures without changes in the swallowing oral phase components. However, PD patients have already shown signs of penetration and aspiration.

233 -- Comparative longitudinal study of self-reported swallowing disorders in community-dwelling old adults in the state of São Paulo – Brazil.

Autores: Danielle Akemi Neves Xavier, Lucia Figueiredo Mourão, Anita Liberalesso Neri

Background – The oldest old are underrepresented in normative deglutition research. It is necessary to understand the changes in swallowing in this population for more precise management. **Objective** – To compare self-reported swallowing disorders in community-dwelling oldest-old adults at the baseline (BL) and in the follow-up (FO) after 8 years. **Methods** – Community-dwelling oldest-old adults were included, aged of 65y.o. or more at BL and 72y.o. or more in the FO, from two regions of São Paulo/BR. Elderly people in wheelchairs, bedridden, severe neurological sequela and serious impairment of communication or vision, terminal illness and with signs suggestive of dementia were excluded. Data collection: age, gender, self-reported swallowing disorders (difficulty in chewing, difficulty in swallowing, sensation of food stopped, return of food to the mouth or nose, sensation of dry mouth). Pearson Chi-square test was used, significance 5%. Approved by the Research Ethics Committee of the UNICAMP. **Results** – Among the 419 elderlies, at least one swallowing disorder was reported by 54.6% at the BL and 40.7% in the FO. The comparison of BL and FO revealed higher frequency of difficulty in chewing ($P=0.000$), and reduced frequency of sensation of dry mouth ($P=0.000$), sensation of stopped food ($P=0.000$), difficulty swallowing ($P=0.000$) and returning food ($P=0.016$). **Conclusion** – The swallowing changes as difficulty swallowing, returning food, sensation of dry mouth and stopped food were less reported at the FO in oldest old adults. The findings raise the question “if oldest-old-adults present decline of their self-perception of swallowing or, they were able to compensate the swallowing modifications”.

Keywords – Swallowing disorders, aged, aging.

INVITED - Proposal of checklist to trace changes in swallowing functionality in elderly hospitalized for trauma-orthopedic fractures: Radeg-I.

Sheila Tamanini de Almeida (Convidado)

Background – The use of checklist with scores created the estimation of risks for a health condition is considered an easy-to-apply instrument, with each element being a measure for the purpose of assessment that facilitates the tracking of individuals at risk. **Objective** – To develop a checklist proposal to track changes in swallowing functionality in elderly hospitalized for trauma orthopedic fractures. **Methods** – We evaluated 229 individuals older than 65 years. The identification of swallowing alterations was observed Volume Viscosity Swallow Test. The level of oral intake was classified by Functional Oral Intake Scale for composition of the outcome (with or without alteration). The items analyzed to form the checklist, obtained the risk analysis of previous study, were: age, dental conditions, global functionality based on the degree of dependence, neurological diseases and self-perception of changes in deglutition. A logistic regression was performed to compose the weights of the items in the checklist and the area under the ROC curve was estimated to sensitivity/specificity of the checklist. Ethics Committee nº3.125.527. **Results** – It was observed that 132 (58.0%) individuals presented some type of limitation of swallowing function with indication of food consistency restriction (Functional Oral Intake Scale <6). The checklist resulted in a score between 0-15, with score < 5 indicating the need for evaluation by a specialist (sensitivity of 80% and specificity of 68%). **Conclusion** – The variables included in the RADEG-I allowed the identification of 8 out of 10 individuals with the alteration, demonstrating good predictive capacity of the instrument for this sample.

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