

THE EFFICIENCY AND COST-EFFECTIVENESS OF HEALTHCARE AND NUTRITIONAL INTERVENTIONS IN THE MANAGEMENT OF POST-STROKE OROPHARYNGEAL DYSPHAGIA, RESULTS OF A SYSTEMATIC REVIEW

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Background and importance

Post-stroke oropharyngeal dysphagia (PS-OD) causes significant high costs during hospitalization that increase with the development of malnutrition and respiratory infections at long-term

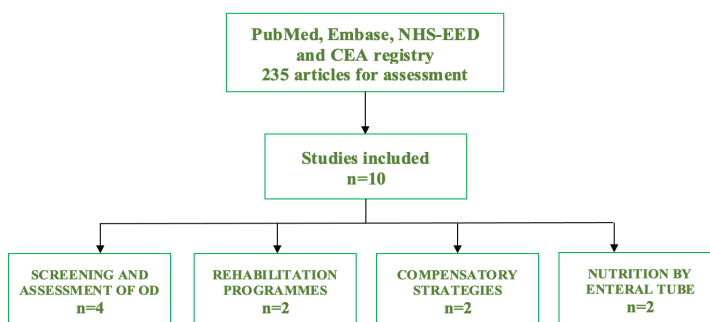
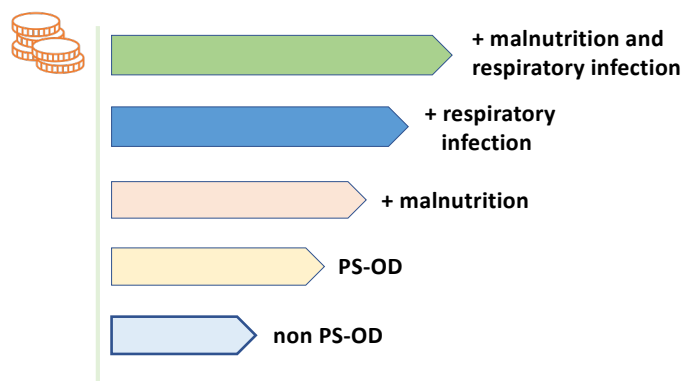
The appropriate management of PS-OD could lead to cost-effective reduction of clinical complications¹

Aim and objectives

To assess literature on the efficiency and cost-effectiveness of available healthcare interventions on the management of PS-OD

Materials and methods

Systematic review of economic evaluation studies from inception through June 2021 following PRISMA recommendations



Results

SCREENING AND ASSESSMENT OF PS-OD

Svensden, lower hospitalization costs (HC) (USD12,556 CI95% 9751-15,361) when PS-OD was assessed during the first 24 hours after admission
Liu, no differences in HC when PS-OD was assessed with the water swallowing vs. volume-viscosity swallowing test if the water test failed
Schwartz, non-significant reduction on HC (Australian dollars 18,053 vs. 16,548, p=0.722) using a protocol to manage OD after thrombolysis
Wilson, videofluoroscopy was the most cost-effective screening method compared to bedside evaluation and a combination of both

REHABILITATION PROGRAMMES

Khiaochaoen and Suksathien, cost-effective rehabilitation programmes that included OD management

FOOD-CONSISTENCY MODIFICATION AND THICKENED FLUIDS

Pelczarska, the use of texture-modified diets using a gum-based thickener (Nutilis Clear®) was cost-effective (PLN21,387-20,977 per QALY)
Kotecki, commercially thickened fluids use was more efficient than *in situ* preparation

ENTERAL TUBE NUTRITION

Elia, domiciliary enteral nutrition was cost-effective (£12,817 per QALY)
Beavan, higher nutrient intake and low HC increase using looped-nasogastric tube (5,20 sterling for every 1% increase)

Conclusion and relevance

Healthcare interventions to manage PS-OD with a positive clinical effect tend to be cost-effective. Future studies assessing the cost-effectiveness of applying compensatory and/or restorative strategies among with reporting cost-savings by appropriate PS-OD early evaluation and management are needed.

References

1. Marin S, et al Economic evaluations of health care interventions in oropharyngeal dysphagia after stroke: protocol for a systematic review. Syst Rev. 2022;11(1):92.



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