Speech and Language Therapy

Early management of communication / swallowing difficulties after stroke

3rd June 2011
Aim of presentation

- overview of the role of Speech and Language Therapy on acute stroke unit
- swallowing and communication in both hyper-acute and acute phase of rehabilitation
- MDT working to manage these difficulties
Communication problems after stroke

- 11,000 people in London admitted to hospital with stroke every year (HfL Stroke Strategy, 2008)

- A third of individuals experience communication problems after stroke (National Stroke Strategy, 2007)
Swallowing problems after stroke

- Incidence of dysphagia following stroke ranges from 25% - 81% (Daniels and Huckabee, 2008)

- Typically around 40% (NICE guidelines, 2008)
Speech and Language Therapy

- Stroke Speech and Language Service at St Thomas’ Hospital consisting of 2.4 WTE Speech and Language Therapists/Assistants
- 10 Hyper Acute (HASU) beds
- 19 acute stroke unit (SU) beds
SLT intervention

- identification and management of communication and swallowing difficulties
- recommend strategies
- advise MDT
- educate patients and families
- optimise function and access to rehabilitation
What is the role of the Speech and Language Therapist?

PREVENTION

SUPPORT

EDUCATION
Communication

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Communication: Prevention

- Negative psychosocial effects of communication impairment
  - Reduced interaction
  - Increased frustration
  - Increased isolation

  "Talking about aphasia" (Parr et al. 1997)

- Communication difficulties blocking access to rehabilitation
Communication: Prevention

- Lack of understanding of communication capabilities can lead to over or under estimation of ability

- This can lead to
  - unsafe discharge
  - social isolation
  - inability to return to previous life roles
Communication: Support

- Identify an individual’s communication strengths and weaknesses
- Use tools to enhance their communication
- Enable others to communicate with individual e.g.
  - Advice regarding strategies
  - Model “good” communication techniques
  - Provide resources / communication aids
Communication: Support

Visual Scale

Happy
Not sure
Unhappy

Options
Topic

TALKING TO YOUR NURSE
HELP YOUR NURSE TO HELP YOU

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Communication: Support

- Facilitate individual participation in decision making
- Mental Capacity Act requires person to...
  - understand information
  - weigh up risks/benefits of any action/inaction
  - communicate choices
- SLT can advise optimal mode of communication to ensure these are met wherever possible
Communication: Support

- Referral to ongoing services or signposting to other appropriate support agencies for both patient and carers:
  - Community SLT (including Early Supported Discharge)
  - Connect [www.ukconnect.org](http://www.ukconnect.org)
  - Stroke Association [www.stroke.org.uk](http://www.stroke.org.uk)
  - Speakability [www.speakability.org.uk](http://www.speakability.org.uk)

Communication difficulties post stroke linked to depression and associated with higher rates of unmet needs (Stroke Survivor Needs Survey 2010).
Communication: **Education**

**The individual**

- Patient to understand their diagnosis
- Adapt their communication / use strategies if possible
Communication: Education
Family and carers

For families:
- acknowledge anxieties
- facilitate understanding of diagnosis and prognosis
- demonstrate the individual’s retained abilities
- give advice regarding communication strategies
- individualised advice e.g.

Mr J has difficulty understanding. He is helped by people speaking to him slowly and clearly and in short sentences.

He can’t tell you his response but can nod and shake his head for “yes” and “no”. He also has a communication book which he can use to indicate basic needs.
Communication: Education General

- Staff training programmes
- Practical workshops
- Modelling good communication techniques
- Awareness raising
- Joint sessions with other members of MDT / shadowing
- Involvement in development of stroke specific competencies
- Providing ward communication resources
Swallowing Difficulties (Dysphagia)
Swallow: Prevention

- Dysphagia is known to be associated with poorer outcomes, specifically:
  - a higher incidence of death and disability,
  - chest infections
  - longer length of stay

(NICE guidelines, 2008)
“Screening for swallowing difficulty after stroke is a key part of the clinical assessment of an acute stroke patient, and is one of the important process indicators for stroke.” (NICE guidelines, 2008)

Swallow screening included as a standard for SINAP, Healthcare for London and the Sentinel Audit
Nurse Screen

SWALLOW TEST
A screening test for swallowing difficulties to be used by doctors and nurses within 12 hours of patient admission and repeated every 24 hours if patient fails the test and Speech/Language Therapist (SALT) is unavailable
N.B. DO NOT ATTEMPT THE TEST IF PATIENT IS DROWSY AND DOES NOT OPEN EYES TO SPEECH, OR IS DROOTLING - KEEP NIL BY MOUTH.

1. IF PATIENT IS ALERT AND CAN BE SAT UPRIGHT, GIVE A TEASPOON OF WATER x 3.
   Place fingers midline above and below larynx and feels the swallow. After each teaspoon note signs.
   - Absent swallow
   - Cough (delayed cough)
   - Wet voice
   YES to any signs observed
   Keep NIL BY MOUTH and refer to speech language therapy

2. CONTINUOUSLY DRINK A THIRD OF A GLASS OF WATER
   If NO signs observed continue:
   - Absent swallow
   - Cough (delayed cough)
   - Wet voice
   YES to any signs observed
   Keep NIL BY MOUTH and refer to speech language therapy

START NORMAL FEEDING WITH CAUTION
continue to observe for swallowing difficulties such as coughing or development of a chest infection.

OUTCOME
- NBM refer to SALT
- Normal Feeding

Signed:
Designation:
Print:
Date:
Time:

*Please file this form in Patient Records

High Risk Patients
1. Neurological: Acute CVA, head injury, post neurosurgery, Guillain Barre Progressive: eg MND, PD, MS, advanced dementia, AIDS
2. Structural: Oral or neck surgery, tracheostomy, oesophageal or pharyngeal stricture

N.B. THIS SWALLOW TEST WILL NOT DETECT PATIENTS who only have difficulties swallowing solids e.g. those with structural difficulties. Consider whether a modified diet is required and refer to Speech and Language Therapist if concerned.
Swallow: Prevention

- The swallow screen allows those who are not dysphagic to be rapidly established on oral intake

- Dysphagic patients can also access timely appropriate nutrition / hydration

- Optimise nutrition and hydration within first 24 hours for all patients
Swallow: Prevention

- SLT role is to provide further ‘expert assessment’ to minimise risk of aspiration (and therefore pneumonia)

- Preserve oral feeding where possible, to optimise function and quality of life

- Assessment may involve further specialist objective assessment

- FEES and Videofluoroscopy

(NICE guidelines, 2008)
Swallow: Prevention

- Particular emphasis on **team approach** in managing swallowing difficulty
  - Physio for positioning advice and chest management
  - Dietitian for nutrition advice
  - Pharmacist for medication advice
  - NS for feeding, following guidelines, monitoring for any signs difficulties
  - OT for modified cutlery and functional advice
  - Medical team - monitoring
Swallow: Support

- SLTs offer support education and advice for patients, carers, and staff.
- Advice on risk factors for aspiration and pneumonia.
- Palliative care: risk management approach to maintain oral feeding.
- Positioning.
- Feeding.
- Alertness.
- Recommendations.
- Mouthcare!
Working together!

- If you are unsure about anything…. ask!

- If you see anything that you think might be important … let us know!

- We rely on your feedback as you spend more time with the patients than we are able to
Summary

● Our focus from initial stages is on:
  – Preventing risk/limiting the negative consequences of communication/swallowing impairments following stroke.
  – Supporting individuals and staff in understanding and optimising function.
  – Educating everyone on the complex nature of communication and swallow impairments.
Summary

Aim is to ensure that individuals are at the centre of a well-informed and collaborating team, which includes individuals, staff and carers.

THANK YOU!
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