

Swallowing Rehabilitation: Challenges and Need of the day

Neurogenic swallowing disorders are common clinical entities in most of the neurorehabilitation OPDs and indoors throughout the country. Most of the neurological disorders may present with dysphagia. On the top of that, prevalence of stroke is increasing day by day in our country. Unfortunately, guideline-based swallowing rehabilitation is underpracticed in this part of the world due to several reasons. Even there is no national level protocol of management of neurogenic dysphagia until today.

Interestingly most of the neurogenic dysphagia affects oral or pharyngeal phases of swallowing. Simple bedside swallowing examination is immensely helpful for basic management. There is scarcity of Videofluoroscopic Swallowing Study (VFSS) instruments in our country. Initial swallowing maneuvers along with different techniques may be practiced in all centers with minimum instrumental support. Rest of the cases may be referred to a specialized center with VFSS facility. Until and unless we are giving more focus on dysphagia management, we are inviting more complications like fluid–electrolyte imbalances, undernutrition, poor rehabilitation outcome, etc. Another important challenge is that we have scarcity of speech and language pathologist (SLP) in our set-up. Most of the centers are running either without SLPs or suboptimal instruments or numbers of SLPs. For the sake of the patients' benefit, we need to increase SLP support in our system.

Another big issue is to formulate dysphagia diet chart in India due to variability of dietary or food habits in different parts of the country. We have to come to a consensus regarding standard dysphagia diet of India. Until today, implementation of strategies regarding duration of nasogastric tube feeding and introduction time of percutaneous endoscopic gastrostomy (PEG) feeding in neurogenic dysphagia is not universally practiced. We have to really emphasize on standardized alternative feeding options.

Current evidences regarding endoscopic ultrasonography (USG)- or electromyography (EMG)- guided intervention with different agents like botulinum toxin, etc. are really encouraging. Unfortunately, very few centers are practicing these recent interventions in our country. Lots of other rehabilitation centers should also try these cutting-edge interventions to help our patients. Different types of palatal prosthesis are also not freely available in this part of the world. We need to overcome this hurdle also.

In this era of twenty-first century's healthcare delivery system, we should not further overlook this important area of rehabilitation. We have to take the call with utmost priority to rehabilitate neurogenic swallowing disorders. Last but not least, this noble treatment can truly satisfy our patients' hunger.

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