Dysphagia Tele Assessment Challenges Faced by Speech and Swallow Pathologists in India: Questionnaire Study

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Abstract: Background: Dysphagia must be assessed, either subjectively or objectively, in order to properly address the swallowing difficulty. Providing therapeutic care to patients with dysphagia via tele mode was one approach for providing clinical services during the COVID-19 epidemic. As a result, the teleassessment of dysphagia has increased in India. Aim: This study aimed to identify challenges faced by Indian SLPs while providing teleassessment to individuals with dysphagia during the outbreak of COVID-19 from 2020 to 2021. Method: After receiving approval from the institute's institutional review board and ethics committee, the current study was carried out. The study was cross-sectional in nature and lasted from 2020 to 2021. The study enrolled participants who met the inclusion and exclusion criteria of the study. It was decided to recruit roughly 246 people based on the sample size calculations. The research was done in three stages: questionnaire development and content validation, questionnaire administration. Five speech and hearing professionals' content verified the questionnaire for faults and clarity. Participants received questionnaires via various social media platforms such as e-mail and WhatsApp, which were written in Microsoft Word and then converted to Google Forms. SPSS software was used to examine the data. Results: In light of the obstacles that Indian SLPs encounter, the study's findings were examined. Only 135 people responded. During the COVID-19 lockdowns, 38% of participants said they did not deal with dysphagia patients. After the lockout, 70.4% of SLPs kept working with dysphagia patients, while 29.6% did not. From the beginning of the oromotor examination, the main problems in completing tele evaluation of dysphagia have been highlighted. Around 37.5% of SLPs said they don't undertake the OPME online because of difficulties doing the evaluation, such as the need for repeated instructions from patients and family members and trouble visualizing structures in various positions. The majority of SLPs' online assessments were inefficient and time-consuming. A bigger percentage of SLPs stated that they will not advocate tele evaluation in dysphagia to their colleagues. SLPs' use of dysphagia assessment has decreased as a result of the epidemic. When it came to the amount of food, the majority of people proposed a small amount. Apart from placing the patient for assessment and gaining less cooperation from the family, most SLPs found that Internet speed was a source of concern and a barrier. Hearing impairment and the presence of a tracheostomy in patients with dysphagia proved to be the most difficult conditions to treat online. For patients with NPO, the majority of SLPs did not advise tele-evaluation. In the anterior region of the oral cavity, oral meal residue was more visible. The majority of SLPs reported more anterior than posterior leakage. Even while the majority of SLPs could detect aspiration by coughing, many found it difficult to discern the gurgling tone of speech after swallowing. Conclusion: The current study sheds light on the difficulties that Indian SLPs experience when assessing dysphagia via tele mode, indicating that teleassessment of dysphagia is still to gain importance in India.

Keywords: dysphagia, teleassessment, challenges, Indian SLP

Conference Title: ICASLPDS 2023: International Conference on Audiology, Speech-Language Pathology and Deaf Studies

Conference Location : Tokyo, Japan **Conference Dates :** April 17-18, 2023