

# Problems with eating and drinking after acquired brain injury

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## Objective

The overall objective is to develop and strengthen the approach to problems with eating and drinking to become both securing a safe swallowing act and participation in meals and social relations in the rehabilitation of people with acquired brain injury.



## Methods

The study design is a mixed methods approach with three studies within the same project frame. The first study aims to achieve knowledge about how to assess a safe swallowing function before initiating oral intake; the next two explore the individual experiences of eating and drinking problems during neurorehabilitation and after discharge.

### Study one

The purpose is to find quantitative evidence for the clinical criteria for initiating oral intake in the clinical assessment of mouth and pharyngeal tract. Methods: Randomized controlled trial (RCT) with 118 participants randomised into two groups. The control group gets standardised clinical assessment and the intervention group gets additional instrumental (functional endoscopic) assessment.

### Study two

Within a phenomenological framework, the purpose is to explore how the individuals, who have problems with eating and drinking, experiences their reduced functions in face, mouth and tract, affect their participation in meals and social relations and how they experience the early rehabilitation in relation to such aspects. Method: Case studies and qualitative semi-structured interviews of five persons, included in study one, while they are inpatients for neurorehabilitation.

### Study three

The purpose is to explore how the same individuals, as in study two, do experience their reduced functions affect their everyday life after discharge from neurorehabilitation. Method: qualitative semi-structured interviews of the same persons in their new environments after discharge.

## Introduction

In Denmark the area of neurorehabilitation is under development and specialisation. There is an increased attention on problems with eating and drinking (dysphagia) in persons with acquired brain injury. Dysphagia may increase mortality (suffocation) and morbidity (aspiration and secondary inflammation, infections). There may be long periods with fever, which can contribute to a less optimal and increased duration of rehabilitation. A person with dysphagia often experiences considerable limitations in their everyday life and may also experience both cognitive and social problems.

## Materials

118 adult brain injured persons consecutively admitted to Hammel Neurocentre.

## Status

The results of the RCT are expected by late 2010 and findings of the case studies and interviewing will be completed by early 2011.