mann assessment of swallowing ability

mann assessment of swallowing ability is a critical clinical tool used to evaluate swallowing function in patients who may be at risk of dysphagia. The assessment is widely recognized for its reliability and efficiency in identifying swallowing difficulties, particularly in acute care settings and among stroke patients. In this comprehensive article, we will explore the origins and development of the Mann Assessment of Swallowing Ability (MASA), its purpose, detailed methodology, scoring system, clinical applications, advantages, limitations, and frequently asked questions. By understanding every aspect of this assessment, healthcare professionals can enhance their diagnostic accuracy and patient outcomes. The following sections will provide a thorough overview, ensuring readers gain practical and research-based insights into the MASA and its importance in dysphagia management.

- Overview of Mann Assessment of Swallowing Ability
- Development and Purpose of MASA
- Methodology and Components of MASA
- Scoring System and Interpretation
- Clinical Applications in Healthcare Settings
- Advantages of Using MASA
- Limitations and Considerations
- Frequently Asked Questions

Overview of Mann Assessment of Swallowing Ability

The Mann Assessment of Swallowing Ability (MASA) is a standardized clinical evaluation designed to assess swallowing function in adult patients, especially those who have suffered neurological events such as stroke. Developed by Dr. Guy D. Mann, the MASA provides clinicians with a comprehensive, evidence-based approach to detecting dysphagia and guiding appropriate interventions. The assessment consists of multiple items that evaluate different aspects of swallowing safety and efficiency, making it an essential tool in speech-language pathology and acute care environments.

MASA offers a practical alternative to instrumental assessments, such as

videofluoroscopic swallow studies, which may not always be accessible or feasible. By utilizing the MASA, clinicians can systematically identify patients at risk for aspiration and other swallowing complications, facilitating timely management and improved patient outcomes. Its structured format supports consistency and objectivity in clinical decision-making.

Development and Purpose of MASA

Historical Background

The Mann Assessment of Swallowing Ability was developed in response to the need for a reliable and valid bedside swallowing assessment. Before MASA, many clinicians relied on informal or subjective evaluations, which often led to inconsistent results. Dr. Guy D. Mann and his colleagues conducted extensive research to create a standardized tool that would address the limitations of previous methods and help prevent complications related to dysphagia.

Primary Objectives

The MASA is designed to:

- Identify patients at risk for dysphagia and aspiration.
- Provide a quantitative measure of swallowing ability.
- Guide clinical decision-making regarding further testing or intervention.
- Monitor changes in swallowing function over time.

The assessment is particularly valuable in acute care settings, such as hospitals and rehabilitation centers, where early detection of swallowing disorders can significantly impact recovery and reduce the risk of pneumonia and other complications.

Methodology and Components of MASA

Assessment Procedure

The MASA is administered by trained clinicians, typically speech-language pathologists, using a standardized protocol. The evaluation covers a range of swallowing-related behaviors and physical findings, allowing for a thorough examination of the patient's ability to safely manage oral intake.

Key Components of the MASA

- Alertness and cognitive function
- Oral motor control and strength
- Respiratory status and airway protection
- Saliva management
- Oral sensation and reflexes
- Pharyngeal and laryngeal function
- Observation of swallowing with various consistencies (liquids, solids)

Each item is scored based on specific criteria, and the entire assessment can typically be completed within 15–30 minutes, allowing for efficient bedside evaluation even in busy clinical environments.

Scoring System and Interpretation

MASA Scoring Criteria

The MASA uses a point-based scoring system, with each assessment item assigned a score based on the severity of impairment observed. The total possible score ranges from 0 to 200, with higher scores indicating better swallowing ability and lower risk of aspiration.

- 1. Scores above 177: Normal swallowing ability, low risk for aspiration.
- 2. Scores between 168-177: Mild dysphagia, minimal aspiration risk.
- 3. Scores between 139-167: Moderate dysphagia, moderate aspiration risk.
- 4. Scores below 138: Severe dysphagia, high risk for aspiration.

Clinicians use these cutoffs to interpret the results and determine the necessity of further assessment or intervention, such as referral for instrumental testing or dietary modifications.

Reliability and Validity

Numerous studies have demonstrated the MASA's strong reliability and validity in acute stroke and neurological populations. Its structured approach minimizes subjectivity and ensures consistent results across different evaluators and clinical settings.

Clinical Applications in Healthcare Settings

Use in Stroke and Neurological Patients

One of the most common applications of the Mann Assessment of Swallowing Ability is in the evaluation of patients following stroke, traumatic brain injury, or other neurological impairments. Early detection of swallowing dysfunction in these populations is crucial for preventing complications such as aspiration pneumonia and malnutrition.

Role in Acute Care and Rehabilitation

The MASA is widely used in hospitals, rehabilitation centers, and skilled nursing facilities to quickly identify patients who require further swallowing interventions. Its bedside nature allows for prompt assessment, even when instrumental diagnostics are unavailable.

- Facilitates multidisciplinary collaboration
- Supports individualized care planning
- Assists in monitoring progress during rehabilitation

Advantages of Using MASA

Strengths of the Assessment

The Mann Assessment of Swallowing Ability offers multiple benefits for

clinicians and patients. Its standardized format ensures objectivity and reproducibility, making it a preferred tool in many acute care settings. Additionally, the MASA is comprehensive, covering a wide range of swallowing behaviors and physiological indicators.

- Fast and efficient bedside assessment
- No special equipment required
- Applicable across various patient populations
- Helps guide timely interventions
- Backed by strong research evidence

Impact on Patient Outcomes

By enabling early identification of dysphagia and aspiration risk, the MASA contributes to reduced incidence of pneumonia, improved nutritional status, and shorter hospital stays. Its use supports better resource allocation and enhances overall patient safety in clinical practice.

Limitations and Considerations

Potential Challenges

While the MASA is highly effective, it is not without limitations. It relies on the clinical skills and experience of the examiner, which can introduce variability in the assessment process. Additionally, the MASA does not replace instrumental diagnostics when more detailed anatomical or physiological information is required.

- May be less sensitive in mild cases of dysphagia
- Dependent on examiner expertise
- Should not be used as the sole diagnostic tool for complex swallowing disorders
- Limited application in pediatric populations

Best Practice Recommendations

It is recommended that the MASA be used in conjunction with other clinical assessments and, when indicated, instrumental procedures. Continuous training and calibration among clinicians can help optimize the reliability and accuracy of the assessment.

Frequently Asked Questions

Q: What is the Mann Assessment of Swallowing Ability (MASA)?

A: The Mann Assessment of Swallowing Ability is a standardized bedside tool used to evaluate swallowing function, primarily in adult patients at risk of dysphagia, such as those who have experienced a stroke or other neurological conditions.

0: Who can administer the MASA?

A: The MASA should be administered by trained professionals, typically speech-language pathologists, who have expertise in clinical swallowing assessment.

Q: How long does it take to complete the MASA?

A: The MASA can usually be completed within 15-30 minutes, making it an efficient option for bedside assessment in busy clinical settings.

0: What does the MASA score indicate?

A: MASA scores help classify swallowing ability and risk of aspiration. Higher scores indicate better swallowing function and lower risk, while lower scores suggest more severe dysphagia and increased aspiration risk.

Q: Is the MASA suitable for pediatric patients?

A: The MASA was developed for adult populations and may not be appropriate for children. Pediatric swallowing assessments should utilize age-appropriate tools.

Q: Does the MASA replace instrumental assessments?

A: The MASA does not replace instrumental evaluations such as

videofluoroscopy or endoscopy. It serves as a reliable bedside screening tool and may guide decisions for further testing.

Q: What are the main benefits of using MASA?

A: The MASA is fast, reliable, and comprehensive. It allows for early identification of swallowing disorders, supports clinical decision-making, and improves patient safety.

Q: Can MASA be used in rehabilitation settings?

A: Yes, the MASA is frequently used in rehabilitation centers to monitor progress and adjust care plans for patients recovering from neurological injuries or surgeries.

Q: What training is required for MASA administration?

A: Clinicians should receive specialized training in swallowing assessment to administer the MASA accurately and consistently.

Q: How does the MASA contribute to patient outcomes?

A: By facilitating early detection and management of dysphagia, the MASA helps reduce complications such as aspiration pneumonia, improves nutrition, and supports faster recovery.

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Mann Assessment of Swallowing Ability: A Comprehensive Guide

Swallowing difficulties, or dysphagia, can significantly impact a person's quality of life, affecting nutrition, hydration, and even their overall health. Accurate assessment is crucial for effective intervention. This comprehensive guide delves into the Mann Assessment of Swallowing Ability,

exploring its components, application, limitations, and overall importance in diagnosing and managing dysphagia. We'll provide a clear understanding of how this assessment works and its place within the broader field of swallowing disorders.

What is the Mann Assessment of Swallowing Ability?

The Mann Assessment of Swallowing Ability (MASA) is a widely used clinical tool designed to evaluate the oral phase of swallowing. Unlike some assessments that focus solely on the presence or absence of a swallowing problem, the MASA provides a more detailed, qualitative description of the patient's swallowing performance. It's particularly useful for clinicians working with patients experiencing a range of swallowing difficulties, from mild to severe. This assessment is not a standardized test with numerical scores, rather it is a structured observation tool providing descriptive data of the patient's oral preparatory and oral phases of swallowing.

Key Components of the Mann Assessment: A Step-by-Step Breakdown

The MASA focuses on observing the patient's performance across several crucial aspects of the oral phase of swallowing. These aspects are meticulously documented by the clinician to build a complete picture of the patient's swallowing capabilities. Key components include:

1. Oral Preparatory Phase:

This phase involves the intake of food or liquid into the mouth, its manipulation, and preparation for swallowing. The MASA assesses the following during this stage:

Lip closure: The ability to maintain closure to prevent spillage. Chewing ability: Effectiveness and efficiency of mastication. Bolus formation: The patient's skill in forming a cohesive bolus.

Tongue movements: Strength, coordination, and range of motion of the tongue.

2. Oral Phase:

This phase begins with the initiation of the swallow and encompasses the movement of the bolus from the mouth to the pharynx. Key observations within the MASA for this stage include:

Bolus propulsion: The efficiency and speed of bolus transit.

Tongue movement during swallowing: Assessment of coordinated lingual actions.

Presence of residue: Any food remaining in the oral cavity post-swallow.

Oral spillage: Any leakage of food or liquid during the swallow.

Advantages of Using the Mann Assessment

The MASA boasts several advantages, making it a preferred choice for clinicians:

Detailed Qualitative Data: It provides rich descriptive information, allowing for a nuanced understanding of the patient's swallowing challenges. This surpasses simple pass/fail assessments. Ease of Use: The assessment is relatively straightforward to administer, requiring minimal specialized equipment.

Flexibility: It can be adapted to suit different patient populations and types of dysphagia. Observational Focus: It encourages detailed observation of the patient's swallowing patterns, enhancing understanding of the underlying mechanics.

Limitations of the Mann Assessment

While highly valuable, the MASA also possesses some limitations:

Subjectivity: The assessment relies on clinical observation, which can introduce some degree of subjectivity. Inter-rater reliability needs careful consideration.

Oral Phase Focus: It primarily focuses on the oral stage of swallowing, neglecting the pharyngeal phase which is often equally, if not more, crucial. Further assessments are needed for a complete picture.

Lack of Quantifiable Data: The absence of numerical scores can make it challenging to track progress objectively over time.

Integrating the Mann Assessment into a Broader Assessment Strategy

The MASA shouldn't be considered a stand-alone assessment. It's most effective when used in conjunction with other diagnostic tools, such as videofluoroscopic swallowing studies (VFSS) or fiberoptic endoscopic evaluation of swallowing (FEES). These instrumental techniques can provide a more objective view of the entire swallowing process, complementing the detailed observational data provided by the MASA.

Conclusion

The Mann Assessment of Swallowing Ability is a valuable tool in the clinician's arsenal for evaluating the oral phase of swallowing. Its descriptive nature provides detailed insights into the patient's swallowing mechanism, aiding in diagnosis and treatment planning. While it has limitations,

particularly its focus on the oral phase and subjective nature, its use, in combination with other objective assessments, significantly contributes to a comprehensive understanding of dysphagia. Remember to always consult with a speech-language pathologist or other qualified healthcare professional for proper diagnosis and treatment of swallowing disorders.

FAQs

- 1. Can the Mann Assessment be used with all patients experiencing swallowing difficulties? While adaptable, the MASA may be challenging for patients with severe cognitive impairments or limited cooperation.
- 2. What are some common signs that a patient might need a Mann Assessment? Difficulty chewing, choking, coughing during or after meals, and food residue in the mouth are all potential indicators.
- 3. How long does a Mann Assessment typically take? The duration varies depending on the patient's needs and cooperation but generally ranges from 15 to 30 minutes.
- 4. Is the Mann Assessment painful? No, the assessment is non-invasive and should not cause any pain.
- 5. What types of interventions might be recommended following a Mann Assessment? Depending on the findings, interventions might include dietary modifications, swallowing exercises, or compensatory strategies.

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screening protocol was developed and can be used by speech-language pathologists, nurses, otolaryngologists, oncologists, neurologists, intensivists and physicians assistants. In addition, the protocol can be used in a variety of environments, including acute care, rehabilitation and nursing homes. The Yale Swallow Protocol meets all of the criteria necessary for a successful screening test, including being simple to administer, cross-disciplinary, cost effective, acceptable to patients and able to identify the target attribute by giving a positive finding when aspiration risk is present and a negative finding when aspiration risk is absent. Additionally, early and accurate identification of aspiration risk can significantly reduce health-care costs associated with recognized prandial aspiration.

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will the prevalence and incidence of age-related disorders. In Handbook of Clinical Nutrition and Aging, Second Edition, the editors and contributors (a panel of recognized academic nutritionists, geriatricians, clinicians and scientists) have thoroughly updated and revised their widely acclaimed first edition with fresh perspectives and the latest scientific and clinical developments in age-associated disease. New chapters tackle ecological perspectives on adult eating behavior, and behavioral theories applied to nutritional therapies in aging, while topics such as Sarcopenia and Cachexia are discussed in greater detail. The authors outline the physiological basis for each disorder, provide the latest information about the interaction of nutrition with these conditions, and review the potential routes and mechanisms for clinical intervention. Timely and authoritative, Handbook of Clinical Nutrition and Aging, Second Edition is a unique, comprehensive resource and will prove a valuable guide to all nutritionists, physicians, nurses, dietitians, and speech-language and occupational therapists who provide care for the rapidly expanding aging population.

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approach to the assessment and treatment of disturbances in facial expression, oral movement, swallowing, breathing, voice and speech production caused by developmental and acquired neurological conditions. The principles outlined are used in patients with different etiologies (e.g. stroke, tumors, traumas). F.O.T. T., developed by Kay Coombes, is a hands-on approach based on an understanding of neurological functions and the way we learn from experience. The approach aims to give the patient experience of physiological posture and movement using facial-oral functions in normal activities of daily living (ADL). Rather than mere "exercises", F.O.T.T involves meaningful activities aiming to promote participation, according to ICF criteria. Four main areas are covered: nutrition, oral hygiene, nonverbal communication and speech. Each chapter summarises the problems of severely ill patients and shows the clinical reasoning behind the solutions offered. Separate chapters discuss tracheostomy management and the training of the carers involved, including relatives. The chapter authors are experienced specialists (physio-, occupational- and speech-language therapists and physicians), whose contributions aim to provide interdisciplinary perspectives and translate latest research into clinical practice.

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up to date scientific information. Geriatric Gastroenterology is of great utility to residents in internal medicine, fellows in gastroenterology and geriatric medicine as well as gastroenterologists, geriatricians and practicing physicians including primary care physicians caring for older adults.

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mann assessment of swallowing ability: The Adult Dysphagia Pocket Guide Yvette McCoy, Tiffani Wallace, 2018-12-21 The Adult Dysphagia Pocket Guide: Neuroanatomy to Clinical Practice is a concise, easily portable reference guide designed specifically for the dysphagia clinician. It centers on the clinical application of normal and abnormal swallowing physiology as it relates to cranial nerves, muscles, and innervations. The text merges clinical neurophysiology of the swallow directly to assessment and treatment of dysphagia to provide quick access of key clinical information and solutions for clinicians as they are completing their swallowing assessments. A discussion of laboratory values and medications in chapters three and four and how they can impact dysphagia adds another layer of uniqueness to this guide. Recurring clinician's note and research to practice boxes are based on the current research and provide practical and useful tips for clinicians. The Adult Dysphagia Pocket Guide is a quick reference that answers the need for a practical guide that

new clinicians, graduate students, and even seasoned clinicians can carry with them and readily access while they are completing their evaluations. It is a must-have resource for any speech-language pathologist treating dysphagia. KEY FEATURES: Compact, yet portable designSuccinct, yet thorough evidence based informationClinically relevant charts and tables make information easy to find

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mann assessment of swallowing ability: Manual of Diagnostic and Therapeutic Techniques for Disorders of Deglutition Reza Shaker, Caryn Easterling, Peter C. Belafsky, Gregory N. Postma,

2012-09-12 Manual of Diagnostic and Therapeutic Techniques for Disorders of Deglutition is the first in class comprehensive multidisciplinary text to encompass the entire field of deglutition. The book is designed to serve as a treasured reference of diagnostics and therapeutics for swallowing clinicians from such diverse backgrounds as gastroenterology, speech language pathology, otolaryngology, rehabilitation medicine, radiology and others. Manual of Diagnostic and Therapeutic Techniques for Disorders of Deglutition brings together up-to-date information on state-of-the-art diagnostic and therapeutic modalities form disciplines of gastroenterology, speech language pathology, otolaryngology and radiology through contributions of 28 innovators, and master clinicians for the benefit of patients and providers alike. It concisely organizes the wealth of knowledge that exists in each of the contributing disciplines into one comprehensive information platform. Manual of Diagnostic and Therapeutic Techniques for Disorders of Deglutition provides a one-stop destination for members of all specialties to obtain state-of-the-knowledge information on advanced diagnostic modalities and management. It is an essential reference for all deglutologists.

mann assessment of swallowing ability: The Yale Pharyngeal Residue Severity Rating Scale Steven B. Leder, Paul D. Neubauer, 2016-04-22 This text is a reliable, validated, anatomically defined, and image-based tool to determine residue location and severity when performing fiberoptic endoscopic evaluation of swallowing (FEES). Based upon research by Drs. Leder and Neubauer, an easily interpreted, readily learned, and hierarchically organized pharyngeal residue severity rating scale was developed for speech-language pathologists, otolaryngologists, and other health care professionals who perform and interpret FEES. The Yale Pharyngeal Residue Severity Rating Scale works equally well for any swallow of interest, whether it is the first, subsequent clearing, or last swallow. The endoscopist simply has to match their chosen swallow with its scale mate. The Yale Pharyngeal Residue Severity Rating Scale can be used for both clinical advantages and research opportunities. Clinically, clinicians can now accurately classify vallecula and pyriform sinus residue severity as none, trace, mild, moderate, or severe for diagnostic purposes, determination of functional therapeutic change, and precise dissemination of shared information. Research uses include tracking outcomes for clinical trials, investigating various swallowing interventions, demonstrating efficacy of specific interventions to reduce pharyngeal residue, determining morbidity and mortality associated with pharyngeal residue in different patient populations, and improving the training and accuracy of FEES interpretation by students and clinicians. The Yale Pharyngeal Residue Severity Rating Scale is an important addition to the deglutologist's tool box.

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logically organized. The information is easy to follow complimented by information presented in tables/charts. This text would be helpful to a practicing therapist when making a differential diagnosis between a normal vs. atypical aging process. Communication and Swallowing Changes in Healthy Aging Adults would be an appropriate text for courses in Communications Disorders Departments for graduate students in a neuro course or a neurogenic communication disorders course, and in lifespan development courses as in the field of Psychology and Gerontology." ~ Susan Durnford, M.S.,CCC-SLP, Clinical Assistant Professor, Department of Speech-Language Pathology & Audiology, Ithaca College

mann assessment of swallowing ability: <u>Voice and Swallowing Disorders</u> Monjur Ahmed, 2020-03-11 The purpose of writing this book is to discuss the updated information on voice and swallowing disorders. The book has been written by international authors and experts in this field. You will find not only clinical aspects but also basic science aspects of voice and swallowing disorders. The chapters include the quantitative analysis of activity patterns of muscles of mastication and deglutition, and salivary secretion after facial massage and vibrotactile stimulation. You will also find the updated management of oropharyngeal dysphagia, dysphagia due to cervical facial tumors, radiation-induced dysphagia, and dysphagia in patients with a stroke. This book can be an important guide to the practicing physicians and surgeons managing voice and swallowing disorders.

mann assessment of swallowing ability: Dysphagia Evaluation and Treatment Eiichi Saitoh, Kannit Pongpipatpaiboon, Yoko Inamoto, Hitoshi Kagaya, 2017-11-13 This book presents a comprehensive approach to treating dysphagia that has been successfully applied in actual rehabilitation settings. Its main purposes are firstly to equip readers with a strong conceptual understanding of swallowing evaluation and treatment, secondly to provide guidance on the procedure of practical comprehensive dysphagia rehabilitation in real-world settings, and thirdly to update readers on the latest diagnostic and treatment technologies. To do so, it employs the concept of swallowing rehabilitation pioneered at Fujita Health University Rehabilitation. The book is divided into 4 major sections, the first of which introduces readers to the general aspects and the principle of deglutition. In turn, Part II offers clinical approaches to both non-instrumental and instrumental evaluation of swallowing. Part III addresses treatment options in swallowing rehabilitation, especially exercises based on motor learning. Lastly, Part IV highlights three clinical cases demonstrating clinical approaches in dysphagic patients. Readers will find this text useful both as an initial guide and a reference work for assisting clinicians, allowing them to further expand swallowing assessment and treatment, and facilitating the development of swallowing rehabilitation in real-world settings in education and rehabilitation.

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mann assessment of swallowing ability: New approaches to evaluation and management of dysphagia in neurological disease Masahiro Nakamori, Omar Ortega Fernández, Jun Kayashita , Mineka Yoshikawa, 2024-08-26 Neurological diseases tend to cause dysphagia which can lead to aspiration pneumonia, influencing patient mortality and morbidity, and increase the cost of medical care. Thus, it is essential to implement better evaluation, intervention, and rehabilitation for dysphagia. Many protocols and tools for assessing dysphagia, including aspiration, have been developed. Videofluoroscopic and videoendoscopic examinations are the current gold standard for assessing dysphagia. In addition, novel methods and instruments have been developed which are non-invasive and simple to implement. As for clinical intervention, several effective rehabilitation protocols as well as traditional methods have been utilized. Moreover, novel machines such as transcranial magnetic stimulation, transcranial direct current stimulation, and transcutaneous electrical stimulation of the neck are being introduced and are expected to improve neuromuscular function.

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Esophageal Disease; Ancillary Testing in the Evaluation of Dysphagia; Malnutrition and Dehydration; Management of Cricopharyngeal Dysfunction; Zenker's Diverticulum; Glottal Insufficiency with Aspiration Risk in Dysphagia; Global Laryngeal Dysfunction; Screening High-risk Groups, Pathway for Intervention, and more. Guest Editor Kenneth Altman of Mount Sinai, whose expertise, clinical work, and teaching is focused on laryngology, leads the group of expert physicians in this issue.

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therapists, physical therapists, and ENT specialists. - Provides a clear understanding of the current medical, surgical and radiation treatments for head and neck cancer. - Covers the whole spectrum of head and neck cancer rehabilitation, including the role of physical and occupational therapy, the treatment of anxiety and depression, integrative care, nutritional rehabilitation, and more. - Offers a timely and convenient resource written by leading experts in both head and neck cancer and rehabilitation.N/A

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mann assessment of swallowing ability: A Multidisciplinary Approach to Managing Swallowing Dysfunction in Older People Pere Clave, Omar Ortega, 2024-03-29 A Multidisciplinary Approach to Managing Swallowing Dysfunction in Older People provides comprehensive coverage on oropharyngeal dysphagia (OD), focusing on older patient phenotypes. The book provides the knowledge needed for translational researchers and professionals to aid in the detection, diagnosis, treatment and management of OD, ultimately improving patient quality of life. OD has been recently considered a geriatric syndrome because of its high prevalence, the increase of life-expectancy and the need to be managed by a multidisciplinary approach. This reference takes a novel approach to OD, covering all aspects as a geriatric syndrome, examining a complicated and multi-level topic in a succinct way. Contents include the most innovative information available in current literature combined with practical applications to improve the diagnosis and treatments of OD as a geriatric syndrome. This is the perfect reference for translational researchers, physicians and healthcare professionals dealing with OD. - Presents full coverage of swallowing impairments in the older population and oropharyngeal dysphagia as a newly defined geriatric syndrome - Explores the latest innovations and research in the field for pathophysiology, diagnosis, ethics, treatment and potential complications - Expertly written chapters by international leading experts in the fields of dysphagia and geriatric medicine are included

mann assessment of swallowing ability: Handbook of Behavior, Food and Nutrition Victor R. Preedy, Ronald Ross Watson, Colin R. Martin, 2011-04-15 This book disseminates current information pertaining to the modulatory effects of foods and other food substances on behavior and neurological pathways and, importantly, vice versa. This ranges from the neuroendocrine control of eating to the effects of life-threatening disease on eating behavior. The importance of this contribution to the scientific literature lies in the fact that food and eating are an essential component of cultural heritage but the effects of perturbations in the food/cognitive axis can be profound. The complex interrelationship between neuropsychological processing, diet, and behavioral outcome is explored within the context of the most contemporary psychobiological research in the area. This comprehensive psychobiology- and pathology-themed text examines the broad spectrum of diet, behavioral, and neuropsychological interactions from normative function to occurrences of severe and enduring psychopathological processes.

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