

Hipólito Virgílio Magalhães Junior¹
Leandro de Araújo Pernambuco¹

Screening for oropharyngeal dysphagia

Screening para disfagia orofaríngea

Dear editors,

According to a systematic review that was recently published in CoDAS⁽¹⁾, screening, which, in Brazilian Portuguese is called “*rastreamento*”⁽²⁾, has insufficient methodological design in studies about oropharyngeal dysphagia (OD). It is necessary to understand OD as a symptom characterized by the combination of signs and other symptoms that put the people at nutritional, hydric, and pulmonary risk; the screening is addressed to identify individuals who have predictive factors for this outcome and who need a confirmatory diagnosis⁽³⁾.

The screening instrument for OD must be fast, cost-effective, minimally invasive, and easy to administer by any health professional⁽⁴⁾. In clinical evaluation, a specialized professional will be capable of confirming the diagnosis, referring to treatment and defining the therapy based on the biomechanical analysis of the oropharyngeal swallowing process.

The incomprehension regarding the difference between screening and clinical evaluation is clear when screening instruments show the frequent insertion of conducts that could be properly interpreted only by a skilled professional; in Brazil, that professional would be the speech language pathologist. The screening process for OD must include items that can be multidisciplinary administered and interpreted. Those who execute the screening process must avoid any therapeutic decision based only on the test result, thus adopting as an immediate conduct the referral of the individual who failed for diagnostic confirmation.

To avoid mistaken interpretations of the results, we recommend that researchers should always previously clarify the definition of the construct to be identified by the screening. Thereby, the risk of proposing an instrument whose outcome would be the OD is minimized by other finality as, for instance, an orofacial myofunctional disorder.

We would also like to mention that translating and adapting a screening instrument does not mean it will produce valid and reliable interpretations on the outcome⁽⁵⁾. This would only be possible after obtaining evidence of validity and reliability, besides measurements of accuracy, as follows: sensitivity, specificity, positive and negative predictive values, and likelihood-ratio of the results from the positive or negative test^(3,6). These measurements are calculated by comparing the results of the test with a gold standard procedure. In the absence of the latter, results are compared with the clinical condition of the individual at the time of the test (clinical consistency), thus replacing measures of sensitivity and specificity by co-positivity and co-negativity, respectively⁽³⁾.

We observed there is evidence of the contribution of screening for the early identification of individuals with OD; however, there is the need to improve appropriate theoretical and methodological concepts that are inherent to the elaboration of protocols, as well as to obtain their psychometric properties.

Corresponding address:

Hipólito Virgílio Magalhães Junior
Avenida General Gustavo Cordeiro
de Farias, s/n, Petrópolis, Natal (RN),
Brasil, CEP: 59012-570.
E-mail: h.vmagalhaes@gmail.com

Received: 12/25/2014

Accepted: 01/16/2015

(1) Speech Language Pathology and Audiology Department, Universidade Federal do Rio Grande do Norte – UFRN – Natal (RN), Brazil.

Conflict of interests: nothing to declare.

REFERENCES

1. Etges CL, Scheeren B, Gomes E, Barbosa LR. Screening tools for dysphagia: a systematic review. *CoDAS*. 2014;26(5):343-9.
2. Brasil. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Rastreamento. Brasília: Ministério da Saúde; 2010.
3. Pernambuco LA, Magalhães Junior HV. Aspectos epidemiológicos da disfagia orofaríngea. In: Marchesan IQ, Silva HJ, Tomé MC. Tratado das especialidades em Fonoaudiologia. São Paulo: Guanabara Koogan; 2014. p. 7-14.
4. American Speech-Language-Hearing Association [Internet]. Frequently asked questions on swallowing screenings [cited 2012 Aug 12]. Available from: <http://www.asha.org/uploadedFiles/FAQs-on-Swallowing-Screening.pdf>
5. Muñiz J, Elosua P, Hambleton RK. Directrices para la traducción y adaptación de los tests: segunda edición. *Psicothema*. 2013;25(2):151-7.
6. Speyer R. Oropharyngeal dysphagia screening and assessment. *Otolaryngol Clin North Am*. 2013;46(6):989-1008.