Prevalence of patient-reported dysphagia and oral complications in cancer patients

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Background

Dysphagia and oral complications resulting from cancer and cancer therapies may be underreported, under-recognised, and undertreated

[Epstein, 2012; Raber-Durlacher, 2012]
AIM

To determine the prevalence of patient-reported dysphagia and oral complications in all cancer patients across all treatment settings, and to examine relationships between cancer types, oral complications and dysphagia
METHODS

Cross-sectional study design
Vanderbilt Head and Neck Symptom Survey (v 2.0) [Cooperstein, 2012]

N = 239

Chemotherapy 56%
Radiotherapy 23%
Inpatients 21%

Haematology 21%
Breast 18%
Chemotherapy 56%
Radiotherapy 23%
Inpatients 21%

Soft tissue 5%
Lung 4%
Other 5%

Skin /Melanoma 8%
Colorectal 9%
Upper GI 9%

Gynaecology 10%
H&N 11%
RESULTS: Prevalence of Dysphagia

- Any dysphagia
- Dysphagia for liquids
- Dysphagia for solids

- Non-H&N
- H&N
Dysphagia severity

Of the patients who reported swallowing problems:

- Trouble eating solid foods
- Trouble drinking liquids
- Food stuck in mouth
- Food stuck in throat
- Cough after swallow
- Swallowing takes effort
- Takes longer to eat

Mild
Moderate
Severe
Prevalence of dysphagia by tumour type

- H&N: 90%
- Lung: 80%
- Bone & soft tissue: 75%
- Upper GI: 70%
- Colorectal: 65%
- Skin/melanoma: 60%
- Heamatology: 55%
- Gynaecology: 50%
- Breast: 40%
- Other*: 50%

* CNS, genitourinary, urology, UKP
Prevalence of oral complications

- Taste changes: 37.9%
- Xerostomia: 55.7%
- Voice changes: 46.6%
- Smell changes: 35.0%
- Thick phlegm: 48.8%
- Mouth/throat pain: 37.3%
- Difficulty with teeth/dentures: 43.2%
CONCLUSIONS

Complications are unavoidable: ↑ awareness and recognition

Dysphagia and oral complications are prevalent in cancer patients

Symptoms often co-exist: symptom clusters

Further research: patient-reported outcomes