

Feasibility and Acceptability of Rehabilitative Dysphagia Intervention for Persons Living with Dementia (PLWD) and their Care Partners

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Rehabilitative interventions for dysphagia in persons living with mild dementia are feasible and generally acceptable. Utilizing modifications for cognitive status and care partner supports throughout the treatment process are critical to promote treatment success.

INTRODUCTIONMETHODSRESULTSCONCLUSIONS

Dysphagia (swallowing dysfunction) is a sequela of Alzheimer’s Disease and Related Dementias (ADRD) that is associated with serious health consequences like malnutrition, dehydration, and pneumonia.^{1–3}

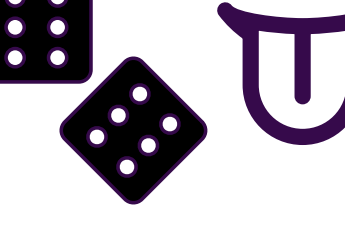
Lingual Pressure Impact
PLWD experience decreased lingual pressures, which can lead to adverse events (aspiration).⁴

Lack of research on the feasibility of rehabilitative approaches, including lingual strengthening (LS), for dysphagia treatment in PLWD.⁵

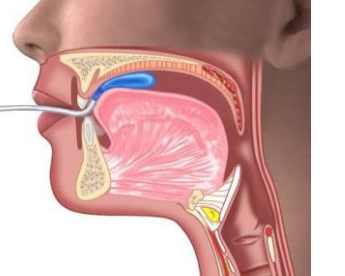
Aim
Qualitatively examine the **feasibility** and **acceptability** of an 8-week LS training program using the **Iowa Oral Performance Instrument (IOPI)** to improve swallow function in PLWD.



Persons with very mild-mild ADRD enrolled in a randomized controlled trial focused on dysphagia intervention in PLWD.



Four individuals randomly assigned to the LS arm and their care partners (CP) agreed to participate in semi-structured interviews following treatment.



Participants completed an LS exercise program 3 days weekly for 8 weeks, with follow up phone calls from researchers throughout.



Following completion of treatment, participants and care partners completed interviews with the research team focused on exercise program



Interview transcripts were thematically coded using direct content analysis to identify relevant factors related to feasibility and acceptability.

PLWD			
Sex	Age	Race	ADRD Stage*
M	74	White	1 - Mild
M	79	White	1 - Mild
M	79	White	1 - Mild
M	97	White	1 – Mild
F	67	White	0.5 – Very Mild

*Clinical Dementia Rating Scale (CDR) Global score

Care Partner			
Sex	Age	Race	Relationship
M	48	White	Child
F	80	White	Spouse
F	53	White	Child
F	84	White	Spouse
F	35	White	Child

Feasibility

The LS program was **feasible** for all participants with variable support

"I knew what I was supposed to do...wasn't confusing."
- PLWD

"Everything was easy...It was a cakewalk."
- CP

Acceptability

Generally, PLWD and CPs had mixed feelings on **acceptability** of the treatment.

"He seemed kind of into it actually."
- CP

"With the state I'm in, it's really hard to be on top of things"
-PLWD

Themes Impacting Feasibility

Theme	Sub-Themes
Physical Device Properties	Visualization Tongue Bulb Placement Physical Manipulation
Following and Remembering	Visual Cues Treatment Schedule Cognitive Function
Relevance Confusion	Relevance Comprehension

Themes Impacting Acceptability

Theme
Ease of Treatment
Balancing Multiple Priorities
Perceived Benefit of Treatment

CP Burden of ADRD + Dysphagia

CP Responsibilities
Strategic Meal Planning
Assisting and Supervising at Mealtimes
Ensuring Adequate Nutrition/Hydration

Focusing on **modifications** to instructions and level of support are **critical** to address cognitive decline and promote **treatment success**.

Interventions need to be **tailored** to patient/care partner’s **unique characteristics** and **specific life situations**.

REFERENCES



Contact Meredith Mackowicz-Torres with any questions!
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