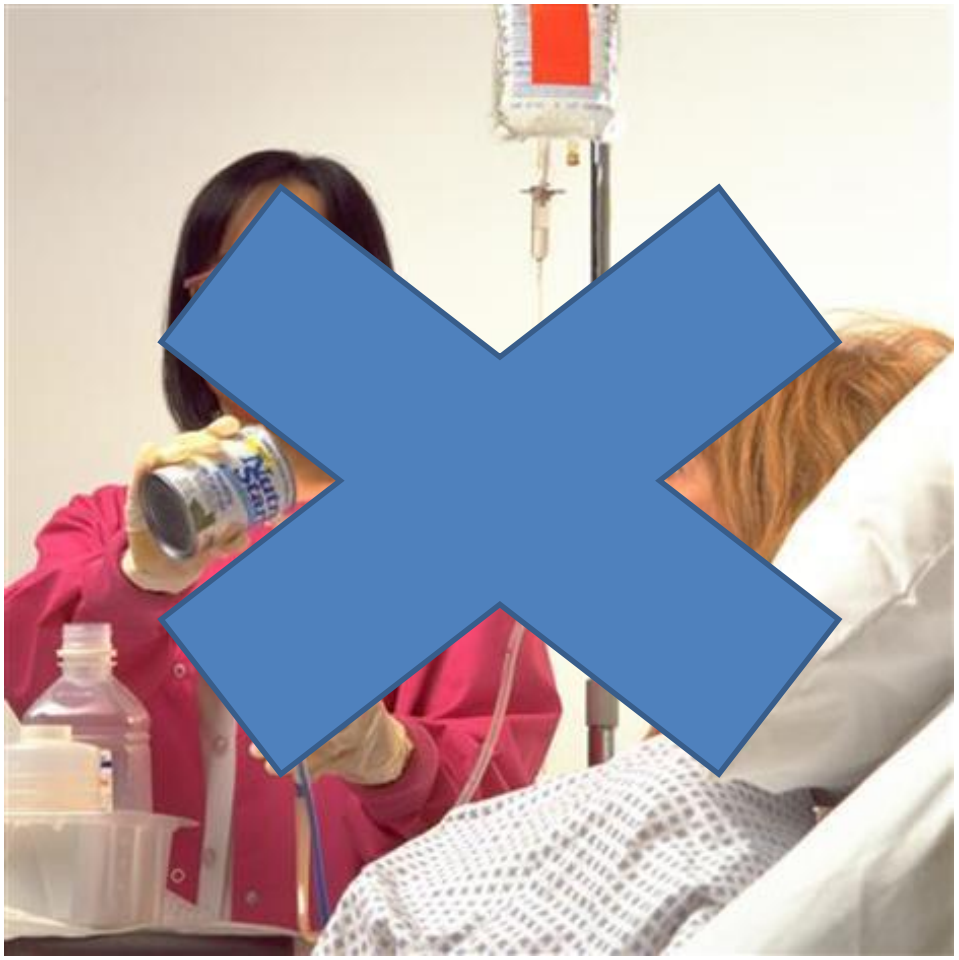
What is the next step if a doctor found a patient with dysphagia

Jenny Lee, MD, FRCP

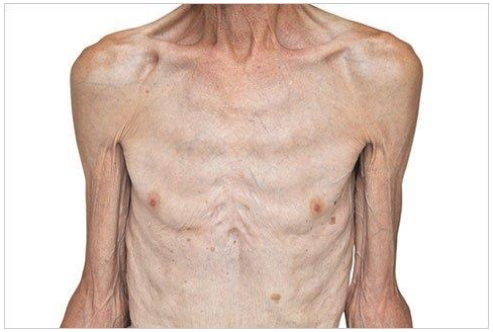
Geriatrician

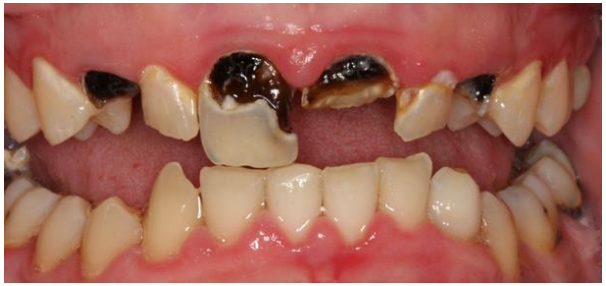
Chief of Service, Department of Med, Alice Ho Miu Ling Nethersole and Med & Geri, Tai Po Hospital

Honorary Associate Professor, Institute of Ageing, CUHK



Find out cause:
Common causes of dysphagia in older people





Special considerations in older patients

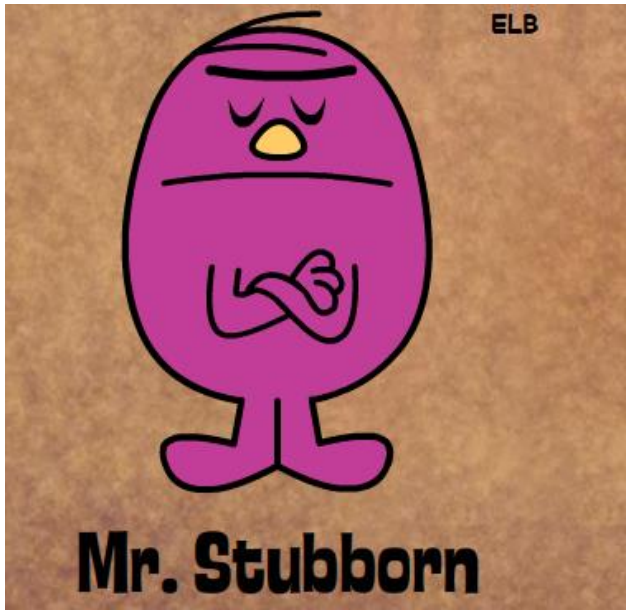
- 預期壽命 life expectancy
- 生活質素 Risks vs quality of living
- 實證醫學 Evidence-based medicine/practice
- 生命倫理考慮 Ethical considerations
- 預設照顧計劃 Advance care planning

Ethical considerations
生命倫理四原則

- 尊重自主 Autonomy
- 行善原則 Beneficence
- 不傷害原則 Non-maleficence
- 正義原則 Justice

尊重自主
Autonomy

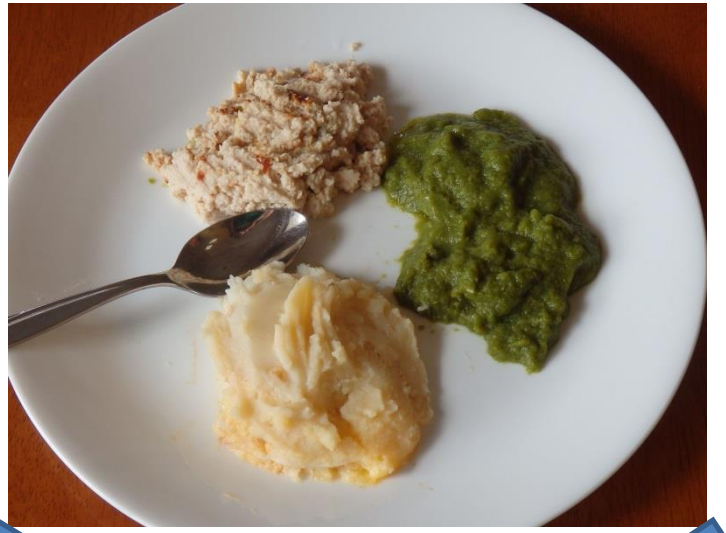
Patient characteristics

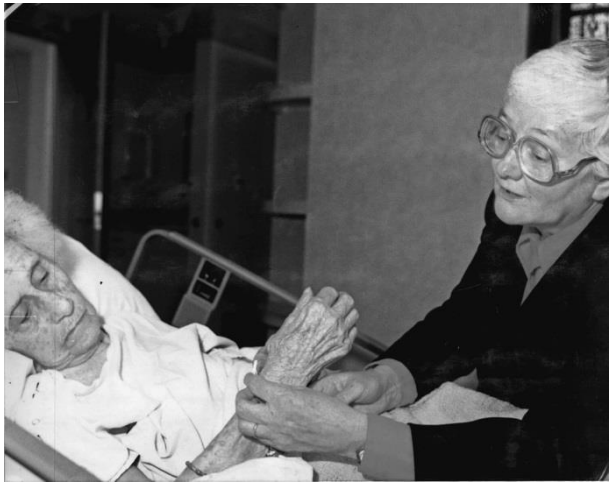


Please understand

- Risk of aspiration usually not a concern for the elderly
- Educations is more practical for caregivers than the elderly
- Dietary restrictions often creates conflicts between the elderly and the caregiver

What we are offering





Beneficence and non-maleficence
行善原則
不傷害原則

Risk vs. Benefit

Aspiration

Enjoying eating

Poor nutrition

Socialization

Weight loss

Prolonged dying

Restraints

Being "human"

Evidence-based practice

Will the feeding tube help my patient?

Dysphagia

Swallowing dysfunction is very common in elderly who are sick

- 55% by water drinking test in older pneumonia in-patients (Cabre, Age Ageing 2010)

Does tube feeding prevent pneumonia?

No evidence to support (Cochrane review 2009)

Feeding tube can increase risks of pneumonia:

- Colonization
- Impaired closure of sphincters
- Impaired protective airway reflexes

Gomes et al. Curr Opin Clin Nutr Metab Care 2003

Does tube feeding prolong survival?

- In the severely demented nursing home residents
- After feeding tube insertion:
  - 1 year mortality 64%
  - Median survival 54 days
  - Survival after tube insertion in hospital 50% in 6 months

Kuo et al. JAMDA 2009
Meier et al. Arch Int Med 2001

Survival

=

Mitchell et al. Arch Int Med 1997

Case 1

- 82 year old man with previous stroke
- Widowed, wife died of pneumonia after long term tube feeding post stroke

- Admitted for second massive stroke
- Communicable by simple yes or no, short phrases only
- Failed swallowing test

- Family informed need to insert feeding tube for nutrition support
- Family declined – patient had voiced out refusal of feeding tube earlier before admission

- Consulted patient repeatedly over several days – assessed to be able to understand about consequence and consistent choice

- Maintained on intravenous fluids
- Patient comfort, hunger constantly reviewed
- Sips of fluid or any diet allowed for feeding by family
- Clear documentations in hospital records
- Slowly lapsed into semi-conscious state
- Died after 5 weeks

Case 2

- In Swallowing /Nutrition clinic
  - 90 year old widowed OAHR
  - advanced dementia
  - weight loss, very slow eating
  - Found dysphagic; ST recommended tube-feeding

- Son refused –
  - “mother loves real food and eating”, “she would rather die with no food by mouth”
  - Lengthy discussion of pros and cons of his mother’s condition – advanced dementia, cannot assess her choices, weight loss, risk of aspirations or choking…..
  - Still refused

- Opened his bag….
- Took out and fed her crunchy peanut candy, biscuits, cakes, etc. in front of geriatrician
- Patient opens mouth readily, eats slowly, then smiled….

- 8 months later:
  - Nutrition maintained
  - General condition static
  - Son – attends old age home daily to feed mother his choice of food
  - Case closed in Swallowing clinic

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- Patient admitted AED for ? Elderly abuse
- Found by OAH staff to be force fed by son with rice and hot water
- Videotaped
- Reported to police
- Patient admitted….son “escaped” to Mainland

- Mild redness of mouth (hot water)
- No other signs of abuse
- Not malnourished
- No speech, sleeping mostly
- Blood tests all normal

- Patient on intravenous fluid for 5 days
- Failed to open mouth for feeding – sleepy
- Otherwise very stable

- Need to decide about nutrition…

- Feeding tube inserted
- No struggle
- No need for any restraints
- Tolerating tube feeding well

- Later son returned from Mainland, got by police upon return, on bail
- Visitor mother – expressed “你地想點就點, 我冇辦法”

Family meeting

- Social workers
- Son
- Doctor
- Nurse
- Police

Past Medical history

- Developed dysphagia and dementia after stroke
- Post discharge referred to swallowing clinic
- Son refused tube feeding or modified diet all along
- Moved to another OAH
- Fractured arm and sent to hospital
- Again refused tube feeding – fed by son daily since stroke

After discharge

- Son to ask OAH staff to videotape him feeding mother with normal food – to show to hospital staff
- Found to be force feeding patient with large boluses of rice pushed into mouth until she vomited
- Fed with steaming water – patient had tears running down face with hot water spoonfed into mouth
- Sent to Hospital…..

Son's story

- Widowed with 3 young children in Cultural revolution
- Lost all property, starved with 3 kids
- Worked hard all her life for her children

- " 我媽一世人冇飽飯食過"
- "冇野食, 細妹生咗出嚟都要浸死埋"

Conclusion

- Son allowed to visit…..never pulled out her tube
- Pending guardianship board decision
- 2 sons wrote letters to refuse applying guardianship

Appreciations

- “ High risk of aspirations. Recommend non-oral feeding,

  BUT if preferred, for careful hand-feeding .....”

Take home messages

- Geriatrics dysphagia
- Short life expectancy, therefore balance of risks and QoL important
- An ethical and personal decision, rather than a purely medical one

Thank you!