

Inclusion and exclusion considerations when using IQoro[®] treatment with dysphagia patients and others

In all IQoro[®] clinical experience, there are no contra-indications that we have come across that directly preclude the use of IQoro[®] in adults. This includes patients with significant respiratory problems, possibly in ICU, or with a nasal oxygen feed, or those with cardiac problems.

There are, however, some things to consider:

1. Patients recovering steadily from neurological injury (e.g. stroke, ABI, etc.) without intervention.

Patients in this category may well accelerate and increase their recovery by using IQoro[®] but their cases will give little evidence of the efficacy of the IQoro[®] treatment in parallel with possible natural remission. If the aim of the intervention is to judge IQoro[®] effectiveness, then such patients will not give meaningful data. However, if the aim is to evaluate the ease of deployment of IQoro[®], or indeed to improve all patient outcomes, then they should be included.

Spontaneous improvement may be exhibited as:

- Patients who have only mild symptoms the day after their stroke
- Patients who appear to be making a steady recovery
- In-patients assessed by SLT for a week that show they are improving with each SLT contact – i.e. day by day or every other day.
- Community rehab patients that are improving consistently at every weekly SLT visit

In Sweden, IQoro[®] would normally not be used during the first week after stroke when the patient is disorientated, and when the risk of mortality is at its highest. After the first week, when a 'steady state' has often been achieved, IQoro[®] would be deployed on those displaying symptoms of dysphagia.

2. Patients with degenerative conditions

Patients in this category may often have swallowing problems as a result of their degenerative condition. IQoro[®] will not treat the underlying condition, however it can be expected to improve swallowing ability, and to maintain swallowing ability longer than otherwise may have been expected. It is still likely that, long-term, swallowing ability will continue to worsen.

Such conditions can include:

- Parkinson's Disease
- Multiple Sclerosis
- Amyotrophic Lateral Sclerosis
- Dementia

3. Patients possibly not clinically fit or able enough to undertake IQoro[®] training

As with all rehab interventions, patients should be considered carefully before being treated with IQoro[®]. The patient's condition may mean that they are not well enough to tolerate rehab, or they may have some other disallowing factor that makes this treatment inappropriate. Such factors may include:

- An ongoing unwillingness or inability to cooperate.
- A severe receptive dysphasia, affecting ability to understand and participate.
- Particularly high muscle tone, which after discussion with the MDT, appears to contra-indicate the use of IQoro[®]. Where they can be trained, a normal improvement would be expected, usually this would require training assistance by a helper. The IQoro[®] feasibility kit can be used to assess contra indication.

4. Key inclusion symptoms

- Diagnosed with dysphagia, including those who are nil by mouth
- Facial paralysis
- Indistinct speech sounds
- Dribbling and drooling
- Impaired postural control
- Hiatal hernia, including those with related voice difficulties
- Snoring and sleep apnoea