COVID-19 Dysphagia, voice and communication rehabilitation: clinical update

26 January 2021
15.00 – 16.00
Chair

Kamini Gadhok MBE
CEO, RCSLT
Presenters

Anushua Gupta  
GP and service user

Dr Camilla Dawson  
Clinical Lead SLT, University Hospitals Birmingham NHS FT

Sarah Wallace OBE  
Consultant SLT, Wythenshwe Hospital, Manchester University NHS FT

Gemma Clunie  
Clinical specialist SLT, Airways/ENT, Imperial College Healthcare

Dr Hannah Crawford  
Professional Head of Speech and Language Therapy, Tees, Esk and Wear Valleys NHS FT
Housekeeping

- RCSLT staff are on hand to help with any technical queries, you can get in touch with them via the chat button.

- You can send in questions to our speakers today by using the Q&A button.

- This event is being recorded and will be made available on the RCSLT website along with the presentation slides.

- We would be very grateful if you would fill out the evaluation form that will pop up in a new window once the webinar window closes.

- This webinar was recorded on Tuesday 26th January and presents the evidence and research available at 25 January 2021.
Aims and objectives

- Hear from a patient on the experience of rehab and the road to recovery
- Hear about what we’ve learned as a profession since the first wave
- Hear an appraisal of COVID-19 literature to date
- Hear about how others have implemented the most recent evidence
- Find out more about tools available and the work we’ve done to support these tools
- Hear about key priorities for assessment and rehab
- Gain some understanding of how COVID-19 has impacted on people with learning disabilities and mental health
Service user perspective

Anushua Gupta
GP and service user
Literature, evidence and practical application

Dr Camilla Dawson
Clinical Lead SLT, University Hospitals Birmingham NHS Foundation Trust
COVID-19 Dysphagia, voice and communication rehabilitation: clinical update

Dr Camilla Dawson, Clinical Lead Speech and Language Therapist
@camillacdawson
Aims

• Literature overview: Dysphagia and Covid-19
• Navigating the evidence and synthesizing
• Practical applications
• Efficient and effective services
• Looking after each other

Disclaimer: this is an overview of the literature for clinicians in the field, it does not represent the findings of a systematic review or scoping review, it is a practical guide only.
Covid-19 dysphagia

8 papers


Literature reviews

Covid-19 dysphagia
14 papers


Consensus statements

Covid-19 dysphagia
6 papers


Covid-19, pertinent literature


- [https://www.recoverytrial.net/results](https://www.recoverytrial.net/results) randomised evaluation of covid-19 therapy (recovery)


Dysphagia, respiration, tracheostomy and post extubation dysphagia

- Martin-Harris, B., 2006. Coordination of respiration and swallowing. GI Motility online.
Navigating the evidence and synthesizing

- Be specific, use appropriate literature to answer clinical question
- Acknowledge risk of bias, limited empirical evidence or robust methods
- Hypothesis generate, triangulate clinical picture with established literature and developing evidence base
- Ask questions
- Avoid binary diktats
Dysphagia

• 208/736 (28.9%) patients admitted for over 3 days referred for swallow assessment.
• 102/208 admitted to ITU for mechanical ventilation, 82 had tracheostomy
• 7 day service
• No instrumentation

Main presenting dysphagia features:
1. Delirium-hyper or hypoactive
2. Laryngeal compromise-vocal cord palsy and or laryngeal oedema
3. Respiratory swallow coordination challenge
4. Burden of secretions and constant expectoration
5. Fatigue
Dysphagia

• Therapeutic interventions:
  1. exercise prescription
  2. postural adaptations
  3. practice swallows
  4. augmentation of texture or complexity of diet and or fluid if required
  5. volume control and adaptations to environmental factors (such as feeding support for patients with upper limb weakness)
  6. reducing distractions

• Majority regained near normal swallow function prior to discharge, regardless of length of intubation or tracheostomy status.
Practical applications

• Staff repurposing
• Decompression of ITU
• Flow through acute services
• Strategic decisions
• Prompt assessment and discharge
• Avoidance of secondary infections
Efficient and effective services

• Creating hierarchies of risk, include clinical, service level and strategic drivers
• Create core aims and objectives, with manageable and easy to collect data on outcomes—bring the team with you
• Work within multiple MDTS supporting discreet facets of recovery
• Utility theory—think about trade offs and be deliberate (Baron 2008)
• Governance
Looking after each other

• Emotional responsibility
• Supervision and debriefing
• Sleep, rest and recovery
• Creating routine
• Giving space for the unexpected
• Explore triggers, responses and implications
Lessons learned

• Dysphagia is prevalent in cohort with COVID-19
• Protected and adequately funded SLT services are fundamental
• Paralysis by analysis-tensions managing guidelines/consensus statements/empirical evidence vs clinical pressures
• Provide adequate supervision and support
Signposting tools and resources

Sarah Wallace OBE
Consultant SLT,
Wythenshawe Hospital,
Manchester University NHS FT
Supporting your recovery after COVID-19

As you find yourself recovering from COVID-19 you may still be coming to terms with the impact the virus has had on both your body and mind.

These changes should get better over time, some may take longer than others, but there are things you can do to help.

Your COVID Recovery helps you to understand what has happened and what you might expect as part of your recovery.
‘Your COVID Recovery’

2 phase project

Multidisciplinary project team

RCSLT advisor input: Camilla Dawson, Nicola Pargeter, Jemma Haines, Sarah Wallace

Dedicated sections: swallowing, voice, communication
PHASE 1

- Develop website for patients in community self-managing their COVID-19 symptoms

- Launched 31st July, over 600,000 users to date

https://www.yourcovidrecovery.nhs.uk/
PHASE 2

- Digital rehab package
- Individually tailored, requires referral and assessment by healthcare professional
- Self-management with virtual guidance / support
- Interactive goal setting, progress monitoring

Register your service: yourcovidrecovery@uhl-tr.nhs.uk
Signposting for GP’s

Post Intensive Care Syndrome (PICS)

- Voice, swallowing, cognitive
- communication, airway

What to look for
Screening tools
Referral signals
HOW DO I ASSESS FOR PICS?

A biopsychosocial assessment is recommended. If you identify a problem in one of these domains that requires further assessment, the following tools may be helpful:

**Psychological:**
- Anxiety and Depression: Patient Health Questionnaire-9 (PHQ-9) or the General Anxosity Disorder 7 (GAD-7).
- PTSD: Trauma Screening Questionnaire (TSQ).

**Physical:**
- Sleepiness: MRC Distress Scale, FRASS (Frailty-Rating Scale).
- Functional: 6-Minute Walk Test or 30-Second Sit-to-Stand Test.
- Voice: Voice Handicap Index-10, Reflux Symptom Index (RASI).

**Cognitive:**
- Six-Item Cognitive Impairment Test (CIT).
- General Practitioner Assessment of Cognition (GPCOG).
- Montreal Cognitive Assessment (MoCA).

**Nutrition:**
- Swallowing difficulties: FAST-10.

Clinical assessment of pain, sexual dysfunction, continence, alopecia, occupational difficulties is also recommended.

HOW DO I HELP?

- Recognition of these symptoms and linking to previous critical illness is key.
- Reassurance and information on recovery with signposting to patient support groups such as: [https://www.cpcns.org/](https://www.cpcns.org/).
- Referral to local services, such as: community exercise programmes, psychological therapy (IAPT and/or mental health services), pain clinics, urology and outpatient therapy services (occupational, physiotherapy, speech and language therapy, and dietetics).
- Check to see if your local hospital has an ICU follow up clinic designed to specifically address PICS.

RESOURCES

- Post Intensive Care Syndrome
- NICE Guidelines for Rehabilitation after Critical Illness
- Faculty of Intensive Care Medicine (FICM) Recovery and Rehabilitation for Patients Following the Pandemic: guidance.
Rehab Guidance update

Speech and language therapy for COVID-19 patients in ICU and beyond

Published: August 2020, updated November 2020
Review date: October 2021

PICUPS tool

26 hospital site pilot
Over 300 pts

Tool updated
2 papers

Bespoke software package per site

User manual

User support to collate data

Register your site: LNWH-tr.ukroc-rp@nhs.net
Questions: ICSRhabCollaborative@ics.ac.uk
COVID-19 and SLT: Clinical Priorities

Gemma Clunie
Clinical Specialist SLT Airways/ENT
NIHR Clinical Doctoral Research Fellow

@gemmaclunie

With thanks to:
Dr Mike Zandi, Ms Charlotte Massey, Ms Jodi Allen, Ms Freyja Bell & Ms Kate Harrall
What are we seeing?

- Cognitive/Neurological Symptoms
- Gastro Symptoms
- Fatigue
- Mental Health
- Laryngeal Symptoms
- Respiratory Symptoms
Post COVID-19 syndrome

“Long” COVID

- Acquired dysfluency
- Cough
- Word finding
- Fatigue
- Brain fog
- Anxiety & depression

COVID-19 rapid guideline: managing the long-term effects of COVID-19

NICE guideline [NG188]
Published date: 18 December 2020
Characterizing Long COVID in an International Cohort: 7 Months of Symptoms and Their Impact

Nearly 49% of 3,762 respondents recovering from #COVID19 or with #LongCovid report speech & language issues, which may include difficulty finding words while speaking or writing, communicating verbally, processing written text & understanding others.
Assessment Priorities

- Curiosity & Innovation
- Instrumentation
- Readiness for therapy

"I have no special talents. I am only passionately curious."  
ALBERT EINSTEIN

Therapy Outcome Measures for Rehabilitation Professionals

RCSLT

Outcomes  Mental Health
Management Priorities

Recovery

Self-management

Individualised

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Team work

Changing priorities
Acknowledge limitations

@charliemacke

"What is the bravest thing you've ever said?" asked the boy.

"Help," said the horse.

@charliemacke

SV
Learning disabilities, mental health and COVID-19

Dr Hannah Crawford
Professional Head of Speech and Language Therapy, Tees, Esk and Wear Valleys NHS FT
Learning disabilities

- Isolation
- Feeling like they do not matter
- Changing opportunities
- Government should do more
- Important to understand impact on people with learning disabilities and autism.
Learning disabilities

- Death rate 2.3 times general population
- Under-reporting
- 3.6 times general population
Mental health

- Impact of COVID-19 on mental health of those without pre-existing mental ill health
- 69% somewhat/very worried about the effect COVID-19 is having on their life.
  - worry about the future (63%),
  - feeling stressed or anxious (56%)
  - feeling bored (49%).
Mental health

- Harder hit groups
  - Young adults
  - Women
  - Lower income
  - Pre-existing mental ill health
Key Drivers
• social isolation
• job and financial losses,
• housing insecurity and quality,
• working in a front-line setting,
• loss of coping mechanisms,
• reduced access to mental health services
Children

- Risk of increased stress and reduction of supportive resources
- Related posttraumatic distress
- Increasing poverty impacting on
  - Housing
  - Nutrition
  - wellbeing
Impact on

- Antenatal care
- Education
- Violence
- Exploitation
- Abuse
- Mental Health
Sources of support

- National charitable organisations
  - https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/
- Mental health trusts
- Resilience hubs
RCSLT guidance and resources
RCSLT COVID Hub

- Guidance and decision-making flowchart on reducing the risk of transmission and use of PPE
- Current research
- Recordings of COVID webinars
- Join the discussion forum for peer-to-peer support

www.rcslt.org/learning/covid-19
Clinical COVID-19 guidance

- Total laryngectomy
- SLT-led endoscopic procedures
- Videofluoroscopy
- Telehealth
- Statement: Use of Ultrasound for Swallowing and Upper Airway Assessment
- Workforce and redeployment
- All in the context of COVID-19

https://www.rcslt.org/learning/rcslt-guidance/
Join us for the next webinar

www.rcslt.org/events/