The incidence of dementia is set to increase exponentially over the next number of years (Prince, Knapp et al. 2014). Secondary to this illness, many individuals develop oropharyngeal dysphagia (OD). As people with dementia represent a large proportion of the multidisciplinary team (MDT) caseload, there is a clear clinical need for clinicians working in the area, to have access to the specific indicators of OD to support effective and appropriate identification, assessment and management of OD in this growing population. Whilst it is acknowledged that dysphagia varies according to the subtype of dementia, published literature to date fails to acknowledge the variation in OD within each subtype. Once the nature of OD in dementia has been identified, it can inform future research by allowing interventions for this client group to be tested more specifically.

The aim of this study is to examine the nature and characteristics of OD in each subtype of dementia, within each subtype of dementia, so we can ensure our treatment and management of the patient’s difficulties is as appropriate and effective as possible. There is a need for interventions to be tailored more specifically to people with different types of dementia and clinical management of individuals with OD in dementia should not be a ‘one size fits all’ approach. If interventions and treatment approaches are based on the presenting difficulties identified in each individual subtype of dementia, it can facilitate movement toward more specific interventions for each individual with OD in each individual subtype of dementia, moving away from the ‘blanket’ treatment approach currently utilised in the area. Future studies in the area should consider the subtype of dementia as interventions will act differently according to the subtype of dementia.

Only 6 studies were eligible for inclusion in this review. This suggests that more research is required to identify the differing characteristics of OD, within each subtype of dementia, so we can ensure our treatment and management of the patient’s difficulties is as appropriate and effective as possible. There is a need for interventions to be tailored more specifically to people with different types of dementia and clinical management of individuals with OD in dementia should not be a ‘one size fits all’ approach. If interventions and treatment approaches are based on the presenting difficulties identified in each individual subtype of dementia, it can facilitate movement toward more specific interventions for each individual with OD in each individual subtype of dementia, moving away from the ‘blanket’ treatment approach currently utilised in the area. Future studies in the area should consider the subtype of dementia as interventions will act differently according to the subtype of dementia.

SELECTED REFERENCES