

# Swallowing Impairment and Feeding Dependency in the Hospitalised Elderly

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## Abstract

*A prospective study was carried out to determine the prevalence of swallowing impairment and feeding dependency in an acute geriatric medicine unit in Singapore and the co-morbidity associated with it. A total of 211 patients were assessed over a 3-month period. Only 7.1% of patients gave a history of swallowing impairment prior to hospitalisation. We found that 29.4% of patients on admission and 28.2% on discharge had swallowing impairment, with a mortality of 8.1%. The prevalence of feeding dependency, as defined by the need for feeding assistance or tube feeding, was 26.5% before admission and 27.8% on discharge. The mode of feeding between the time of admission and discharge was changed in 14.9% of patients in response to the evolving medical condition. Swallowing impairment was significantly associated with the presence of dehydration (RR = 2.82, CI = 1.74-4.57), chest infection on admission (RR = 2.85, CI = 1.85-4.41), development of nosocomial chest infection (RR = 6.75, CI = 2.60-17.5), discharge to institutional care (RR = 2.8, CI = 1.51-3.47) and increased mortality (RR = 3.77, CI = 1.45-9.70). We concluded that swallowing impairment and feeding dependency are common in the elderly admitted to an acute geriatric unit. As elderly patients seldom inform clinicians of any underlying swallowing impairment and in view of the increased morbidity and mortality associated with this disability, it is important to screen for swallowing impairment. The high prevalence of feeding dependency adds to the burden of care in the ill elderly.*

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