

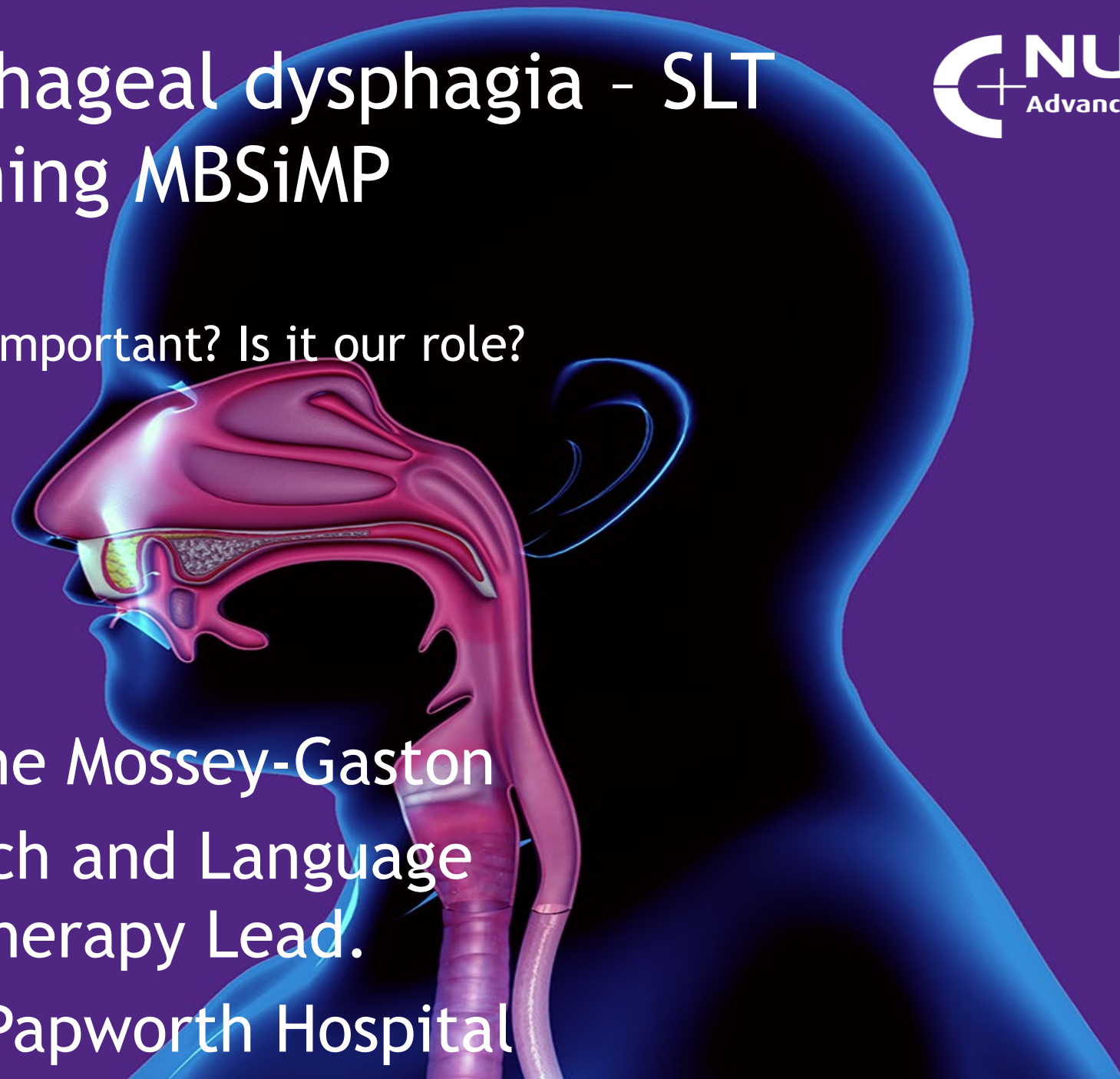
# Oesophageal dysphagia - SLT screening MBSiMP



Why is it important? Is it our role?

Corinne Mossey-Gaston  
Speech and Language  
Therapy Lead.

Royal Papworth Hospital



# Prevalence of oesophageal disorders



- GORD in Europe ranges in prevalence from 8.8 - 25.9%.
- The prevalence in Northern Europe tends to be higher than Southern Europe.
- In the research supporting the development of the MBSImP, 33% of patients had an oro-pharyngeal dysphagia and 68% of patients had an abnormal oesophageal transit.
- Oral abnormalities combined with reduced PES maximum (transition from the pharynx to the oesophagus) as well as increased age correlated with an increased likelihood of an abnormal oesophageal bolus transit.
- Oesophageal dysmotility prevalence is not well known.
- Oesophageal stricture was relatively rare at 1.1/10,000, but increases with age. They were peptic in origin.

# What is the MBSImP?



- The Measurement Tool for Swallow Impairment (MBSImP) is an internationally recognised, evidence-based, standardisation of the MBS study in the adult population.
- It provides a protocol to profile physiologic impairment of swallow function in a manner that is accurate, specific, consistent, and objective.
- It was developed by a mdt panel who analysed 7 years of retrospective data of patients who had undergone both a modified barium swallow study and oesophageal manometry. One of the panel was a gastroer

# What happens next?



- An effective oesophageal screen, and visualisation; can identify potential oesophageal disorders, provide an opportunity for health promotion discussion, raise potential risk for surgery, and support adherence to treatment.
- Long-term PPI can increase risk of oesophageal strictures and is linked to reduced lifespan. Funduplication is often not an appropriate choice of treatment.
- There is a functional relationship between the phases of the swallow. Impairment in one phase tends to impact another phase. This is also the case for the oesophageal phase of the swallow, which supports the argument for visualisation as part of the modified barium swallow study.

# What happens next?



- Abnormal oesophageal clearance on the MBS was found to be a good indicator for requesting further assessment. This may be further improved by timing the oesophageal phase of the swallow.
- There appears to be a correlation between the trigger of the pharyngeal phase of the swallow, and abnormal clearance of the oesophagus.
- The oesophageal section of the study can contribute to the dysphagia management plan of the patient. For example, the Mendelsohn Maneuver may decrease oesophageal peristalsis, whereas the effortful swallow may improve oesophageal peristalsis.

# It is just a quick look



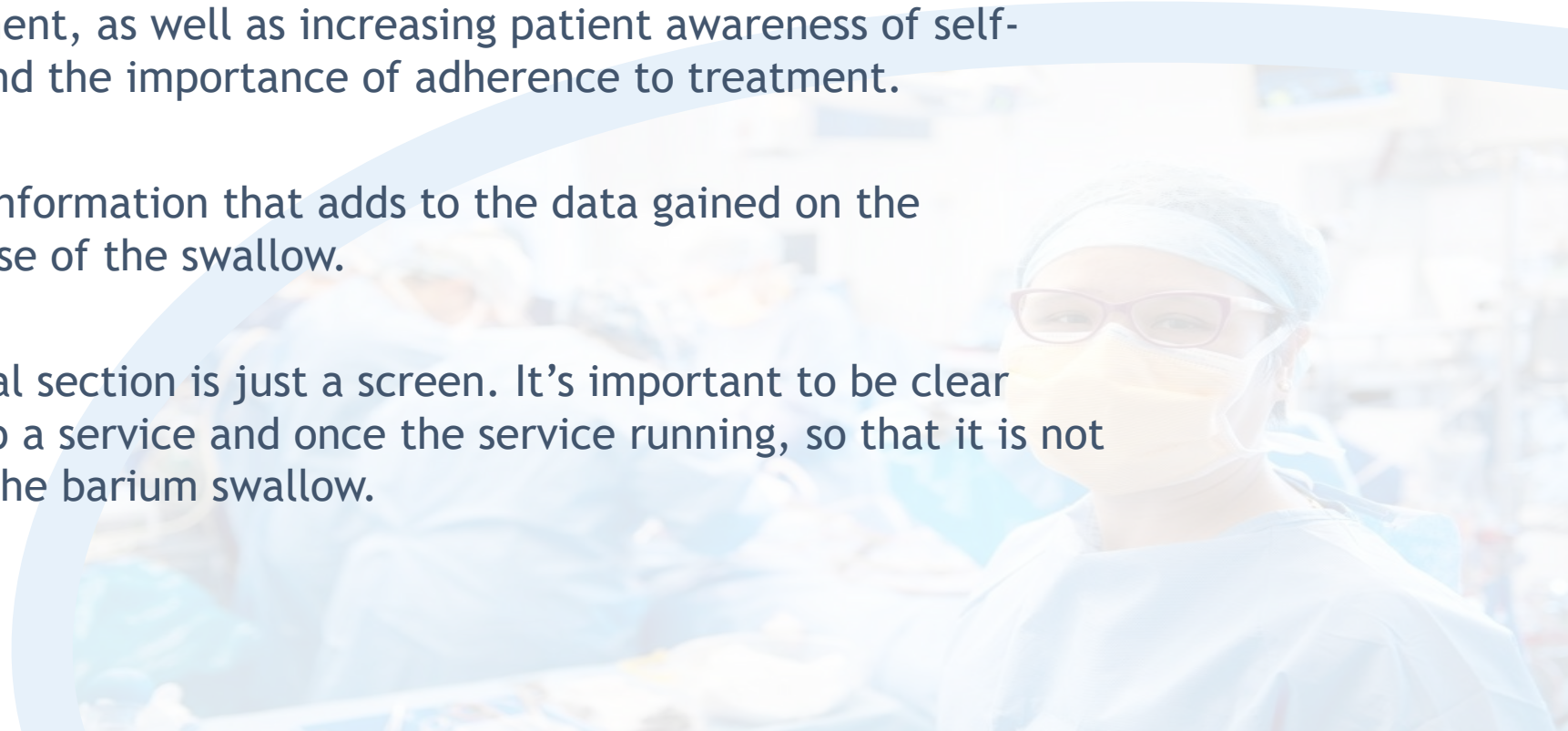
- The oesophageal section in the MBSImP is a screen only.
- Adding timing can provide normative data.
- Taking a clinical history and completing a self-report questionnaire can also support the MBSImP oesophageal section in determining whether further investigation is indicated.
- People tend not to correctly locate and identify oesophageal disorders.
- It is important to be clear about the boundaries of the screen, because there is no clear consensus in the literature on the role of the speech and language therapist in visualising the oesophageal phase of the swallow during the videofluoroscopic swallowing study.
- This is particularly important in services where the recommended form of assessment isn't readily available.
- The diagnostic standard is ambulatory pH or pH impedance monitoring.



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**Nutilus**  
Clear

# Key points

- Oesophageal disorders are prevalent in the dysphagia population.
- The oesophageal section of the MBSImP can support identification for further assessment, as well as increasing patient awareness of self-management and the importance of adherence to treatment.
- It can provide information that adds to the data gained on the pharyngeal phase of the swallow.
- The oesophageal section is just a screen. It's important to be clear when setting up a service and once the service running, so that it is not confused with the barium swallow.





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# References

- El-Serag HB (2014) Update on the epidemiology of gastro-oesophageal reflux disease.
- Gaziano J and Watts S (2018) Screening for Esophageal Dysphagia: Enhancing the Clinical Utility of the Modified Barium Swallow. Perspectives of the ASHA Special Interest Group.
- Gullang JL et al (2012) Oropharyngeal and esophageal swallowing impairments: their association and the predictive value of the modified barium swallow impairment profile and combined multichannel intraluminal impedance - esophageal manometry. *Ann Otol Rhinol Laryngol* 121 (11) 738-745.
- Gyawali et al (2018) Modern diagnosis of GERD: the Lyon Consensus. *BMJ* 67 1351-1362.
- Martin-Harris B et al (2008) MBS Measurement Tool for Swallow Impairment - MBSImp: Establishing a standard. *Dysphagia* 34(4) 392-404.
- [www.mbsimp.com](http://www.mbsimp.com)
- Miles A et al (2015) Esophageal visualization as an adjunct to the videofluoroscopic study of swallowing. *Otolaryngology - Head and Neck Surgery* 152(3) 488-493.
- NICE (2004) Dyspepsia: Management of dyspepsia in adults in primary care. Clinical Guideline [CB17].
- NICE (2014) Gastro-oesophageal reflux disease and dyspepsia in adults: investigation and management. Clinical Guideline [CG184].
- O'Rourke A et al (2014) The effect of voluntary pharyngeal swallowing maneuvers on esophageal swallowing physiology. *Dysphagia* 29(2) 262-268.
- Roeder BE (2004) Patient localization of esophageal dysphagia. *Digestive diseases and sciences* 49(4) 697-701.
- Ruigomez A et al (2006) Esophageal stricture: incidence, treatment patterns, and recurrence rate. *Am J Gastroenterol*. 101(1) 2685-2692.
- Schlottman F and Patti MG (2017) Primary Esophageal Motility Disorders: Beyond Achalasia. *Int J Mot Sci* 18(7) 1399.

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- El-Serag HB (2014) Update on the epidemiology of gastro-oesophageal reflux disease.
- Gaziano J and Watts S (2018) Screening for Esophageal Dysphagia: Enhancing the Clinical Utility of the Modified Barium Swallow. Perspectives of the ASHA Special Interest Group.
- Gullang JL et al (2012) Oropharyngeal and esophageal swallowing impairments: their association and the predictive value of the modified barium swallow impairment profile and combined multichannel intraluminal impedance - esophageal manometry. *Ann Otol Rhinol Laryngol* 121 (11) 738-745.
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- Martin-Harris B et al (2008) MBS Measurement Tool for Swallow Impairment - MBSImp: Establishing a standard. *Dysphagia* 34(4) 392-404.  
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