

Joint Event
12th International Conference on
Vascular Dementia and Dementia
&
8th International Conference on
Neurological Disorders and Stroke

March 14-16, 2019 | London, UK

Analysis of medical enteral nutrition of Acute Stroke patients in a Hungarian Stroke Center

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Introduction: 30-50% of acute stroke patients (ASPs) suffer from dysphagia. These patients have a higher risk for dehydration, malnutrition, aspiration pneumonia, pressure ulcer. Their prognosis is worse, mortality is higher. However, the medical enteral nutrition (MET) is not sufficiently known at neurological departments. To change it, it is necessary to know the number and characteristics of patients with dysphagia. Early malnutrition, sarcopenia, dysphagia screening and management are recommended.

Patients and method: malnutrition universal screening tool (MUST) and clinical bedside dysphagia assessment (CBA) by trained speech therapist were the screening methods. Latter contained Water-Swallowing-Test (WST), Multiple-Consistency-Test, Gugging Swallowing Screen (GUSS), Swallowing-Provocation-Test (SPT) were carried out in all ASPs after hospital admission. Our prospective study contains the data of ASPs admitted to our department. Their routine therapeutic protocol was supplemented by MET. We analyzed the history of the first 31 (23 women, 8 men) ASPs.

Results: The average age of the patients was 79.66 years, neurological state (modified Rankin Scale - mRS – average value: 4.84) was serious, nutritional risk was high (MUST-score-average:


2.90). The most common co-morbidities were hypertension, diabetes, atrial fibrillation. 4 patients had Clostridium difficile infection. 10 patients had remarkable dysphagia. At the time of admission 9 patients were malnourished, 3 overweight. During the hospitalisation 5 patients were fed orally, 25 by nasogastric tube, 1 via PEG. 18 patients died, 10 patients were transmitted to chronic or rehabilitation ward, 3 were discharged home. The mRS value of the survivals fell down from 4.58 to 4.08.

Conclusion: MET is administrated usually for ASPs with serious general and neurological condition independently from dysphagia. Improvement can be achieved in survivors of this group as well and the role of MET is presumable. MET for patients with less severe condition is certainly useful, for this purpose further cost-effectiveness studies are needed.

Speaker Biography

Béres-Molnár KA was graduated at the Medical Faculty of Semmelweis University, and trained at the Department of Neurology and Stroke of Szent János University Hospital, Budapest. She obtained Board Certification in Neurology in 2017. Her main areas of scientific interest are immunological changes during acute stroke, stroke epidemiology and medical enteral nutrition of stroke patients. She is the Secretary of Horányi Béla Clinical Neuroscience Society and of Board of Trustees of Csanda Endre Neurological Foundation.

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