

Good example of article review on abstracts on aspiration pneumonia

[Health & Medicine](#), [Nursing](#)



Article #1. Martins, S. R. M., & De Oliveira, D. S. F. (2014).

This article discusses the results of a two-stage speech therapy tests performed on the elderly, 45 in all and between the ages of 60 and 85 years old. The speech therapies resulted in improvements in 73% of subjects with dysphagia, and voice improvements on 62% after 11. 6 sessions (Martins & Oliveira, 2014, p. 1120). Although the article makes no mention on the morbidity and mortality rates of dysphagia and dysphonia, it nevertheless affirms that “ neurological diseases are common in the elderly” (Martins & Oliveira, 2014, p. 1120). In this respect, it can be said that the article supports my view given the positive results of speech examinations on the elderly.

Article #2. Echevarria, I. M., & Schwoebel, A. (2012).

This article argues for the importance of establishing a protocol for aspiration pneumonia. The article offers statistics to emphasize this health concern, such that dysphagia is present during the first three days of a stroke between 42% and 67% of patients, and aspiration in the first five days from 19. 5% to 42% of stroke patients. The article also states that “ Mortality rates for aspiration pneumonia range from 20% to 65%” (Echevarria & Schwoebel, 2012, p. 303). This article supports my position because it proves the high incidence of aspiration pneumonia and the high cost associated with the said impairment.

Article #3. Yamasaki, M, et al. (2010).

This article affirms the health concern that dysphagia is related to the delay in swallowing mechanism, which predisposes an individual to aspiration pneumonia. The article also affirms that the introduction of capsiate resulted

in the return of sensitivity of swallowing reflex for those with dysphagia for all the 12 patients. Although there was no mention of exact figures, the article nevertheless states that “ Morbidity and mortality from aspiration pneumonia continue to be major health problems in the elderly” (Yamasaki, et al., 2010, p. 107). This article supports my view that there are less intrusive ways to reduce problems on swallowing reflex caused by aspiration pneumonia.

Article #4. Kiyohara, H., Umezaki, T., Sawatsubashi, M., Matsumoto, N., & Komune, S. (2012).

The article underlines the dilemma that videofluoroscopic and videoendoscopic techniques are limited in assessing only volitional swallowing. Performing further studies is important because the “ incidence of aspiration in hospitalized patients with pneumonia is reported to be as high as 70%” (Kiyohara, Umezaki, Sawatsubashi, Matsumoto, & Komune, 2012, p. 174). Although the study involved 54 elderly patients diagnosed with pneumonia and 24 with no histories of pneumonia, there were no correlative comparisons made with the general population. This article supports my view that there are still many beneficial facts that can be discovered in aspiration pneumonia, as shown by the ESSET test of this article.

Article #5. Becker, R., et al. (2011).

This article details the results of two Functional Dysphagia Therapy (FDT) treatments involving a group using percutaneous endoscopic gastrostomy (PEG), and a second group of non-PEG. This is important because it is observed that neurogenic dysphagia is present on those who “ have suffered

an acute stroke (50%), and 30% of patients with cerebrovascular diseases” (Becker et al., 2011, p. 108). The mortality rate for group 1 is found to be 19.7%, and for the second group of non-PEG is found to be lower at 8.6%.

These findings are parallel with my view that PEG is an essential medical procedure in lessening the health dilemma in aspiration pneumonia.

Article #6. Cabre, M., Serra-Prat, M., Palomera, E., Almirall, J., Pallares, R., & Clave, P. (2010).

Oropharyngeal dysphagia needs to be further studied because of its high incidence among the elderly. Out of the 134 patients averaging 84.51 years old and with pneumonia, water swallow tests revealed that 55.2% of these have oropharyngeal aspiration, and in cases with pneumonia it is 55%.

Although no comparison are provided with regards to the general populace, the mortality rate for the 134 patients observed in the research is 16.4% for those patients with less than 30 days from release from admission, and 42.5% for those released one year after. The findings inclusive in the article coincide with my view that the elderly suffers high incidence of aspiration pneumonia, and thus must be properly researched and studied more rigorously.

Article #7. Pace, C. C., & McCullough, G. H. (2010).

Proper oral care among the elderly must be addressed because oropharyngeal secretions can enter the lungs and cause infections. Statistics is available in the three types of pneumonia; the Community-Acquired Pneumonia (CAP) which affects 11.6 per 1,000 adults annually; the Hospital-Acquired Pneumonia (HAP) which covers 15% of all infections acquired in hospitals; and Aspiration Pneumonia (AP) which has 200,000

incidents annually in the United States. The respective mortality rates for these cases are 500, 000 hospitalizations annually for the CAP, 21% to 70% for ICU patients in the case of HAP, and over 15, 000 deaths annually for AP (Pace & McCullough, 2010, p. 311). This article is parallel with my view that the treatment of aspiration pneumonia must be extensive enough to cover all aspects of health care, such as oral hygiene.

Article #8. Young, S. K. (2012).

Manual Facilitation Technique (MFT) is an effective technique in avoiding the incidence of aspiration dysphagia after a stroke. The three subjects in the test all reacted positively to the saliva swallowing technique, comprising of 13 attempts in the span of 20 minutes. Although no mention is available with regards to comparison with the general populace, in all of the thirteen saliva swallow attempts subject #1(M, 65 y/o) had an average of 3.79 times, subject #2 (M, 63 y/o) had 4.93, and subject #3 (F, 59 y/o) had 5.71 times. These findings support my view that these therapies yet to be universally accepted and applied that will reduce the incidence of aspiration pneumonia among the elderly.

Article #9. Cabre, M., Serra-Prat, M., Force, L., Almirall, J., Palomera, E., & Clave, P. (2014).

It must be established whether oropharyngeal dysphagia is a major basis for readmission among the elderly previously discharged from an acute geriatric unit. The article argues that pneumonia incidents among the elderly 75 years old and above are 6 times more at risk than those 60 years old and below. The rate of incidence among the 186 patients included 7.9% due to pneumonia, 24.2% for aspiration pneumonia, and 52.7% due to pharyngeal

dysphagia (Cabre, Serra-Prat, Force, Almirall, Palomera, & Clave, 2014, p. 333). This article is parallel with my viewpoint that oropharyngeal dysphagia should be taken into more careful consideration in order to prevent or lessen the occurrences of readmission due to the said disease.

Article #10. Osawa, A., Maeshima, S., Matsuda, H., & Tanahashi, N. (2013).

This article stresses the need to re-examine bedside swallowing assessments because some patients of acute stroke do not show signs of aspiration pneumonia even while showing abnormal results in bedtime swallowing assessments. There is a danger among those suffering from acute stages of stroke of eating without the knowledge of dysphagia because this can result to fatal consequences, and especially since dysphagia is present in 40% to 70% of these cases. Among the 50 patients in the acute stroke phase, 54% and 56% patients experienced abnormal repetitive saliva swallowing tests, modified swallowing tests, and 70% was shown to have aspiration in videofluorography. Consequently, those who showed abnormal results also had lower cerebral flow in the left precuneus (Osawa, Maeshima, Matsuda, & Tanahashi, 2013, p. 413). This article corresponds with my view that acute stroke patients must extensively be evaluated in all aspects, especially in areas of specializations where there are still much to be established medically.

Article #11. Komiya, et al. (2013).

This article stresses the need to define what physicians term as 'death from age-related physical debility', given that that the disease associate with the said term is aspiration pneumonia. This attitude of physicians to simplify the cause of death as due to old age instead of pneumonia is important given

that 52% of respondent doctors truly believe that aspiration pneumonia is an age-related physical debility, 16% of them have actually mentioned this on death certificates, and 55% desire for the system to be reevaluated (Komiya, 2013, p. 588). However, the article fails to mention the rate of incidence of physicians' attitude in a national scale, thus making no comparison with the general physician populace in Japan. This line of argument exhibited by the article supports my view that the cause of deaths should be firmly established and explained, since this information will assist present and future researches on aspiration pneumonia and other diseases.

Article #12. Higashijima, M. (2014).

This article emphasizes the need to clarify the difference between dementia and Alzheimer's disease given the exponential rise in dementia cases and population ageing in Japan, and the need to correctly assess the two mental illnesses due to incidents of pneumonia. The gravity of this dilemma can be based on the figures that respiratory disease is the " cause of death in 55% of Alzheimer's disease patients and 33. 1% patients with vascular dementia (Higashijima, 2014, p. 1113). The morbidity rate is limited to the number of nursing home elderly suffering from dementia, whereby there is a 50% chance of at least one episode of respiratory disease, and an 85% eating-related problem. These findings support my view that there must be a clear line that separates dementia from Alzheimer's disease, in order for rehabilitation groups too correctly treat each case accordingly.

Article #13. Waybright, R., Coolidge, W., & Johnson, T. (2013).

This article questions the accuracy of using antibiotic therapy for pulmonary aspirations. This article does not use statistics to advance its arguments, but

rather states that current and existing data are limited and likewise the experts' advice on the subject. In the same manner, the article fails to mention the rate of incidence as contrasted with the general populace, but only implied that the present understanding on aspiration pneumonia "stem from limited studies dating back to the 1970's or before" (Waybright, Coolidge, & Johnson, 2013, p. 1291). While this article does express the need to clarify the medications for pneumonitis and pneumonia, it does not refer the information back to the general populace in terms of aspiration pneumonia, hence is lacking of vital information.

Article #14. Jomori, I., & Hoshiyama, M. (2010).

This article suggests that music therapy (MP) can increase voluntary swallowing for elderly patients with brain disorders. Prior to the MP sessions, the 10 elderly patients' average number of swallows were measured at 16.5 per hour, and this increased to "25.9 and 15.8 before and during MT, respectively" (Jomori & Hoshiyama, 2010, p. 56). Although no attempts were made to correlate the results with the general population, the article has nonetheless confirmed that involuntary swallowing had indeed increased for all patients, hence establishing the effectiveness of MT. The results of this article are parallel with my view that more extensive studies on aspiration pneumonia must be undertaken in order to fully meet the needs of those suffering from the said disease.

Article #15. Coker, E., Ploeg, J., Kaasalainen, S., & Fisher, A. (2013).

This article proposes that good oral care can help in preventing aspiration pneumonia and periodontitis. The article likewise does not use statistics, and instead utilizes information in electronic databases from 2002 to 2012. Also,

the article does not discuss rates of incidence with respect to the general population, but rather focus on the many health benefits that can be gained in practicing proper oral health care. Despite of the absence of the aforementioned aspects, this article still support my view that studies on aspiration pneumonia should be fully extensive as to include all aspects of disease prevention and cure.

References

- Becker, R., et al. (2011). Functional dysphagia therapy and PEG treatment in a clinical geriatric setting. *Dysphagia*, 26, 108-116.
- Cabre, M., Serra-Prat, M., Force, L., Almirall, J., Palomera, E., & Clave, P. (2014). Oropharyngeal dysphagia is a risk factor for readmission for pneumonia in the very elderly persons: observational prospective study. *Journals of Gerontology Series A: Biological Sciences & Medical Sciences*, 69(3), 330-337.
- Cabre, M., Serra-Prat, M., Palomera, E., Almirall, J., Pallares, R., & Clave, P. (2010). Prevalence and prognostic implications of dysphagia in elderly patients with pneumonia. *Age and Ageing*, 39, 39-45.
- Coker, E., Ploeg, J., Kaasalainen, S., & Fisher, A. (2013). A concept analysis of oral hygiene care in dependent older adults. *Journal of Advanced Nursing*, 2360-2371.
- Echevarria, I. M., & Schwoebel, A. (2012). Development of an intervention model for the prevention of aspiration pneumonia in high-risk patients on a Medical-Surgical unit. *MEDSURG Nursing*, 21(5), 303-308.
- Higashijima, M. (2014). Clinical study of clinical function and difference in pneumonia history between Alzheimer 's disease and vascular dementia
- <https://assignbuster.com/good-example-of-article-review-on-abstracts-on-aspiration-pneumonia/>

groups. *Journal of Physical Therapy Science*, 26(7), 1113-1114.

Jomori, I., & Hoshiyama, M. (2010). Effects of music therapy on involuntary swallowing. *Nordic Journal of Music Therapy*, 19(1), 51-62.

Kiyohara, H., Umezaki, T., Sawatsubashi, M., Matsumoto, N., & Komune, S. (2012). Evaluation of volitional and reflexive swallowing in elderly patients with a history of pneumonia. *Annals of Otology, Rhinology & Laryngology*, 121(3), 174-178.

Komiya, et al. (2013). Physician' attitude toward the definition of ' death from age-related physical debility' in deceased elderly with aspiration pneumonia. *Geriatrics and Gerontology International*, 13, 586-590.

Martins, S. R. M., & De Oliveira, D. S. F. (2014). Correlation between the degree of neurogenic oropharyngeal dysphagia with the level of dysphonia in the elderly: analysis related. *Journal of Research Fundamental Care Online*, 6(3), 1191-1201.

Osawa, A., Maeshima, S., Matsuda, H., & Tanahashi, N. (2013). Functional lesions in dysphagia due to acute stroke: discordance between abnormal findings of bedside swallowing assessment and aspiration on videofluorography. *Neuroradiology*, 55, 413-421.

Pace, C. C., & McCullough, G. H. (2010). The association between oral microorganisms and aspiration pneumonia in the institutionalized elderly: review and recommendations. *Dysphagia*, 25, 307-322.

Waybright, R., Coolidge, W., & Johnson, T. (2013). Treatment of clinical aspiration: a reprisal. *American Journal of Health-System Pharmacy*, 70, 1291-1300.

Yamasaki, M, et al. (2010). Effects of capsiate on the triggering of the

swallowing reflex in elderly patients with aspiration pneumonia. *Geriatrics Gerontology International*, 10, 107-109.

Young, S. K. (2012). Influence of manual facilitation technique on swallowing disorder and aspiration pneumonia caused by severe dysphagia with stroke. *Journal of Physical Therapy Science*, 24, 909-913.