

Question 59 evidence tables

Question 59: For patients after a stroke with an unsafe swallow, does eating and drinking with acknowledged risks (EDAR) or approaches that support this, improve outcomes, care or patient experience?

NB Any discrepancies between reviewers in evidence quality and comment were discussed at the corresponding evidence review meeting

NBM = nil by mouth, EDAR = eating and drinking at acknowledged risks, SR = systematic review, MA = meta-analysis, RCT = randomised controlled trial, IPDMA = individual patient data meta-analysis, MDT = multidisciplinary team, PICO = patient/population, intervention, comparison and outcomes, OR = odds ratio, CI = confidence interval, QoL = quality of life, ADL = activities of daily living, OR = odds ratio, RR = relative risk, aOR = adjusted odds ratio, cOR = crude odds ratio, CI = confidence interval, RoB = risk of bias, I² = heterogeneity statistic.

Ref ID	Source	Setting, design and subjects	Intervention	Outcomes	Results	Evidence quality (SIGN checklist score) and comment
52	N. Soar et al. (2021). Approaches to Eating and Drinking with Acknowledged Risk: A Systematic Review. <i>Dysphagia</i> , 36:1 54-66	Setting: mixed studies, NHS for those answering relevant question. Design: Systematic review. Subjects: N= 8 included studies. Broad inclusion criteria including historical cohort studies & qualitative research and broad range of participants including staff, carers and patients with mixed aetiology. Unable to extract number or percent of stroke patients that are included.	Protocols for guiding management of eating and drinking at risk	Range of outcomes reported: days NBM, length of hospital stay, documentation of capacity assessment, best interest meetings, nutrition plans and advanced care plans or staff, patient and carer feedback related to the introduction of an EDAR protocol.	No meta-analysis due to heterogeneity. Only 2 historical cohort studies answered the question and were described narratively. Hansjee (n=28 dementia) showed increased numbers of patients with a nutritional plan within 2 days of admission following introduction of EDAR protocol. Somerville 2017 (n=80 mixed elderly/stroke with decision to EDAR) showed increased documentation of mental capacity assessment, best interest discussion, and feeding plan and reduction of number of days NBM following introduction of FORWARD tool.	0 Unacceptable - reject Comment: This systematic review is not specific to stroke. Only one of the papers included documented inclusion of patients with stroke. However, the original paper does not include numbers of participants with stroke, nor stage of stroke, severity, age of participants or comorbidity etc. Across all included papers participants were either staff or mixed patients including elderly care, dementia, general hospital admissions and in one study patients who had already been identified as a needing a decision for EDAR.

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						No RCTs were included, some qualitative research, some cohort studies. Due to lack of eligible studies, there was no meta-analysis therefore this is a narrative review. Therefore, I do not believe this paper can answer Q59.
52	N. Soar et al. (2021). Approaches to Eating and Drinking with Acknowledged Risk: A Systematic Review. <i>Dysphagia</i> , 36:1 54-66	Adults with oropharyngeal dysphagia of any cause in any care setting; systematic review with primary objective of establishing whether the use of a protocol to guide management with patients and carers who are making eating and drinking with acknowledged risk (EDAR) decisions improves care outcomes. (The secondary aim of identifying important factors and future considerations for the development and success of EDAR protocols is not relevant to Q59, and the articles identified dealt primarily with dementia care). Of 3 articles identified dealing with the primary objective of the review, 1 dealt only with dementia care. The 2 other articles (from a single UK teaching hospital) reported on the same patient population: one provided qualitative feedback regarding stroke care from staff and the other reported on	Introduction of the FORWARD bundle (Feeding via the Oral Route With Acknowledged Risk of Deterioration) in an acute hospital setting.	Qualitative feedback obtained from questionnaires completed by staff and carers (numbers not specified) involved in care of a patient using FORWARD. Quantitative: pre- (N=19) and post (N=61) data on median days patient is nil by mouth; and documentation of capacity assessments, best interests' discussions and discussion with next of kin and nutrition plan in the discharge letter.	Reduction in post intervention median days patient was nil by mouth NBM without artificial nutrition and hydration from 2 to 0 days. Improvements in documentation of capacity assessment, best interests discussion, discussion with next of kin and nutrition plan in discharge letter.	SIGN - Low quality evidence Although the systematic review was conducted competently, ultimately only data from a small single-site study (reported over 2 articles) was relevant to Q59.

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		quantitative outcomes for stroke and elderly care patients.				