

EATING PROBLEMS AND NUTRITIONAL STATUS AFTER STROKE.

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ABSTRACT

Eating problems and nutritional status were studied in a consecutive series of 104 stroke patients admitted to emergency hospital care. During their stay in hospital eating problems were observed in 46 patients. Certain common types of eating problems were identified: aberrant eating behaviour as regards chewing, localization or swallowing, eating small amounts, hoarding of food in the mouth, leakage of food from the mouth and unawareness of eating problems. Poor nutritional status occurred in 16 % of the patients on admission and in 22 % on discharge from the stroke unit.

A subgroup of 32 patients hospitalized for 21 days or longer was studied for three weeks. On at least one occasion during these three weeks a poor nutritional status was observed in 18 patients, of whom 17 had eating problems.

All subjects who had eating problems during their hospital stay, plus those patients without eating problems but with neurological deficits and those living in a nursing home one year after the stroke (n=36) were selected for a longitudinal study 18 months after the onset of stroke. Eating problems were identified in 23 of these patients during their hospital stay while 21 had such problems when they were followed up.

Two patients who could not eat due to severe dysphagia (after a stroke) for three years and 18 months respectively, were successfully trained to eat normally. One patient exhibited impaired oral and hypopharyngeal function and the other impaired hypopharyngeal function and a spastic crico-pharyngeal muscle. In both patients training in swallowing was the main remedial measure and one of them also had a myotomy of the spastic muscle.

Key words: eating problems, stroke, training in eating, nutritional status, undernutrition, dysphagia, oral apraxia, oral agnosia, nursing diagnosis, prognosis.