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Clinical assessment of dysphagia in neurodegeneration (CADN): reliability and validity

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Background and aims: Progressive neurological disease typically results in swallowing deficits (dysphagia). Current tools used to assess dysphagia are often unstandardized, qualitative or do not cover aspects beyond ability to swallow water. The CADN was developed to provide a quantitative method for describing and monitoring dysphagia in neurodegenerative disease.

Methods: Assessment items were selected for their utility, validity and reliability based on clinical expertise and consideration of existing tools. 138 (predominately PD, but including hereditary ataxia) patients were assessed using CADN by two raters blinded to diagnosis. Additional outcome measures included a reference assessment (videofluoroscopic assessment of swallowing (VFSS)), the SWAL-QoL (patient survey) and the Montreal Cognitive Assessment (MoCA).

Results: Clinical data derived from the VFSS and SWAL-QoL correlated significantly with CADN total and subsections (both impairment and functional components). Reliability of repeat assessments conducted within two days of each other was high. English, German and Spanish versions were developed.

Conclusion: The CADN provides quantitative data on the nature and severity of dysphagia making it suitable for characterising deficits and monitoring change in function resulting from treatment or disease progression. It can be administered in less than 10 minutes.

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