

MANAGEMENT OF ADULT NEUROGENIC DYSPHAGIA.
By *Maggie Lee Huckabee and Cathy A. Pelletier*.
1998. Pp. 336. San Diego: Singular Publishing Group.
Price £40.00. ISBN 1-56593-731-7.

Until recently dysphagia due to neurological disease was rarely studied in detail. For clinical neurologists the limited repertoire of bulbar symptoms and signs meant that the cause

of the swallowing problem was more easily inferred from symptoms and signs in the limbs and upper cranial nerves, whilst ENT surgeons have understandably focused their attention on structural and malignant disease. Speech and language therapists, working alone or as a member of a multidisciplinary team, have highlighted the suffering of patients with neurogenic dysphagia and have taken forward research and clinical practice in assessment and treatment. The aim of the book, which is written by two speech and language therapists with a long standing interest in neurogenic dysphagia, is to describe the treatment and management of patients with dysphagia; it is not the intention of the authors to discuss pathophysiology or diagnosis. The book is one of five in a series published by Singular which seeks to bring together the most up to date opinions and research in this expanding field.

The authors describe a number of innovative techniques to assess swallowing, but are candid about the lack of evidence for much of current practice and identify the development of reliable and practical outcome measures as 'the greatest current challenge to the field of dysphagia management'. They emphasize the need for practitioners to scrutinize claims regarding the effectiveness of different treatments and provide some guidance about incorporating research into clinical practice. The framework for intervention which they propose in Chapter 2, where they compare a speech and language therapist with an athletic coach and use this analogy to describe their assessment, interventions and goal planning will be helpful for some in understanding the idioms of thinking which underlie their clinical practice. The authors emphasize the need to identify the abnormality underlying a swallowing problem and make a clear distinction between rehabilitation and compensation, the former being directed at the level of impairment whilst the latter is concerned with preserving ability despite persistence of the underlying impairments. The large number of exercises which

they describe for different defects attests to the many ways in which neurological disease can disrupt swallowing.

The number of available biofeedback techniques will surprise many clinicians. The authors acknowledge the dearth of controlled trials to evaluate the techniques but point out their potential use in helping dysphagic patients to acquaint themselves with a function which was previously under involuntary or behavioural control. The information about malnutrition and dehydration, and different methods of oral and non-oral feeding is particularly relevant to clinicians involved with chronic neurodegenerative disease and the chapter on surgical management provides a useful introduction to some of the options available for intractable dysphagia. The concluding chapter is written by a patient; the embarrassment, frustration and social isolation which many dysphagic patients suffer is vividly described.

I enjoyed reading this book but I suspect that many readers will be frustrated by the lack of clearly presented nuggets of information which can be transferred to a real clinical situation. This stems from an approach which is too focused on swallowing and which fails to take into account the abnormalities of respiratory function, cough and voluntary control of posture which often accompany bulbar failure; only when these impairments are taken into account and the prognosis of the underlying pathology is known can meaningful discussion take place about such thorny issues as the insertion or removal of tracheostomies, the risks of oral feeding and the timing of insertion of a percutaneous endoscopic gastrostomy. For these reasons I would restrict my recommendation to those directly involved with the unenviable task of improving swallowing function in dysphagic patients or those who wish to acquaint themselves with the techniques currently being developed.

T. Hughes
Cardiff, UK