

## LETTER TO THE EDITOR

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### EFFECT OF A MINIMAL-MASSIVE INTERVENTION IN HOSPITALIZED OLDER PATIENTS WITH OROPHARYNGEAL DYSPHAGIA: A PROOF OF CONCEPT STUDY (1)

Dear Editor,

We read with interest the recently published paper by Martín et al., entitled “Effect of a minimal-massive intervention in hospitalized older patients with oropharyngeal dysphagia: a proof of concept study” (1). Increased awareness and focus on evidence-based interventions to prevent the serious health consequences of oropharyngeal dysphagia (OD) in the elderly population is clinically and scientifically important. We acknowledge and congratulate the authors with a preliminary test of an “easy to use” but complex multi-component intervention that encompasses compensatory interventions such as modified fluid and food textures to avoid aspirations; nutritional supplementation to improve nutritional status, and oral hygiene, to reduce the load of respiratory pathogens from the oral cavity. Based on the study results the authors conclude that this minimal-massive intervention (MMI) in hospitalized older patients with OD improves nutritional status and functionality and reduces hospital readmissions, respiratory infections and mortality.

Martín et al (1) also concludes that it is necessary to perform a randomized clinical trial to establish their findings. However, in the discussion section of the named paper (1), the authors point out that the results from a recent systematic review on randomized control trials by Beck et al (2) which cautioned against routine use of modified liquids is not supported by the present study results. It is worth to consider whether the results of the study by Martín et al (1) would change the conclusions of the systematic review by Beck et al (2). We

believe that it would not. The study by Martín et al (1) is designed as a case-control study examining retrospectively whether better outcomes is associated with being exposed versus not being exposed to the intervention. However, due to the lack of concealed random-allocation and blinding, we judge that there is very serious risk of bias due to selection bias, performance bias, and detection bias. In many ways, we regret that the authors had used their proof of concept study to assess the effects of the MMI (1) instead of demonstrating its feasibility, which is the recommended approach in intervention development and research (3). For feasibility studies, different areas of focus such as acceptability, demand, implementation, practicality, adaptations, and integration are proposed in addition to limited- efficacy testing (3). As the MMI might be a promising ‘easy to use’ intervention, information about its acceptability amongst those receiving it and delivering it, is important to ensure intervention adherence and fidelity in future research on its efficacy and effectiveness (4).

#### References

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2. Beck AM, Kjaersgaard A, Hansen T, et al. Systematic review and evidence based recommendations on texture modified foods and thickened liquids for adults (above 17 years) with oropharyngeal dysphagia – An updated clinical guideline. *Clin Nutr*. 2017; pii: S0261-5614(17)30317-5.
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