



Correction to: Patient Adherence to Dysphagia Recommendations: A Systematic Review

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The original version of this article unfortunately contains mistakes.

1. The second sentence in the section “Results”, under the heading “Study Design” was incorrect. It should read as: Two studies [24, 29] used a prospective cohort study design with a JAMA rating of 2. Four studies [17, 25, 27, 34] completed retrospective studies earning a JAMA score of 3. Four studies [26, 28, 30, 33] earned a JAMA quality rating score of 4 and used the following designs: case series [26, 28, 33], and pilot study [30].
2. In Table 1, “Study Population (n)” and “Design (JAMA quality rating)” values were incorrect for

Shinn et al. (2013) [24]. The correct information is given here. HNC (n = 109) and Prospective Cohort (2).

The corrected table is given below.

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Table 1 Results of full text abstraction after systematic review

Author(s) year	Study population (<i>n</i>)	Age range (mean; \pm)	Design (JAMA quality rating)	Recommendations	Adherence tracking	Adherence findings	Barriers/facilitators identified?
Leiter and Windsor (1996) [33]	Dysphagia, varied etiologies (<i>n</i> = 8)	69–80 (72)	Case-series (4)	Swallowing recommendations (posturing, bolus size, swallow + cough, alternating food/liquid)	Observation	36% average adherence	Yes
Low et al. (2001) [17]	Dysphagia, varied etiologies (<i>n</i> = 140)	55–94 (77.4 and 79) ^a	Retrospective cohort (3)	Swallowing recommendations (modified foods/liquids, techniques)	Self-report	67% adherent w/ swallow recommendation 84% adherent w/ liquid recommendation	Yes
Starmer et al. (2011) [27]	HNC (<i>n</i> = 118)	< 60 years	Retrospective cohort (3)	Participation in SLP therapy (before, during, after HNC tx)	Records reviewed	80% adherence (multidisciplinary) 17% adherence (outside referral)	No
Shinn et al. (2013) [24]	HNC (<i>n</i> = 109)	31–79 (57)	Prospective cohort (2)	Exercise	Documented by SLP	32% partially adherent	Yes
Hutcheson et al. (2013) [25]	HNC (<i>n</i> = 497)	38–80 (56)	Retrospective observational (3)	Exercise	Self-report	13% fully adherent 32% partially adherent	No
Duarte et al. (2013) [26]	HNC (<i>n</i> = 85)	22–91 (60)	Case-series (4)	Exercise	Self-report	26% fully adherent 67% adherent	No
Shim et al. (2013) [34]	Dysphagia, varied etiologies (<i>n</i> = 62)	(64.1)	Retrospective chart review (3)	Thickeners	Self-report	57% adherence (90% of inpatients) 41% of outpatients) adherent)	Yes
Cnossen et al. (2014) [28]	HNC (<i>n</i> = 33, 64% participated in exercise program)	21–77 (60)	Case-series (4)	Exercise	Self-report	42% low adherence 30% moderate adherence	Yes
Cnossen et al. (2016) [29]	HNC (<i>n</i> = 50)	40–77 (61)	Prospective cohort study (2)	Exercise	Self-report (diary)	27% high adherence 70% adherence at 6 weeks	No
Krisciunas et al. (2016) [31]	HNC (<i>n</i> = 153)	61.9 (\pm 9.6)	Randomized control trial (1)	Exercise + electrical stimulation	Self-report (checklist)	38% adherence at 12 weeks 54% adherent	No

Table 1 (continued)

Author(s) year	Study population (<i>n</i>)	Age range (mean; \pm)	Design (JAMA quality rating)	Recommendations	Adherence tracking	Adherence findings	Barriers/facilitators identified?
Wall et al. (2016) [32]	HNC (<i>n</i> = 71)	59.50 (\pm 6.15)	Randomized control trial (1)	Exercise (prophylactic)	Self-report (log-books), SwallowIT, clinician tracked	27% average adherence	Yes
Hajdú et al. (2017) [30]	HNC (<i>n</i> = 6)	42–67 (57)	Pilot study (4)	Exercise	Self-report (logbook, weekly phone calls)	92% average adherence	No

For specific barriers and facilitators reported, please see Table 2

^aThis study reported means for two groups, the first number (77.4) represents average age of surviving subjects, the second number represents average age of subjects who died. \pm represents standard deviation for the mean age that was reported in two studies