Mots clés : Troubles de déglutition ; Personnes âgées ; Accident vasculaire cérébral ; Qualité de vie ; Éducation thérapeutique

Mots clés secondaires étaient le suivi de l’évolution des troubles de déglutition et de l’efficacité de la prise en charge.

Résultats.– Nous avons inclus 41 patients (âge moyen 83,7 ans), dont 78 % présentaient des troubles de déglutition à l’inclusion. Les traitements proposés étaient : une adaptation de texture de l’alimentation solide et des boissons, avec des « fiches techniques » et des entretiens oraux pour support. À un mois, 22,2 % des patients inclus avec des troubles de déglutition ont présenté une pneumopathie d’inhlation. Les recommandations de prise en charge ont été mieux suivies à domicile qu’en institution. À trois mois, le score de qualité de vie était significativement inférieur en cas de troubles de déglutition persistants, et la perte de poids était significative également.

Conclusion.– La prise en charge des troubles de la déglutition nécessite une meilleure formation des personnels soignants (notamment en institution), et l’optimisation des supports d’information pour le suivi à domicile. Une démarche d’éducation thérapeutique spécifique est nécessaire.

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CO28-002-e Evaluation of the relationship between dynamic balance and stance phases during gait in normal ageing

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Keywords: Balance; Gait; Ageing; Posturography

Introduction.– In old subjects, keeping a good balance is fundamental to maintain a functional independence. The purpose of this study was to evaluate the relationship between dynamic standing balance and single and double support phases during gait.

Method.– Twenty asymptomatic subjects over 60 years old (mean age 70.2 ± 10.5) and twenty subjects under 60 years old (mean age 31.7 ± 10.5) participated in this study. Static balance, dynamic balance and spatiotemporal gait parameters at spontaneous gait speed were recorded using a WinFDM Zebris platform. Antero-posterior (AP) and circular (Circ) dynamic balance parameters were quantified. Anthropometric measures were taken. A cognitive test (Codex) was performed in the group of older subjects.

Results.– A univariate analysis showed a change in the spatiotemporal gait parameters and balance with age. A multivariate analysis showed that most of the changes were related to pathological changes and in particular to an impairment of cognitive functions (Codex). Furthermore, relationships were found between the AP index and the percentage of double support phase (r = -0.55; P < 0.05) during spontaneous gait.

Discussion and conclusion.– The results of this study showed that there is a correlation between dynamic balance and the percentage of double support phase during spontaneous gait. The change in spatiotemporal gait parameters with age is not directly related to ageing but to pathological conditions. AP and Circ dynamic balance parameters could be predictor elements of a risk of falls.

Further reading

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CO28-003-e Gait instability measured by dual task gait test and leukoaraiosis

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Keywords: Posture; Gait; Ageing; Posturography

Introduction.– Gait instability measured by dual task gait test

Method.– Twenty subjects over 60 years old (mean age 70.2 ± 10.5) and twenty subjects under 60 years old (mean age 31.7 ± 10.5) participated in this study. Static balance, dynamic balance and spatiotemporal gait parameters at spontaneous gait speed were recorded using a WinFDM Zebris platform. Antero-posterior (AP) and circular (Circ) dynamic balance parameters were quantified. Anthropometric measures were taken. A cognitive test (Codex) was performed in the group of older subjects.

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Further reading

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CO28-002-e Evaluation of the relationship between dynamic balance and stance phases during gait in normal ageing

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Further reading

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Role of visuo-spatial work memory and of postural control in older subjects with or without pathologic conditions
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Compliance with recommendations of management of swallowing disorders in the elderly after stroke
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Keywords: Swallowing disorders; Elderly; Stroke; Quality of life; Patient education
Swallowing disorders in the elderly are common in the aftermath of a stroke. They represent a major prognostic factor. Objectives.– The main objective was the observation of home monitoring recommendations for management of swallowing disorders. The secondary objectives were to monitor the evolution of swallowing disorders and the effectiveness of care.

Materials, patients and methods.– Prospective and descriptive study, with inclusion, leaving the service acute care and rehabilitation Geriatric Hospital of Bordeaux, of all patients treated in the aftermath of a stroke. Data collection to M1 and M3 was carried out during a single consultation for patients without swallowing disorder at baseline or during an assessment in a day hospital for others. All patients left the service between 1 January and 30 April 2012 were included. We collected the inclusion of data on co-morbidity, disability and activity limitations, and early complications and management of swallowing disorders. At M1 and M3, we added nutritional parameters and quality of life score.

Results.– We included 41 patients (mean age 83.7 years), 78% had swallowing disorders at baseline. Proposed treatments were: an adaptation of texture of solid foods and beverages, with “sheets” and oral interviews for support. At 1 month, 22.2% of the patients with swallowing disorders showed aspiration pneumonia. Recommendations supports were better monitored at home and in institutions. At 3 months, the quality of life score was significantly lower in cases of persistent swallowing disorders, and weight loss was also significant.