Welcome to the 2020 Stanford Swallowing Disorders Awareness Symposium
Please join us in a moment of silence in protest against systemic racism
Enhancing adherence in swallowing therapy

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Disclosures

• Employed by Stanford University
• NCI grant 143584 Investigating smart phone technology to improve patient adherence to swallowing therapy during radiation
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• Board member American Board of Swallowing and Swallowing Disorders
What is adherence?

- “The extent to which a patient continues an agreed-upon mode of treatment without close supervision” (Cramer et al, 2008)
Compliance vs. adherence

• Compliance: Patient following directions
  • Connotations of subservience
  • Unidirectional relationship

• Adherence: Patient participating in a care plan
  • Connotations of shared decision making (patient must agree with recommendation)
  • Bidirectional relationship
Factors influencing adherence

- Societal factors
- Treatment factors
- Clinician
- Patient
- Healthcare system
General barriers to adherence

- Cost
- Distance to care
- Availability of care
- Lack of social support/resources
- Patient-provider relationship
- Patient understanding/recall
- Competing or conflicting demands
- Psychiatric disorders
Patient factors associated with adherence (Lev 1997, Raue et al 2009)

- Patient self-efficacy
- Attribute success to personally controlled causes
- Report more enjoyment from activity
- Patient preference for type of intervention and particularly the strength of preference
Factors associated with non-attendance across disciplines

- Patient forgetting appointments (Roberts et al 2011; Murdock et al, 2002)
- Wait time for appointment (Goldbart et al, 2009; Hamilton et al, 2002)
- Time of day of appointment (Goldbart et al, 2009)
- Younger age (Hamilton et al, 2002)
- Symptoms resolved (Murdock et al, 2002)
- Lack of insurance (Klosky et al 2008)
Adherence in swallowing therapy (Krekeler et al, 2018)

• Barriers
  • Denial of problem
  • *Task was difficult*
  • Remembering to perform exercises
  • Pain
  • *Fatigue/decreased condition*
  • Too busy to complete exercises
  • Question relevance or low motivation
  • Living at home
  • Dissatisfaction with texture or taste
  • Dyspepsia (indigestion)
  • Social implications
  • Depression
Themes for non-adherence

• Educational deficits
• Motivational issues
• Logistic barriers
• Other health conditions/side effects
• Lack of support
Facilitators for adherence (Krekeler et al, 2018)

- Facilitators
  - Written instructions
  - Eating alone (avoid distractions)
  - Increased physical condition
  - Psychological well-being
  - High motivation
  - Social support
Strategies to facilitate adherence in swallowing therapy: Motivational interviewing

• “Style of interpersonal communication in which resistance is minimized through the therapist’s use of skillful listening in a directive, constructive discussion about behavior change” (Miller and Rollnick, 2012)

• Used to assess readiness for change

• “Readiness ruler”
  • How confident are you that you can adhere to swallowing therapy?
  • How committed are you to coming to therapy and following recommendations?
  • Discuss why the patient falls where they are on the ruler
Strategies to facilitate adherence in swallowing therapy: Behavior change techniques (Michie et al 2013)

- “Smallest observable and replicable component that may bring about a change in behavior”
- Should be considered an active ingredient for interventions
- e.g. goal setting, action planning, feedback on behavior, self-monitoring behavior, instructions on how to perform behavior, rehearsal, generalization of target behavior
Behavior change techniques in swallowing therapy (Govender et al, 2017)

• Common to most interventions
  • Instructions on how to perform exercises
  • Setting behavioral goals
  • Action planning

• Associated with more effective treatments
  • Practical social support
  • Behavioral practice
  • Self-monitoring of behavior
  • Credible clinician
Strategies to facilitate adherence in swallowing therapy: Mobile technologies (Starmer et al, 2018)

• Exercise reminders and logging
• Written and video exercise instruction
• Motivational videos to reinforce importance of adherence
• Links to research articles and helpful websites
HNC Virtual Coach™ mobile application: exercise reminders
HNC Virtual Coach™ mobile application: Exercise reinforcers
HNC Virtual Coach™ mobile application: Education

EMPOWER
Understand symptoms and find answers

CONNECT
Create a support network to lean on

Head and Neck Cancer
- Managing Emotions
- Navigating Your Health
- Treatment and Support

Nourish Library
Search

Beverages
Desserts
Main Dishes
- Savory Oatmeal
- Savory Oatmeal Video
- Udon Noodle
- Udon Noodle Video
- Lemon Chicken
- Baked Fish Fillets
- Crabmeat Patties
- Terragon Zucchini
- Herbed Cream Cheese Scrambled Eggs
- Herbed Cream Cheese Scrambled Eggs Video
- Chicken Congee
- Chicken Congee Video

Chicken Congee
This recipe for Chicken Congee shows how you can take a basic porridge dish and turn it into a full-flavored meal by adding high protein ingredients and spices. Porridge is a simple meal, making it a great base for sampling different tastes and ingredients. To add more calories and protein, substitute the water for chicken broth and add sesame seeds and eggs.
Goals of app (Enhance adherence)

• Improve education/understanding
• Provide reminders
• Provide accountability
• Monitor toxicities and reasons for non-adherence
Increasing adherence through education
(Rosenvinge & Starke, 2005)

• Creation of a formal intervention to enhance adherence to dietary recommendations in inpatient setting
  • Creation of a multidisciplinary dysphagia compliance group to meet quarterly
  • Creation of a dysphagia/nutrition nurse expert training program
  • Formalization of an annual ongoing training for staff in dysphagia identification
  • Pre-thickened drinks made available on the ward
  • Improved visibility of dysphagia recommendation forms at bedside

• Results demonstrated significant improvement in adherence to
  • Liquid consistency recommendations
  • Amounts to be given at a meal
  • General safe swallowing recommendations
  • Provision of appropriate level of supervision during a meal
Summary

• Adherence refers to a shared agreement between patient and clinician
• Behavior change strategies must be an integral part of treatment planning
• Motivational interviewing should precede treatment implementation
• Need to consider novel service delivery options
• Need to consider ways to adapt the patient environment to facilitate adherence
References

Thank you!

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Questions and Answers

Please submit your questions to our moderator through the Q&A feature.