*i*CAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	Northern Adelaide Local Health Network
JC Facilitator	Kelly Keyte
JC Discipline	Speech Pathologist

Background

Article provided by Journal Club.

Article/Paper

Rosane de Deus Chaves, Celso Ricardo Fernandes de Carvalho, Alberto Cukier, Rafael Stelmach, Claudia Regina Furquim de Andrade 2011, 'Symptoms of dysphagia in patients with COPD*', J Bras Pneumol., vol. 37, no. 2, pp. 176-183.

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Article Methodology: Case Control

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Ques No.	Yes	Can't Tell	No	Comments
1	✓			**Did the study address a clearly focused issue?** The objective of the present study was to identify symptoms of dysphagia in individuals with COPD, based on their responses on a self-perception questionnaire.
2	✓			**Did the authors use an appropriate method to answer their question?** A case-control (matched cases to control) study design was used to address the study objective. **Is it worth continuing?** YES
3	✓			**Were the cases recruited in an acceptable way?** The study group comprised 35 participants, selected from a total of 287 patients being clinically followed at the obstructive pulmonary disease outpatient clinic of a tertiary care hospital. The inclusion criteria were as follows: having been diagnosed with COPD in accordance with the diagnostic criteria established by the Global Initiative for Chronic Obstructive Lung Disease; being in the 50-65 year age bracket; being under optimized clinical and pharmacological treatment; and being clinically stable (no symptom exacerbation for at least 30 days.). Although reported it would be good to know if everyone who met the inclusion criteria was approached to be involved in the study or if not, how the 35 included participants were selected from the pool of people who were eligible to be involved.
4	✓			**Were the controls selected in an acceptable way?** The control group comprised 35 healthy volunteers, recruited from among employees of the institution of from among members of the community, who were matched to the COPD patients for age and gender. Individuals were selected by means of an interview focusing on general health status, history of smoking, and occupational history, as well as on current and previous diseases. The control group exclusion criteria were as follows: being a current or former smoker; having been hospitalized in the last 12 months; having a sedentary lifestyle; having a history of pulmonary diseases, including childhood asthma or bronchitis (or both); having a history of neurological disease, heart diseases, neoplasia, oropharyngeal surgery, or laryngotracheal surgery; and having a history of occupational exposure to toxic substances. It would be good to have some more information how these employees and community members were approached and asked to participate, email, newsletter, personal invitation (did they know the investigators running the study and

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				participate as a favor?) Because the groups were matched for gender and age, there were no significant differences in terms of those variables. There were significant differences between the two groups in terms of the mean BMI, which was lower in study group than in control group. Participant characteristics are shown in Table 1. Table 2 shows a comparison between the two groups in terms of the symptoms of dysphagia.
5	✓			**Was the exposure accurately measured to minimise bias?** The study group was assessed regarding the following variables: COPD severity; sensation of dyspnea; body mass index (BMI); and symptoms of dysphagia. The measures used have been outlined in the Methods section (page 178). The outcome measures listed in the study have all been cited, indicating that the measures have been previously validated for use in a similar population.
6		✓		**What confounding factors have the authors accounted for?** This has not been reported. **Have the authors taken account of the potential confounding factors in the design and/or in their analysis?** This has not been reported.
7				**What are the results of this study?** *Bottom line result*: The results of the present study indicate that individuals with COPD present with symptoms of dysphagia. The symptoms reported here were found by administering a self-perception questionnaire. The study conclusions outlined the need for further studies, employing objective methods (such as videofluoroscopy and endoscopic evaluation of swallowing) to evaluate the physiological and pathological characteristics of swallowing in patients with COPD.
8				**How precise are the results?** This study does not report confidence intervals, therefore the precision cannot be determined. **Notes on confidence intervals [used to determine precision of results]* Confidence intervals (CI) describe the uncertainty inherent in the observed effect and describe a range of values within which one can be reasonably confident that the true effect actually lies. If the CI is relatively narrow, the effect size is known precisely. If the interval is wider the uncertainty is greater, although there may still be enough precision to make decisions about the utility of the intervention. Intervals that are very wide indicate that we have little knowledge about the effect, and that further information is needed. The width of the CI for an individual study depends to a large extent on the sample size. Larger studies tend to give more

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				precise estimates of effects (and hence have narrower CI) than smaller studies.
9	Journal club to discuss and answer			**Do you believe the results?**
10				**What do the study findings mean to practice (i.e. clinical practice, systems or processes)?**
11				**What are your next steps? (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)**
12				**What is required to implement these next steps?**