

iCAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	LMH – Speech Pathology
JC Facilitator	Lauren Hammond
JC Discipline	Speech Pathology
CAT completed by:	MC

Question

Not included

Review Question/PICO/PACO

P:

I:

C:

O:

Article/Paper

Murray, J, Barker, A and Doeltgen, S 2018, 'Just add water. Can water protocols improve dysphagia management outcomes?', Journal of Clinical Practice in Speech Language Pathology, vol. 20, no. 3, pp. 129-131.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the [DOHSA librarian](#).

Article Methodology:

Literature review (commentary)



University of
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iCAHE

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Ques No.	Yes	Can't Tell	No	Comments
1	✓			<p>Did the review address a clearly focused question?</p> <p>Can water protocols improve dysphagia management outcomes? This paper explores the evidence for the use of thickened fluids as one such compensatory strategy for managing the risk of aspiration pneumonia, and revisits the evidence for water protocols (WP) as an alternative.</p>
2		✓		<p>Did the authors look for the appropriate sort of papers?</p> <p>We pursued two primary aims when writing this article. First, we aimed to briefly summarise the currently available literature on the compensatory strategy of modified (thickened) fluids and an alternative fluid regime, water protocols (WP). Relevant peer-reviewed publications were identified through several independent searches of the PubMed, Scopus and google Scholar databases using keywords of “oropharyngeal dysphagia”, “adults”, “aspiration pneumonia”, “rehabilitation”, “hydration”, “water protocols”, “free water protocols” and “thickened fluids”. Second, we reflect on current practice in relation to WPs and raise a number of questions about future directions for research and clinical implementation of this management modality as a stimulus for discussion within the profession.</p> <p>Is it worth continuing? Yes</p>
3		✓		<p>Do you think the important, relevant studies were included?</p> <p>By its very nature, this paper is intended as an overview only and does not claim to represent an exhaustive search of the existing literature.</p>
4			✓	<p>Did the review’s authors do enough to assess the quality of the included studies?</p> <p><i>The authors did not assess the quality of the included studies. The authors provided minimal critique of the included articles: “sample sizes tended to be small and methodological quality of the studies varied.” Or “The evidence was rated low quality due to small sample sizes and heterogeneity in populations and methods used.” The authors did not use a recognised critical appraisal tool or discuss how included articles were assessed.</i></p>
5		N/A		<p>If the results of the review have been combined, was it reasonable to do so?</p>

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6			<p>What are the overall results of the reviews? A growing body of evidence supports the benefits of WPs as a management approach for dysphagia in selected patient populations. However, at the same time, evidence is beginning to outline the real and perceived barriers to the more widespread implementation of WPs into clinical practice. Together, these bodies of research will support the development of clinical guidelines and pathways that may facilitate the clinical uptake of WPs into the future.</p> <p>Consequently, recommendations are that carefully selected adult rehabilitation inpatients, who do not have degenerative neurological conditions and who are relatively mobile with reasonably intact cognition can be given access to WPs.</p> <p><i>The authors do not clearly summarise which patient populations WPs are most suitable for.</i></p>
7			<p>How precise are the results? <i>The results are general. Given the unsystematic and non-comprehensive search strategy, by the authors' own admission, this article can only provide an overview, not a definitive position on the use of WPs in dysphagia management.</i></p>
8		Journal Club to discuss	<p>Can the results be applied to the local population? Choose relevant context issues. The following are only suggestions to prompt discussion.</p> <p>CONTEXT ASSESSMENT</p> <ul style="list-style-type: none"> - Infrastructure - Available workforce (? Need for substitute workforce?) - Patient characteristics - Training and upskilling, accreditation, recognition - Ready access to information sources - Legislative, financial & systems support - Health service system, referral processes and decision-makers - Communication - Best ways of presenting information to different end-users - Availability of relevant equipment - Cultural acceptability of recommendations <p><i>Others</i></p>
9			Were all important outcomes considered?
10			Are the benefits worth the harms and costs?
11			What do the study findings mean to practice (i.e. clinical practice, systems or processes)?
12			<p>What are your next steps? ADOPT, CONTEXTUALISE, ADAPT</p> <p>And then (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.)</p>

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