

What is the most appropriate terminology to be used in diagnosis and management of 'medically unexplained' dysphagia? (MUD)

A systematic exploration of the terminology used in the diagnosis and treatment of oropharyngeal dysphagia (swallowing difficulty) in the absence of a clear medical explanation.

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Introduction

A wide range of terms to describe MUD are used across many specialties. This lack of consistent terminology makes it difficult to draw meaningful conclusion from the literature and optimally manage these patients.

Objectives

1. To explore current consensus across disciplines on appropriate terminology regarding clients with a 'medically unexplained' dysphagia.
2. To investigate health professionals' understanding of the current terminology use and reasoning behind this.

Methods

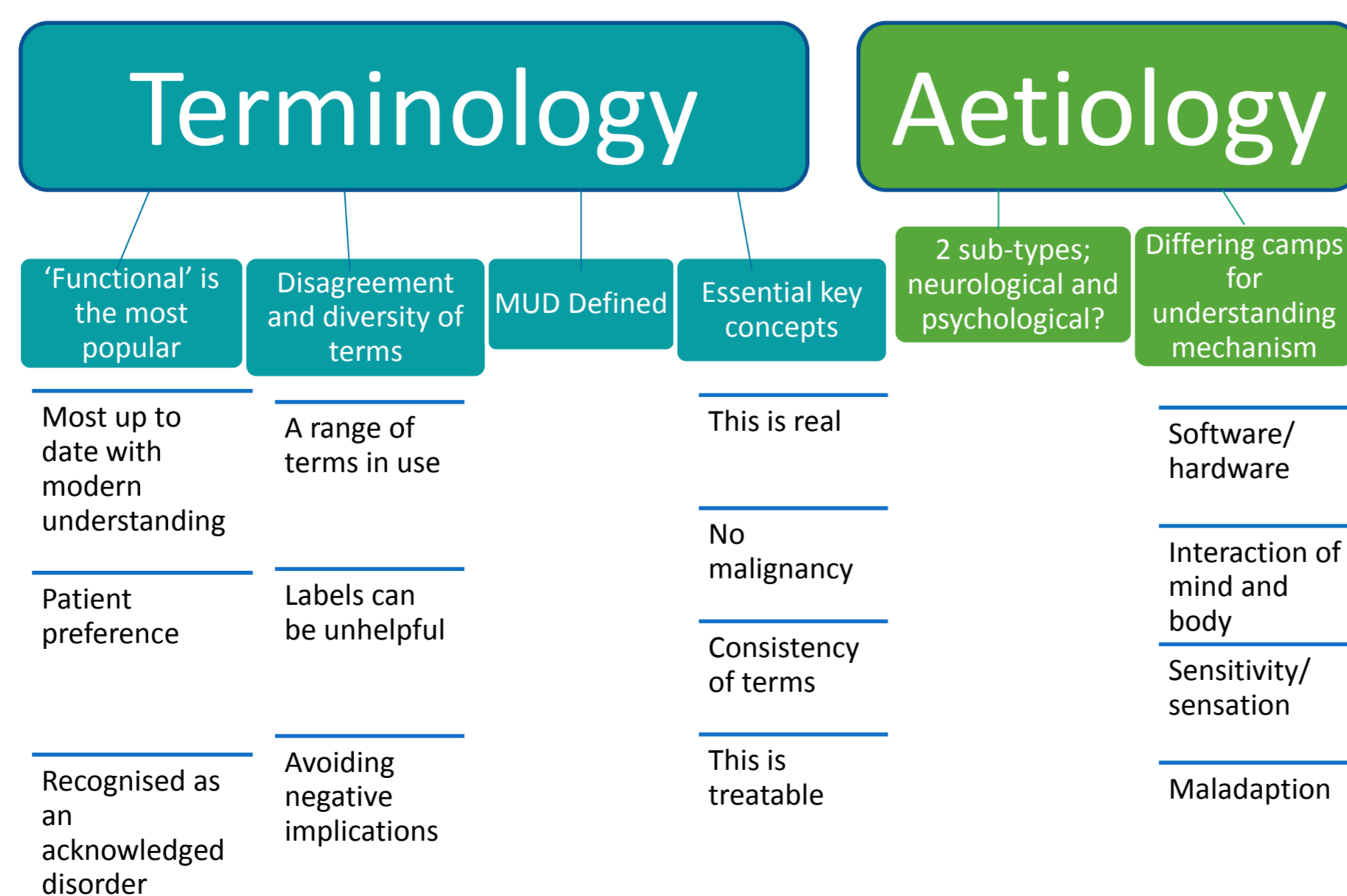
An online survey tool is being used to deliver a 3 round Delphi questionnaire to a range of medical and health professionals. The consensus results will be discussed in patient focus groups. Phase 1 of the Delphi survey is complete and phase 2 is currently in development.

Results

Word cloud proportionately represents range of terms from survey



Preliminary thematic analysis from Delphi round 1:



A review of the literature has failed to find evidence of the incidence and prevalence of MUD. However, the umbrella diagnosis of functional neurological disorders is described as "among the most common causes of neurological disability" with an incidence of 4 to 12 per 100 000 population per year and a prevalence of 50 per 100 000 population based on a community registry. [1]. MUD reportedly accounted for 12 % of patients per year visiting an outpatient clinic for dysphagia [2].

The literature review revealed that there was a wide range of terms used to define and describe MUD. Terms used include unexplained dysphagia, Medically Unexplained Oropharyngeal Dysphagia (MUNOD), psychogenic dysphagia, hysteria-conversion dysphagia, conversion disorder, dissociative disorder, functional dysphagia, functional neurological symptom disorder, non-organic dysphagia, globus hystericus, phagophobia or swallowing phobia. [3, 4, 5, 6, 7, 8, 9, 2, 10]. This lack of consistent terminology makes it difficult to draw any conclusions that can be meaningfully applied to this population. A recent scoping review [11] showed that this is an under-researched area, with no current clinical guidelines available. It highlighted the confusion due to multiple terms in the literature. This is likely to impact on clinical practice, development of positive diagnostic criteria and professional conversations regarding MUD.

Sample: Any health professional who has been involved in delivering a swallow diagnosis to an adult patient with MUD. Questionnaire disseminated via UK professional bodies: Royal College of Speech and Language Therapists (RCST), Association of British Neurologists (ABN), Royal College of Physicians (RCP), ENT UK (The professional membership body that represents Ear, Nose and Throat and its related specialities), British Society of Gastroenterology (BSG), British Psychological Society (BPS), Association of Clinical Psychologists UK (ACP UK), Royal College of General Practitioners (RCGP)

Codes and themes from phase 1 thematic analysis:

Theme	Terminology	Disagreement and diversity of terms	MUD Defined	Essential key concepts	2 sub-types – neurological and psychological?	Differing camps for understanding mechanism
1. Functional	1. Functional	1. Range of terms	1. Functional	1. This is real	1. 2 sub-types	1. Software/hardware
2. No Diagnostic Label	2. No Diagnostic Label	2. Labels are not helpful	2. No Diagnostic Label	2. No malignancy	2. Differing camps	2. Interaction of mind and body
3. Psychogenic	3. Psychogenic	3. Avoiding negative implications	3. Psychogenic	3. Consistency of terms	3. Neurological	3. Sensitivity/sensation
4. Functional Neurological Disorder	4. Functional Neurological Disorder	4. Functional Neurological Disorder	4. Functional Neurological Disorder	4. This is treatable	4. Psychological	4. Maladaptation

Central organising concepts: 'Functional' is the most popular term: Functional is the most used and most well supported term used to talk about MUD

Disagreement and diversity of terms: A range of terms is currently in use and there is disagreement on their appropriacy and meaning

MUD defined: There is general agreement on a definition of MUD "Dysphagia occurring in the absence of demonstrable abnormalities in the swallow anatomy and neurology" which includes an allowance of some abnormal physiology (unexplained) and a blurring of the distinction between oropharyngeal and oesophageal.

Essential key concepts: There are important key concepts within any explanation or diagnosis of MUD, regardless of terminology/ specialism.

2 sub-types – Neurological and psychological: There may be 2 sub-types of MUD, with one more aligned to FND and one more aligned to psychological conditions.

Differing camps for understanding aetiology: There are several ways of understanding and explaining the mechanism behind a presentation of MUD.

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<https://www.nbt.nhs.uk/bristol-speech-language-therapy-research-unit/bsltru-research/medically-unexplained-dysphagia>



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