DMS NEWS AND REVIEWS

A DYSPHAGIA MANAGEMENT SYSTEMS PUBLICATION

May 2015

IN THE NEWS

May 03, 2015

"Certain brand name meds drive up Part D prices, CMS finds"

http://www.mcknights.com/news/certain-brand-name-meds-drive-up-part-d-prices-cms-finds/article/412573/

"A popular acid reflux medication was the costliest drug paid for by Medicare Part D in 2013, while a blood pressure medication was the most frequently prescribed, according to a new Centers for Medicare & Medicaid Services report on prescription drug prices.

A new drug dataset the agency published provides detailed information on more than one million distinct healthcare providers who collectively prescribed $103 billion in prescription drugs under the Part D program that year.

The costliest drug to the Part D program in 2013 was Nexium. There were more than 8 million claims processed for the medication, totaling more than $2.5 billion, CMS reported. (Advair, Crestor and Abilify were second- , third- and fourth-most costly, respectively.) More than 36.8 million claims for Lisinopril, a blood pressure drug, were processed in 2013, the agency added, making it the most frequently prescribed by Medicare Part D physicians……"

64,600,000 patients have prescriptions for GERD medications in the US
National Digestive Disease Information Clearinghouse, 2012

ON PAGE 3: A Review of "Killing Me Softly From Inside by Jonathan E Aviv, MD FACS

Dr Aviv's book has two sections: "The Burning Body" and "the Healthy Body". The first section looks at the dangers of acid reflux, especially Silent Reflux, which is described as reflux without noticeable heartburn. The second section discusses the 'what's next' of how to achieve a healthy body once you understand what reflux is doing to your system.

DID YOU KNOW?

Heartburn and Gastro-esophageal reflux disease (GERD) are so common —there were 113 million prescriptions in 2008 for proton pump inhibitors .

PPIs are the 3rd highest-selling class of drugs in U.S.

1 in 3 Americans experienced some sort of gastric upset.

Many people have acid reflux and don't know it with 50% of reflux being silent!

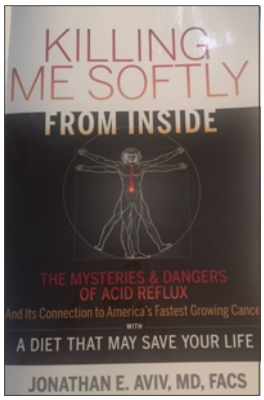
Although silent, it can still be causing chronic sinusitis, pharyngitis, cough, sore throat and other atypical symptoms such as sleep disturbance, chest pain, asthma and hoarseness.
(http://www.cpmedical.net/newsletter/replenishing-stomach-acid)

Job Well Done!
Jessica Powell
Page 5

Visit Amazon.com To View Dr Aviv's Book

Happy Better Speech and Hearing Month!!

- ASHA is the national professional, scientific, and credentialing association for 182,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students.
- ASHA was founded in 1925 and is headquartered in Rockville, MD.
- 40 million Americans have communication disorders, costing the U.S. approximately $154–186 billion annually.
- 6–8 million Americans have some form of language impairment.
- Approximately 1 million Americans suffer from aphasia.
- >15 million Americans suffer from Dysphagia with more than 1 million new diagnosis each year.
- The annual ASHA Convention will take place in Denver, Colorado, November 12-14, 2015.



Topical Monthly Free Course

Reflux Dysphagia: What Is It and What Do We Do About It?

A Research Based Review By Carol G Winchester MS SLP CCC

This two-hour seminar was designed to orient the Dysphagia Clinician to the facts surrounding a largely unrecognized contributor to dysphagia, namely reflux. This research based presentation focused on the role of the SLP in identification of this complication in their diagnosis and treatment strategies.

Introducing Kelly Jacobson, MS SLP CCC
DMS Director of Clinical Practice

Kelly Aswad Jacobson graduated from Keuka College in 1999 with a Bachelor's Degree in Special and Elementary Education. After receiving her Master's Degree in Speech Language Pathology from Syracuse University in 2001, Ms. Jacobson has worked specifically with the geriatric population, specializing in dysphagia management utilizing fiberoptic endoscopy to evaluate swallow function for patients suffering from the effects of dysphagia. Ms Jacobson's work has focussed on the Skilled Nursing and Long Term Care environments, and she has recently evolved her dysphagia management specialty to include the Physician's Office and Out-Patient Surgery Center settings. Ms. Jacobson is currently employed by DMS, LLC as one of the Directors of Clinical Practice, with a focus on Clinical Operations.

Reading "Killing Me Softly" by Jonathan E. Aviv, MD, FACS

Carol G Winchester, MS SLP CCC, President/Founder, DMS, LLC

Dr Jonathan E Aviv, MD, FACS is the clinical Director and founder of the Voice and Swallowing Center at ENT and Allergy Associates, LLP in New York City. He is also Clinical Professor of Otolaryngology, Icahn School of Medicine at Mount Sinai and an Attending Physician in the Mount Sinai Hospital in New York. Dr Aviv is the former Director, Division of Head and Neck Surgery, Department of Otolaryngology-Head and Neck Surgery, College of Physicians and Surgeons at Columbia University.

Dr Aviv is also the inventor and developer of the endoscopic air-pulse laryngeal sensory testing technology, known as FEESST. He has authored over 60 scientific papers in peer-reviewed journals and has written two medical text books entitled "Flexible Endoscopic Evaluation of Swallowing with Sensory Testing" (FEESST) and "Atlas of Transnasal Esophagoscopy".

I mention the above in order to set the stage for the professional respect that I have for Dr Aviv, and his support of Speech-Language Pathologists in the diagnosis and treatment of dysphagia and its devastating effects. I have known him since the early 1990's, and continue to be impressed with the direction he has taken in patient advocacy and positive outcomes. This book is a clear continuation of that effort.

Chapter One opens with a personal story of a scary episode of nighttime acid reflux and a subsequent throat spasm. This first-person account brings the reader into the journey with the familiarity of listening to an old friend. Once we readers are brought into the inner circle, it is a quick read that is 'highlight-worthy' with facts that prompt us to take control over our own health.

- Before 1970, esophageal cancer was attributed predominantly to smoking and alcohol abuse, which resulted in a specific type of cancer known as squamous cell carcinoma.
- In the last 40 years, a different type of esophageal cancer, known as adenocarcinoma has grown more predominant.
- Adenocarcinoma has increased 650% from 1975-2008 making it the fastest-growing cancer in America and Europe.
- During this same time, nearly all other cancers have remained flat or decreased in incidence.
- The main reason for this dramatic shift from one type of esophageal cancer to another is a result of the radical change in the American (or Western) diet.

Ok, You have my attention Dr Aviv! At this point I was wanting to understand with greater detail how my gastrointestinal systems really works. Chapter Two led me into that discussion. Understanding how the UES, or Upper Esophageal Sphincter and the LES, or Lower Esophageal Sphincter must work together in order to pass the food through the esophagus was important for the information that followed to make perfect sense. He explained that the UES and LES must temporarily relax in order for the food to pass through, and they must tighten up again after this passage to allow the food to pass only one way. When the LES doesn't function properly, the acid from the stomach can pass back into the esophagus, called Gastro-Esophageal Reflux Disease. When the UES is not functioning properly, the stomach

Continued Page 4

acid can travel all the way to the throat. This condition is called LaryngoPharyngeal Reflux or LPR. Dr Aviv's explanation of what causes these conditions and the relationship between the stomach and the throat is made even more real with the examples of his daughter's issues as a baby, and a patient's doubts about his diagnosis and treatment plan.

As Speech-Language Pathologists, we are aware of the term "Silent Aspiration". In Chapter 3, Dr Aviv introduces us to the term "Silent Reflux" and the correlation between this and LPR. Dr Aviv provides a clear delineation between the symptoms of LPR, which he identifies as "Throatburn Reflux Symptoms" and the more commonly known "Heartburn Reflux Symptoms" (GERD).

Throatburn Reflux Symptoms (LPR)
Hoarseness
Frequent Throat Clearing
Acidic Taste In the Mouth
Globus Sensation – lump in throat
Trouble Swallowing
Chronic Cough
Aspiration
Waking up at Night Due to Throat Burn
Waking up at Night with Choking
Excessive Mucus in the Throat
Heartburn Reflux Symptoms (GERD)
Heartburn
Regurgitation

The Reflux Symptom Index is presented as a tool that was published in the Journal of Voice 16(2) Gelafsky, P.C., Postma, G.N., Koufman, J.A.; Validity and reliability of the reflux symptom index (RSI), 274-277, 2002. This tool is intended to identify LPR in the patient. It is scaled from 0-5, with 0=no problem, and 5=severe problem. The statements include:

- Hoarseness or problem with voice
- Clearing your throat
- Excess throat mucous or postnasal drip
- Difficulty swallowing food, liquid or pills

"Dysphagia and Laryngopharyngeal reflux disease (LPRD) are often related. During FEES or FEESST, using the reflux finding score, one is able to assess laryngeal swelling due to LPRD. As a result, many more treatment avenues become available to reduce the laryngeal edema using dietary recommendations alone." (Dr Jonathan Aviv)

Who Has Reflux?

Reflux Dysphagia Affects

- An estimated 100 Million Americans
- Half of those folks don't even know they have it!
- Chronic Cough Patients
- Reflux has increased at a rate of 4% per year since 1976, to a total of 40% of Americans today!
- 43% of those 40-49 years old
- 44% of those 50-59 years old
- 41% of those 60-69 years old
- 43% of those over 70

Symptoms and Conditions Related to Reflux

- Regurgitation
- Chest Pain
- Shortness of Breath
- Choking Episodes
- Hoarseness
- Vocal Fatigue
- Voice Breaks
- Chronic Throat Clear
- Chronic Cough
- Difficulty Swallowing
- Difficulty Breathing
- Dysphagia
- Choking
- Lump in Throat
- Food Getting Stuck In Throat
- Wheezing
- Heartburn

continued Page 5

- Coughing after you ate or after lying down
- Breathing difficulties or choking episodes
- Troublesome or annoying cough
- Something sticking in throat or lump in throat
- Heartburn, chest pain, indigestion.

The patient is asked to quantify the issues above. A cumulative score higher than 13 strongly suggests that the patient has Throatburn Reflux or LPR. The importance of this understanding cannot be understated as it sets the stage for the rest of Dr Aviv's book. We are introduced to Barret Esophagus and then taken on the journey of how the acid from the stomach affects the lungs and subsequent pulmonary issues. As Speech Language Pathologists, we are always documenting cough. Did you know that even a single drop of stomach acid that makes its way up into our throats starts to cause injury to our vocal cords? Did you also know that under no circumstances is a chronic cough a normal health condition? Dr Aviv provides us with a road map to help us navigate the search for proper health care and the treatment that the patients deserve. We as SLPs can have a hand in guiding that direction by better understanding how these issues are affecting our patients, and reporting these issues to the physician. Dr Aviv spends time in Chapter 5 explaining the dire reality of esophageal cancer and how proactive development of diagnostic tools can have a positive effect. One such diagnostic tool that Dr Aviv has published on is TNE or TransNasal Esophagoscopy. As of the time that he published his book, he had performed over 1500 TNE procedures, and has detected Barret Esophagus in about 15% of the patients with chronic cough who had no heartburn symptoms!

Continued
Page 6

▶ A JOB WELL DONE!

Jessica Powell, MS, CCC-SLP - *Nominated by Jan Haris, DMS, SLP*

Jessica Powell lives in Hickory, NC and has worked at a SNF in Statesville for the past several years. Her dedication, positive attitude, and patient advocacy are at the forefront of her actions everyday, and are paramount to the progress of her patients in therapy. Jessica goes the extra mile when working with each patient, developing lasting relationships with them and their families. She also works closely with other staff members, providing education on dysphagia, assistive devices, and compensatory strategy training for individual safety improvement.

Jessica was recently asked to see a patient that was complaining of discomfort with PO intake. The pt was receiving a regular diet, and was admitted to the facility following hospitalization due to hip fracture and status post shoulder surgery. The patient explained to Jessica that the discomfort had gone on for the past 8-9 months, however, she was not demonstrating any other signs or symptoms of dysphagia. Jessica referred this patient for a comprehensive instrumentation utilizing the Fiberoptic Endoscopic Evaluation of Swallowing (DST). Once the endoscope was placed, she and Jan were able to see the abnormal structure of this patient's pharynx with a significant amount of extra tissue protruding from the left side of her pharynx. This tissue was nearly obstructing the view of the patient's glottis. Upon further review, it was learned that the patient had a history of a remote lymphoma in the left side of her pharynx. Following the evaluation, she was immediately referred to an ENT, where it was confirmed that her lymphoma had re-occurred. While the news that her lymphoma had re-occurred was not expected, it was Jessica's advocacy for her patient that lead to the team of Jessica and Jan to be able to identify the root of her discomfort, and now the patient is undergoing radiation, and soon chemotherapy, to treat her lymphoma. Jessica's patient continues to demonstrate an upbeat and positive attitude and is working diligently towards her rehab.

It is because of Jessica's dedication, perseverance, and motivation to advocate for her patients that we would like to highlight her today as an exemplary SLP. Thank you, Jessica on behalf of every life you touch! Job well done!

"Killing Me Softly From Inside", Continued

Dr Aviv describes TNE as a state-of-the-art medical procedure performed on wide-awake patients to examine their esophagus for any pre-cancerous lesions. It does not require sedation, but does require a small dose of numbing and decongestant misted into the nose. He explains that when a procedure requires no intravenous medication, the procedure becomes much safer. Patient monitoring is not required and there is minimal recovery time as the patient can instantly resume what they were doing before the examination. Dr Aviv points out that the conversion from conscious sedation EGD to non-sedation TNE could save the healthcare industry at least $5 Billion a year . He states that he believes that TNE will eventually play a pivotal role in the prevention of esophageal cancer and in the meantime, there are two things that need to happen. First, patients with persistent cough, hoarseness and throat clearing, and globes sensation should have their esophagus examined. Second, the decision to perform a sedated endoscopy (EGD) should be tempered by a technique that is safer for our patients (TNE).

The second half of "Killing Me Softly From Inside" helps us take this valuable information and put it to practical, daily use. Understanding how foods affect our bodies, and what the pH value of commonly eaten foods really is, was eye opening. We are given a 'Healing Phase' diet to follow, with detailed weekly meal plans and shopping lists to make it as easy as possible to follow. Additional recipes are also presented for variety. After four weeks on this 'Healing Phase' diet, we are presented with a 'Sustainable Phase'. I appreciated how on this phase, there is a list of 'non-negotiables' which must be adhered to or one runs the risk of having the acid reflux return.

There is not enough room in this newsletter to do justice to the amount of information contained within this book. I found it to be very valuable in understanding the complexity of the issues surrounding Reflux Dysphagia. In addition, the case studies in the appendix gave a real face to the problem. I encourage and recommend that the Speech Language Pathologist treating patients with voice or dysphagia, or any person who is experiencing symptoms of reflux, voice issues, or dysphagia, consider reading this book immediately!
(http://www.amazon.com/Killing-Softly-From-Inside-Connection/dp/1494761971)
*** Disclaimer: There is no professional or financial benefit or connection to DMS for recommending or reviewing this book. This book was chosen solely on the merits of its content and applicable benefits to our dysphagia patients and the SLPs that serve them!*

Sign Up For Free Better Speech and Hearing Month Courses Now!!

DMS is committed to providing Continuing Education Events to the Speech Pathologists in the facilities we serve. In celebration of Better Speech and Hearing Month, we are once again offering **FREE RESEARCH-BASED COURSES** on the DMS Website. As in the past, we are offering these free courses from **NOW UNTIL JUNE 30, 2015**!
The courses are:

- GWG-0215- Repeat Hospitalization and The Dysphagia Link
- GWG-0315- Reflux Dysphagia - What Is It and What Do We Do About It?
- GWG-0415- The Respiratory System and Dysphagia
- GWG-0515- Respiratory System And Interdisciplinary Dysphagia Management
- GWG-0715- MCI- Introduction to Mild Cognitive Impairment
- GWG-0815-Top 10 Dx.doc
- GWG-1015-SuccessfulAging.doc

Accessing your FREE COURSE is as easy as signing into http://www.dysphagiamgmtsys.com/test/login/
Complete your profile TODAY and you will have unlimited access through the end of June 2015!
EVERYONE receives a certificate of completion and you may be eligible for FREE CEU's if your company allows !!!!!

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