

The MDADI is the first validated and reliable self-administered questionnaire designed specifically for evaluating the impact of dysphagia on the QOL of patients with head and neck cancer. Standardized questionnaires that measure patients' QOL offer a means for demonstrating treatment impact and improving medical care. The development and validation of the MDADI and its use in prospective clinical trials allow for better understanding of the impact of treatment of head and neck cancer on swallowing and of swallowing difficulty on patients' QOL ¹⁾.

Mendoza et al. reported the use of MDADI to assess dysphagia in a group of patients undergoing primary ACDF procedures. They used an MDADI score < 85 to arbitrarily define dysphagia. They reported better mean MDADI preoperative scores than the mean MDADI preoperative scores in the series of patients who underwent reoperative ACDF surgeries (93.8; SD \pm 12.0 vs 88.0; SD \pm 12, respectively) in the Erwood et al. series. ²⁾ However, the decline in mean MDADI scores to 67.7 (SD \pm 11.4) on postoperative Day 1 reported by Mendoza et al. was greater than the decline identified in the series of Erwood et al. at 2 weeks postoperatively (mean MDADI score 84.0; SD \pm 12.0). At 6 months postoperatively, mean MDADI scores had improved to > 85 for all patients in their series ^{3) 4)}.

¹⁾

Chen AY, Frankowski R, Bishop-Leone J, Hebert T, Leyk S, Lewin J, Goepfert H. The development and validation of a dysphagia-specific quality-of-life questionnaire for patients with head and neck cancer: the M. D. Anderson dysphagia inventory. Arch Otolaryngol Head Neck Surg. 2001 Jul;127(7):870-6. PubMed PMID: 11448365.

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Erwood MS, Walters BC, Connolly TM, Gordon AS, Carroll WR, Agee BS, Carn BR, Hadley MN. Voice and swallowing outcomes following reoperative anterior cervical discectomy and fusion with a 2-team surgical approach. J Neurosurg Spine. 2018 Feb;28(2):140-148. doi: 10.3171/2017.5.SPINE161104. Epub 2017 Nov 24. PubMed PMID: 29171791.

³⁾

Mendoza-Lattes S, Clifford K, Bartelt R, Stewart J, Clark CR, Boezaart AP: Dysphagia following anterior cervical arthrodesis is associated with continuous, strong retraction of the esophagus. J Bone Joint Surg Am 90:256-263, 2008

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