Letter by Daniels Regarding Article “Silent Aspiration Risk is Volume-Dependent”

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Leder and Suiter [1] have proposed the 3-oz. water swallow challenge as a screening tool for dysphagia in all patient populations. Their study was of a retrospective referral-based cohort, i.e., consecutive admissions were not tested. Studies on referral-based patients have the potential for bias. In addition, blinding was not part of this study as the same investigator interpreted both the fiber-optic evaluation of swallowing (FEES) and the 3-oz water swallow challenge. In their article it was stated that FEES was performed prior to the administration of the 3-oz. water swallow challenge. In a most recent article [2], the same authors again studied a large cohort of referred patients, primarily the same patients in the previous study. As in the earlier study, FEES was conducted prior to the 3-oz. water swallow challenge with the same examiner completing both. This time, however, the authors reported that over 400 patients were excluded from the 3-oz water swallow challenge due to safety issues, e.g., aspiration of large amounts of various consistencies on FEES. This detail calls into question the authors entire body of work and raises strong safety concerns about the validity of the 3-oz. water swallow challenge. When screening a patient, the potential for dysphagia and aspiration is unknown; this is the entire reason to screen. Given the information about the exclusion of patients from the 3-oz. water swallow challenge, how are clinicians to decide who is and is not a safety risk prior to actual screening? This methodological information

regarding patient exclusion begs the question: Were patients excluded in initial study but not reported? The authors have not reported any negative consequences of administering the 3-oz. water swallow challenge. There may have been a lack of negative consequences due to the preferential selection of patients who underwent the screening. In order to clarify these issues, the authors should undertake a well-designed prospective study in which all patients, or a particular subpopulation of patients, are studied, not just referrals. Blinding must be in place; otherwise, the potential for bias will always exist. Lastly, the 3-oz. water swallow challenge MUST be administered to *all* patients. In addition, morbidity of patients should be reported. Only after such a study is undertaken can health-care personnel be confident in using the 3-oz. water swallow challenge as a screening tool.

References

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