OROPHARYNGEAL DYSPHAGIA IN PATIENTS WITH CRANIOFACIAL ANOMALIES OLDER THAN 5 YEARS: HRAC-USP EXPERIENCE DESCRIPTION

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OBJECTIVE: To characterize the patients above 5 years of age seen by the Dysphagia Team from HRAC-USP between 2010 and 2013, and to verify the difference between the usual feeding and that recommended by the Team. **EXPERIENCE DESCRIPTION:** The team comprises a pediatrician, a nutrition physician, a nutritionist and speech pathologists who carry out clinical evaluations and recommendations of instrumental tests, diet modification or monitoring, among others. 18 males and 22 females (average of 10.5 years old) were seen, and 80% presented different types of cleft lip and palate or orofacial cleft, 67% were syndromic, and 25% had multiple congenital anomalies. Language and neuropsycomotor developmental delay was observed in 88% and 47% used medication. The Functional Oral Intake Scale (Crary et al., 2005) was applied during the interview that verified the usual diet, and also after the team evaluation, to identify feeding difficulties and compare them (Wilcoxon test, pâ‰?5%). This scale identifies the levels: I=Nothing by mouth; II=Tube dependent with minimal oral intake of food; III=Tube dependent with consistent oral food intake; IV=Total oral diet (TOD) of a single consistency; V=TOD with multiple consistencies (with preparations); VI=TOD with multiple consistencies, with specific food limitations; VII=TOD. Results showed significant difference (p=0.02) between the classification levels, respectively in the interview and after the intervention: 5% and 20%: level I; 7.5% and 7.5%: level II; 20% and 10%: level III; 0% and 0%: level IV; 55% and 50%: level V; 7.5% and 10%: level VI; 5% and 2.5%: level VII. **CONCLUSION:** The dysphagia team evaluation identified oral diet risks and recommended a change in diet (37.5%), speech therapy (52.5%) and additional assessments (25%).