INPLASY PROTOCOL

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Conflicts of interest: None declared.

INTRODUCTION

Review question / Objective: In order to estimate the prevalence of dysphagia among the elderly in the community, the influencing factors of dysphagia among the elderly in the community were summarized and summarized. A better understanding of the prevalence and influencing factors of dysphagia among the elderly in the

The prevalence of dysphagia and its influencing factors in community dwelling elderly:a systematic review and meta analysis

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Review question / Objective: In order to estimate the prevalence of dysphagia among the elderly in the community, the influencing factors of dysphagia among the elderly in the community were summarized and summarized. A better understanding of the prevalence and influencing factors of dysphagia among the elderly in the community is the most critical link in the early identification, management and prevention of dysphagia related complications in the community.

Condition being studied: Dysphagia refers to the process that food cannot be safely and effectively transported to the stomach due to the damage of the structure and / or function of the mandible, lips, tongue, soft palate, throat, esophagus and other organs.

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 12 July 2022 and was last updated on 12 July 2022 (registration number INPLASY202270066).

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METHODS

Search strategy: "dysphagia" OR"deglutition disorder"OR"swallowing disorder"OR"oropharyngeal dysphagia" OR"esophageal dysphagia"OR"swallowing difficulties"OR"swallowing impairment "OR"swallowing problems"OR"swallowing abnormal"JAND["elderly"OR"older adults"OR"aged"OR"older Individuals"OR"older People"JAND["community dwelling"OR"Independent living"OR"free living"OR"aging in place"].

Participant or population: The elderly age 60 years and above.

Intervention: There is no intervention.

Comparator: Non-dysphagia.

Study designs to be included: Observational studies including case-control study, cohort study and cross-sectional study.

Eligibility criteria: ① The subjects were 60 years old and above; ② The research type is observational research; ③ There are specific evaluation or screening tools for swallowing disorders; ④ There are definite evaluation criteria for dysphagia; ⑤ The specific prevalence of dysphagia was reported; ⑥ The language used is Chinese or English.

Information sources: The English literature databases searched include PubMed, web of science, EMBASE and Cochrane Library; The retrieved Chinese literature databases include Wanfang Data knowledge service platform, CNKI China knowledge network and VIP Chinese periodical service platform. In addition, horizontal literature search includes checking references, using Google's academic "citation" option and using the relevant literature options on PubMed and web of science.

Main outcome(s): The prevalence of dysphagia and its influencing factors.

Quality assessment / Risk of bias analysis: The Newcastle Ottawa scale (NOS) was used to evaluate the literature quality of cohort studies; The quality of crosssectional studies was evaluated using the criteria recommended by the agency for healthcare research and quality (AHRQ) to evaluate cross-sectional studies.

Strategy of data synthesis: Meta analysis of dysphagia rate was carried out by R software, and the combined incidence rate and 95% CI were calculated. Judge the heterogeneity between studies according to Q test and I2. If p>0.05 and I2 50% of Q test, use fixed effect model for combined analysis, otherwise use random effect for combined analysis. If there is heterogeneity in the study, subgroup analysis and meta regression analysis are used to explore the source of heterogeneity in different studies. Subgroup stratified variables include: study location, sampling method, sample size, female proportion, average age, type of evaluation tools, evaluation tools and methodological quality. Q-test was used to compare whether the difference in the prevalence of dysphagia between subgroups was statistically significant. Excluding any of the literatures for sensitivity analysis, funnel plot and egger linear regression were used to judge publication bias.

Subgroup analysis: Subgroup stratified variables include: study location, sampling method, sample size, female proportion, average age, type of evaluation tools, evaluation tools and methodological quality.

Sensitivity analysis: Excluding any of the literatures for sensitivity analysis.

Language: English or Chinese.

Country(ies) involved: China.

Keywords: dysphagia; the elderly; prevalence.

Contributions of each author:

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