PhEAST:

Pharyngeal Electrical stimulation for Acute Stroke Dysphagia

Purpose:

Is Pharyngeal Electrical Stimulation (PES) safe and effective at improving post-stroke dysphagia?

Primary Outcome:

To assess whether 6 days of PES accelerates return to oral intake of food and drink, as assessed using the dysphagia severity rating scale (DSRS) and blinded to treatment.

Treatment Allocation:

Participants have an equal chance of being randomised to **receive PES + standard care**, or **no PES + standard care** (1:1 treatment allocation).

Who could be eligible?

+ >18 years, **and**
+ Recent (within 2-31 days) ischaemic/haemorrhagic stroke, **and**
+ FOIS score of 1, 2 or 3, **and**
+ Item 1a of NIHSS score of 0, 1, or 2 (requires repeated stimulation).

What are the exclusions?

+ Pre-stroke / non-stroke dysphagia.
+ Pre-stroke mRS of 4/5.
+ Unlikely to tolerate PES, or likely to frequently remove PES catheters.
+ Ongoing or anticipated ventilation/intubation/tracheostomy.
+ Planned for palliative care.
+ Expected to be discharged or repatriated before day-14.
+ Dysphagia is likely to be short-term only.
+ Known pharyngeal pouch at time of enrolment.
+ Planned/likely use of dysphagia treatment stimulation or devices (e.g. rTMS, NMES, AMPCARE, IQORO).
+ Participant is risk-feeding.

Questions? Please contact _____