Quality of life and depression in persons with dysphagia: a post-acute brain injury rehabilitation sample

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Methods continued

QoL was evaluated using The World Health Organization Quality of Life BREF (WHOQOL-BREF). WHOQOL-BREF is a self-report measure assessing quality of life in relation to health care, including physical health, psychological health, social relationships, and environment. Questions are rated on a 5-point Likert scale. Higher scores reflect higher quality of life.

Levels of depression were evaluated using The Mayo-Portland Adaptability Inventory (MPAI-4) item 14. The MPAI-4 assesses rehabilitation programs and patients’ long-term outcomes in post-acute settings. The current study used the MPAI-4 completed by professional consensus.

Results

In a retrospective design, t-tests were used to compare two groups of matched participants. We rejected our hypothesis that dysphagia resulted in lower levels of QoL and higher levels of depression. In contrast, a one-tail t-test indicated the psychological aspects of quality of life were lower for those without dysphagia, and trended toward significance (p = 0.09).

Conclusions

This study suggests that dysphagia does not consistently negatively impact QoL following an ABI as it does in other populations. Unknown moderators may be impacting the relationship between QoL, levels of depression, and diagnosed dysphagia in individuals with ABI. It also stresses the importance of investigating the impact of dysphagia on quality of life within various populations. Specifically, future research is needed within the brain injury population to examine QoL in regards to compliance, severity of illness, adjustment to injury, coping style, and social problem solving styles. Examining these variables will aid in developing effective interventions.

The limitations of the present study include a small sample size and the primarily homogenous racial background of participants. Due to the small sample size, the power of this study is low. Future research should increase the sample size and include a racially-diverse group of participants to increase external validity. Additional limitations include potentially confounding variables, the quality of matched participants, and the impact of diminished self-awareness of brain-injured participants on self-report. Future research should identify and control for confounding variables and address the influence of self-awareness on accurate self-report.

See presenter for list of references