

Collaborative Integration of Speech-Language Pathology and Oral Health Care to Improve Swallowing and Recovery in Neurocritical Patients

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Abstract

Patients with critical neurological conditions face complex challenges, including dysphagia, poor oral health, and communication deficits, which increase the risk of complications such as aspiration pneumonia, malnutrition, and systemic infections. Effective management requires a multidisciplinary approach that integrates speech-language pathology and oral health care. Speech-language pathologists treat swallowing and communication disorders using evidence-based interventions, while oral health professionals focus on preventing infection and maintaining oral hygiene. Collaborative care leverages advanced diagnostics, innovative therapies such as neuromuscular electrical stimulation (NMES), and shared treatment plans to improve outcomes. Proactive strategies, including preventive oral care and provider education, promote recovery, reduce hospitalizations, and improve quality of life. This review explores the role of interdisciplinary collaboration in improving swallowing function, oral health, and overall recovery in critical neurological care.

Keywords: Neurocritical care, Speech-language pathology, Dental Assistants, and Dental Hygienists, Oral Health Care, Multidisciplinary collaboration, Patient outcomes.

Introduction

Patients in neurocritical care units (NCCUs) face complex challenges, including dysphagia, poor oral health, and speech difficulties due to nerve dysfunction [1]. Therefore, managing patients in NCCUs requires a collaborative approach that integrates the expertise of speech-language pathologists and oral health professionals, including dentists, dental assistants, and dental hygienists [2]. This is to promote patient health and reduce serious complications such as aspiration pneumonia, malnutrition, and hospitalization [3].

Speech-language pathologists contribute to the assessment and management of dysphagia and neurological speech disorders using specialized techniques and tools to assess swallowing function, which contributes to the development and development of treatment plans that are appropriate for the patient's condition, which enhances swallowing function and the health and safety of patients [2,4]. Their roles also include exercises to strengthen the muscles involved in swallowing, strategies to modify swallowing techniques, and recommendations for dietary modifications to reduce the risk of choking. Speech-language pathologists contribute significantly to reducing the incidence of aspiration pneumonia and improving nutrition by enhancing swallowing function [5]. Oral health professionals are essential to maintaining and improving oral hygiene in patients with critical neurological conditions who may be unable to perform self-care due to their medical conditions [6]. Poor oral hygiene can increase the risk

of infection, including respiratory infections, which can further complicate a patient's health [7]. Dentists and dental hygienists promote preventive care and address oral health problems such as periodontal disease or tooth decay. Dental assistants support these efforts by assisting with therapeutic interventions and educating patients, families, and caregivers about promoting preventive care and oral hygiene practices that help reduce the risk of aspiration pneumonia and promote overall health [8].

The implementing a collaborative approach that integrates speech-language pathologists and oral health professionals in a multidisciplinary team is vital to address the interrelated issues of dysphagia and oral health in patients with critical neurological conditions and improve recovery outcomes [9]. Collaborative care involves joint assessments, joint treatment planning, and coordinated interventions that consider both swallowing function and oral hygiene. The relationship between swallowing function and oral health is reciprocal, with improved oral health enhancing the effectiveness of swallowing treatments by reducing discomfort and oral inflammation, which can impede swallowing function. Conversely, effective swallow management can prevent oral bacteria from entering the respiratory tract, reducing the risk of infection [9,10]. Therefore, enhancing collaboration between speech-language pathologists and oral health professionals is essential to improving patient care in critical neurological settings [11]. This review explores the impact of collaborative care between speech-language pathologists and oral health professionals on improving swallowing function, oral health, and recovery outcomes in patients with critical neurological problems.

The Role of Speech-Language Pathologists in Neurocritical Care

Speech-language pathologists play a pivotal role in the care of critically ill neurological patients by addressing swallowing, communication, and cognitive deficits that often arise from neurological impairment, thereby improving quality of life, reducing complications, and facilitating recovery in critically ill neurological patients.

- **Dysphagia Evaluation:** In neurocritical care, speech-language pathologists play a key role in the evaluation of dysphagia, which is often due to neurological damage. Automated assessments such as FEES and MBSS provide detailed insights into swallowing function. These assessments guide tailored treatment plans to enhance safety and reduce risks such as aspiration pneumonia and malnutrition [12].
- **Swallow Rehabilitation:** Speech-language pathologists develop personalized programs to improve swallowing function. These include neuromuscular exercises to strengthen swallowing muscles, swallowing maneuvers such as the Mendelsohn maneuver to protect the airway, and dietary modifications to prevent aspiration. Newer techniques such as neuromuscular electrical stimulation also enhance treatment effectiveness [13].
- **Communication Support:** Speech-language pathologists treat speech and language disorders such as aphasia and dysarthria through targeted therapy to improve speech and voice quality. Augmentative and alternative communication (AAC) tools, such as speech-generating devices, support patients with severe communication challenges. Cognitive therapy focuses on memory, problem-solving, and executive functioning to aid recovery [14].
- **Prevention and education:** Preventing complications is a critical role for speech-language pathologists, who train caregivers and staff in safe feeding and communication techniques. Their collaboration with multidisciplinary teams, including oral health professionals and dietitians, ensures comprehensive care that reduces risk and promotes recovery [15].
- **Cognitive rehabilitation:** Speech-language pathologists address cognitive impairments such as attention and memory impairments through personalized interventions. These therapies help patients regain independence and interact effectively with their environment, improving recovery outcomes [16].

- **Research and Evidence-Based Practice:** Speech-language pathologists apply evidence-based practices and contribute to the research of innovative treatments such as electrical stimulation and early interventions [17]. Their work ensures effective and up-to-date care strategies for patients with critical neurological problems.

The role of speech-language pathologists in neurocritical care extends beyond traditional boundaries, encompassing assessment, intervention, prevention and collaboration. Their contributions are vital in managing the complex interplay of swallowing, communication and cognition, ensuring optimal outcomes for patients in neurocritical settings.

The Role of Dentists, Dental Assistants, and Dental Hygienists in Neurocritical Care

Oral health contributes to the recovery and quality of life of neurocritical care patients with swallowing difficulties and compromised immune systems [18]. Therefore, a multidisciplinary approach that includes oral health professionals, such as dentists, dental assistants, and dental hygienists, promotes comprehensive care that addresses preventive and therapeutic needs to support recovery in neurocritical settings [19].

Role of Dentists in Neurocritical Care

The roles of dentists in Neurocritical Care are to diagnose and manage oral health problems that can complicate critical care for neurocritical patients.

- **Diagnosis and treatment of oral conditions:** Dentists identify and treat oral infections, periodontal disease, and structural abnormalities that may impede swallowing or exacerbate systemic health problems. Addressing these problems early can help reduce inflammation and improve a patient's ability to eat and recover [20].
- **Manage complex conditions:** Dentists' roles include providing comprehensive oral health care through dental interventions and improving oral function. Dentists' interventions are effective in cases where swallowing, feeding, or airway compromise are difficult [21].

Role of Dental Assistants and Hygienists

Dental assistants and hygienists enhance the role of dentists by focusing on preventive care and education that contribute to maintaining oral health in patients with critical neurological conditions [22]:

- **Preventive care:** Hygienists provide oral hygiene procedures such as tooth brushing, plaque removal, and dry mouth management. These interventions significantly reduce the risk of infection, including aspiration pneumonia and respiratory complications caused by oral bacteria.
- **Education and support:** Dental assistants and hygienists provide essential education to patients, caregivers, and healthcare workers on maintaining oral hygiene. This ensures sustained oral health throughout the recovery period.

The combined efforts of dentists, dental assistants, and hygienists complement the work of speech-language pathologists by addressing oral health issues that directly impact swallowing function and infection risk. This multidisciplinary approach ensures comprehensive care that supports optimal recovery for patients with critical neurological problems [20,22].

Swallowing and Oral Health Challenges in Neurocritical Patients

In neurocritical care settings, patients face a number of challenges arising from neurological impairment, immune dysfunction, and prolonged immobilization, such as dysphagia and oral health problems such as periodontal disease and dry mouth [23]. These can lead to negative complications such as aspiration pneumonia, malnutrition, and dehydration that affect patients' quality of life. In addition, poor oral health, characterized by issues such as periodontal disease, dry mouth, and bacterial overgrowth, exacerbates these risks. In general, there is a bidirectional relationship between swallowing and oral health. Poor oral hygiene leads to the accumulation of harmful bacteria, which may enter the respiratory tract during swallowing, increasing the likelihood of infection. Conversely, swallowing difficulties can impair a patient's ability to maintain adequate oral hygiene [24].

Furthermore, patients with neurocritical problems often rely on feeding tubes or modified diets, which can contribute to poor oral health by reducing normal saliva production and chewing activity [25]. Therefore, a collaborative, multidisciplinary approach involving speech-language pathologists and oral health professionals is required to address the challenges. Speech-language pathologists focus on restoring safe and effective swallowing through targeted therapies, while dentists, dental assistants, and dental hygienists address underlying oral health conditions that may impede recovery [8].

Collaborative Approaches for Managing Complex Neurocritical Patients

Management of patients with neurological critical conditions requires a comprehensive, multidisciplinary approach that addresses the complex interplay of medical, functional, and neurological challenges. Collaboration in neurocritical care revolves around core principles that ensure coherent, effective, patient-centered interventions. Integration across disciplines contributes to addressing overlapping challenges holistically. Evidence-based practices are used to ensure interventions are safe and effective [26].

Collaborative approaches to the management of patients with critical neurological conditions include:

- **Multidisciplinary Teams:** Multidisciplinary teams contribute to the management and treatment of complex neurocritical care patients. Speech-language pathologists treat dysphagia and communication disorders, while oral health professionals focus on maintaining oral hygiene and treating infections that may affect recovery. Neurologists and critical care physicians provide medical supervision, manage neurological stability of the patient, and dietitians ensure that dietary plans are consistent with swallowing abilities [2].
- **Assessment Protocols:** Shared assessment protocols provide a framework for comprehensive assessments. These may include integrated assessments such as combined fiberoptic endoscopic swallowing evaluation (FEES) and oral examinations to address both swallowing and oral health issues [27].
- **Shared Treatment Planning:** Collaborative care involves comprehensive shared treatment plans. Swallowing therapy is supported by speech-language pathologists with oral health interventions to relieve discomfort and reduce bacterial load. Nutrition plans are designed with input from speech-language pathologists, dietitians, and oral health professionals, ensuring safety and adequacy [28].
- **Preventive Care and Education:** Preventive strategies are vital in reducing complications in patients with critical neurological conditions. Caregivers and health care personnel receive education on safe feeding practices, proper oral hygiene, and communication techniques. These preventive measures, along with infection control protocols, help mitigate risks such as aspiration pneumonia and systemic infections [29].

Proactive Interventions in Collaborative Care

Proactive interventions in collaborative care for patients with critical neurological conditions improve outcomes, recovery, and quality of life. Early screening by speech-language pathologists, dentists, and dietitians identifies risks such as dysphagia, oral infections, and malnutrition, enabling prompt intervention [30]. Preventive oral hygiene protocols, dry mouth management, and education reduce the risk of infection. Speech-language pathologists contribute to early swallowing therapy through muscle strengthening exercises and dietary modifications. Infection control measures, such as coordinated oral care and suction precautions, reduce respiratory complications. Advanced technologies such as biofeedback and digital imaging support real-time monitoring of adjustments. Regular follow-up ensures sustained progress, and all interventions are tailored to meet the patient's evolving needs. Proactive strategies help anticipate challenges, reduce complications, and improve recovery for patients with critical neurological conditions [31].

Impact of Integration on Patient Outcomes

Integrating multidisciplinary care into critical care improves patient outcomes and quality of life.

- **Reducing complications:** Integrated care reduces complications such as aspiration pneumonia, malnutrition, and systemic infections in patients with critical neurological conditions [32].
- **Enhanced functional recovery:** Collaborative care promotes recovery by restoring swallowing, oral health, and communication. Swallowing therapies and oral health interventions improve nutrition. Speech and language therapy helps patients regain communication skills. These improvements promote independence and improve functional performance [33].
- **Reducing hospitalizations:** Integration reduces hospital stays by simplifying diagnosis and treatment. Prompt management of complications such as infection and malnutrition speeds recovery and reduces the need for prolonged or repeated hospitalizations [32].
- **Improving quality of life:** Comprehensive care improves the quality of life of patients with critical neurological conditions by addressing swallowing, oral health, and communication problems. This enhances patients' ability to regain independence in daily activities, enhance confidence and well-being, and better reintegrate into social settings.

Leveraging Technology for Enhanced Collaborative Care

- **Advanced Diagnostic Tools:** Advanced diagnostic technologies are improving the assessment of swallowing, oral health, and neurological function. Tools such as fiber-optic endoscopic swallowing evaluation (FEES) and modified barium swallow studies (MBSS) provide detailed insights into swallowing impairment, guiding targeted interventions [34]. Digital imaging technologies also enable dentists to accurately diagnose oral conditions, ensuring comprehensive assessments [35].
- **Therapeutic Innovations:** Technology-enhanced therapies are dramatically improving patient outcomes. Neuromuscular electrical stimulation (NMES) devices and biofeedback support speech-language pathologists in strengthening swallowing muscles and improving techniques [2]. Dentists use advanced tools such as laser dentistry and ultrasonic scalers to efficiently manage oral health [21].
- **Digital Communication Platforms:** Telecommunication platforms facilitate collaboration between multidisciplinary teams through digital platforms and telemedicine. These platforms allow real-time sharing of patient data, ensuring that all team members have access to up-to-date information. Telemedicine enables remote consultations with specialists, overcoming geographical barriers and expanding access to specialized care [36].
- **Remote Monitoring and Follow-up:** Wearable devices and remote monitoring tools allow for continuous monitoring of patient progress, particularly regarding swallowing and respiratory functions. The data collected from these devices helps healthcare providers dynamically adjust treatment plans, ensuring that interventions remain effective [37].

Conclusion:

Collaborative integration of speech-language pathology and oral health care in critical care settings represents a transformative approach to patient management. This multidisciplinary model addresses the interconnected challenges of dysphagia, oral health, and communication deficits, promotes functional recovery, and reduces complications. Proactive interventions, advanced diagnostics, and technological innovations are essential to enhancing the effectiveness of care. This framework supports comprehensive recovery, shortens hospital stays, and improves patients' quality of life by promoting shared assessments, treatment planning, and preventive strategies. In the future, standardization of practice, expanded use of

technology, and ongoing research will further advance collaborative care, establishing it as the cornerstone of critical care management for neurological patients.

References:

1. Howard, Robin, et al. "Disorders of Consciousness and Intensive Care Neurology." *Neurology: A Queen Square Textbook* (2024): 987-1048.
2. Frost, Nicole, et al. "Speech Language Pathology in the Neurocritical Care Unit." *Current Treatment Options in Neurology* 25.11 (2023): 499-516.
3. Dziedzic, Peter H., and Jose I. Suarez. "Managing Clinical Data in Neurocritical Care." *Healthcare Information Management Systems: Cases, Strategies, and Solutions*. Cham: Springer International Publishing, 2022. 235-245.
4. Barkmeier-Kraemer, Julie M., and Heather M. Clark. "Speech–language pathology evaluation and management of hyperkinetic disorders affecting speech and swallowing function." *Tremor and Other Hyperkinetic Movements* 7 (2017).
5. Harris, Brianna N., et al. "Speech and Swallow Therapy." *Complex Head and Neck Microvascular Surgery: Comprehensive Management and Perioperative Care*. Cham: Springer International Publishing, 2023. 231-248.
6. Kothari, Mohit, et al. "Oral health status in patients with acquired brain injury: a systematic review." *Oral surgery, oral medicine, oral pathology and oral radiology* 123.2 (2017): 205-219.
7. Zhang, Qi, et al. "Oral hygiene care for critically ill patients to prevent ventilator-associated pneumonia." *Cochrane Database of Systematic Reviews* 12 (2020).
8. Alshammari, Sami Muteb, et al. "Promoting Oral Health Through Interdisciplinary Collaboration: A Focus on Dentistry and Dietitians." *Journal of International Crisis and Risk Communication Research* (2024): 114-118.
9. Yoon, Min N., and Catriona M. Steele. "Health care professionals' perspectives on oral care for long-term care residents: Nursing staff, speech–language pathologists and dental hygienists." *Gerodontology* 29.2 (2012): e525-e535.
10. Jakobsen, Daniela. "Oral Hygiene: An Interprofessional Concern." *Facial-Oral Tract Therapy (FOTT) For Eating, Swallowing, Nonverbal Communication and Speech* (2021): 115-156.
11. Costanzo, Martina, et al. "The professional interactions between speech language therapist and dentist." *Exploration of Medicine* 5.4 (2024): 434-443.
12. Vodanović, Dinah, Tomislav Radošević, and Zdravko Kolundžić. "Dysphagia: an overlooked symptom and the role of a speech-language pathologist." *Medica Jadertina* 50.2 (2020): 95-100.
13. Namasivayam-MacDonald, Ashwini, et al. "Impact of dysphagia rehabilitation in adults on swallowing physiology measured with videofluoroscopy: A mapping review." *American Journal of Speech-Language Pathology* 31.5 (2022): 2195-2228.
14. Malini, K., And R. Rajkumar. "Speech And Language Impairment: Symptoms, Types, Causes, Treatment And Assistive Technology." *Inclusive Education Inclusive Education*: 159.
15. Spinnie, Melanie. "The Evolution of the Role of Speech-Language Pathologists in the NICU: Are Educational Programs Supporting the Change?." (2023).
16. Mulhern, Meghan. "Cognitive rehabilitation interventions for post-stroke populations." *Delaware Journal of Public Health* 9.3 (2023): 70.
17. Balzan, Pasquale, Rebecca Palmer, and Catherine Tattersall. "Speech and language therapists' management practices, perceived effectiveness of current treatments and interest in neuromuscular electrical stimulation for acquired dysarthria rehabilitation: An international perspective." *International Journal of Language & Communication Disorders* 59.2 (2024): 744-761.
18. Wu, Mojia, and Xiaohua Li. "Effect of Collaborative Care on the Improvement of Daily Living Abilities and Reduction of Aspiration Pneumonia in Patients with Swallowing Disorders Following Cerebral Ischemic Stroke." *Alternative Therapies in Health & Medicine* 30.10 (2024).
19. Acharya, Amit, et al., eds. *Integration of medical and dental care and patient data*. No. 167796. Springer, 2019.

20. Sroussi, Herve Y., et al. "Common oral complications of head and neck cancer radiation therapy: mucositis, infections, saliva change, fibrosis, sensory dysfunctions, dental caries, periodontal disease, and osteoradionecrosis." *Cancer medicine* 6.12 (2017): 2918-2931.
21. Little, James W., et al. *Dental Management of the Medically Compromised Patient-E-Book: Dental Management of the Medically Compromised Patient-E-Book*. Elsevier Health Sciences, 2012.
22. Devinsky, Orrin, et al. "Dental health in persons with disability." *Epilepsy & Behavior* 110 (2020): 107174.
23. Rabinstein, Alejandro A., ed. *Neurocritical Care, An Issue of Neurologic Clinics, E-Book: Neurocritical Care, An Issue of Neurologic Clinics, E-Book*. Vol. 43. No. 1. Elsevier Health Sciences, 2024.
24. Ashford, John R. "Impaired oral health: a required companion of bacterial aspiration pneumonia." *Frontiers in Rehabilitation Sciences* 5 (2024): 1337920.
25. Ilic, Rebecca Anne. *Impact of nutrient intake (enteral or oral diet) on nutrition status in stroke patients admitted to the Neuroscience Intensive Care Unit (NSICU) and disposition at discharge*. Rush University, 2013.
26. Uereten, Ece. "Models of Cognitive Work Analysis in Neurocritical Care and Perspectives on Expertise—An Ecological Interface Design Approach." (2023).
27. AB-SSD Task Force-Pediatric Group;, et al. "Tutorial on clinical practice for use of the fiberoptic endoscopic evaluation of swallowing procedure with pediatric populations: part 2." *American Journal of Speech-Language Pathology* 32.1 (2023): 55-82.
28. Ward, Matthew G. *Speech-Language Pathologists' Ratings of Airway Protection Behaviors and Treatment Recommendations for Dysphagia*. Diss. Middle Tennessee State University, 2024.
29. Orlov, Roman. "Improving the implementation of oral hygiene care in resistant-to-care clients with dementia." (2024).
30. Rogus-Pulia, Nicole M., and Emily K. Plowman. "Shifting tides toward a proactive patient-centered approach in dysphagia management of neurodegenerative disease." *American Journal of Speech-Language Pathology* 29.2S (2020): 1094-1109.
31. Murry, Thomas, Karen Chan, and Erin H. Walsh. *Clinical management of swallowing disorders*. Plural Publishing, 2024.
32. Isaias, Garcerant Campos, et al. "Approach to patient Management In Critical Condition." *Health Science Journal* 16 (2022): 1-26.
33. Habib, Muhammad Hamza, et al. "Top ten tips palliative care clinicians should know about physical therapy, occupational therapy, and speech language pathology." *Journal of Palliative Medicine* 27.5 (2024): 681-687.
34. Wu, Yuwen, et al. "Advancements and Challenges in Non-Invasive Sensor Technologies for Swallowing Assessment: A Review." *Bioengineering* 11.5 (2024): 430.
35. Fuglsig, João Marcus de Carvalho E. Silva, et al. "The current role and future potential of digital diagnostic imaging in implant dentistry: A scoping review." *Clinical Oral Implants Research* 35.8 (2024): 793-809.
36. Andrikos, Christos, et al. "An enhanced device-transparent real-time teleconsultation environment for radiologists." *IEEE journal of biomedical and health informatics* 23.1 (2018): 374-386.
37. Vitazkova, Diana, et al. "Advances in respiratory monitoring: a comprehensive review of wearable and remote technologies." *Biosensors* 14.2 (2024): 90.