

Welcome to....

THE EVIDENCE BITE

Welcome to the 3rd edition of "The Evidence Bite"

In August this year I gave a key note speech on EBP at the South African Neurological Rehabilitation Association bi-annual conference. Many in the audience had not yet heard of speechBITE and were very excited to realise that this resource was freely available to them!



A/Professor Leanne Togher
speechBITE Project Leader

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DID YOU KNOW?

speechBITE is now on twitter! Visit our page @speechBITE for the latest news.

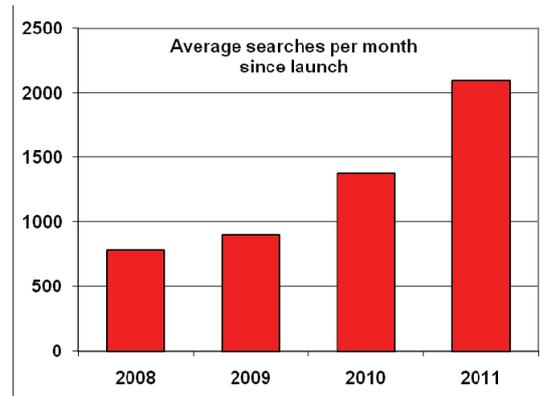


Thank you to everyone who filled out the speechBITE survey at the Speech Pathology Australia National Conference in Darwin in June. Feedback on how clinicians use the database and how it can be improved is invaluable. Congratulations to Chelsea Schiller of Victoria for winning the entry prize.

Look who's using speechBITE

speechBITE's worldwide audience continues to grow in 2011:

- From the launch of speechBITE in 2008, the average number of searches per month has increased almost 3 fold.
- The number of visitors to speechBITE has increased by 47% in 2011 compared to 2010.
- In 2011 speechBITE was accessed by 110 countries worldwide.
- Subscribers come from over 23 countries.
- The top 5 countries to access the database in 2011 are :



-  1) Australia
-  2) United States
-  3) United Kingdom
-  4) Germany
-  5) Canada

More STAT CHAT

- speechBITE now has 3005 references. There are:
 - 201 Systematic reviews
 - 769 Randomised and non-randomised controlled trials
 - 684 Case Series
 - 1351 Single case experimental designs
- References come from 763 journals and are sourced from 7 databases.
- The number of abstracts displayed and links to full text articles have increased significantly in 2011.

THANKS TO OUR SPONSORS

Thank you to The Motor Accidents Authority of NSW for their recent financial support for the maintenance and development of the speechBITE website. We also gratefully acknowledge the sponsorship of the following organisations:



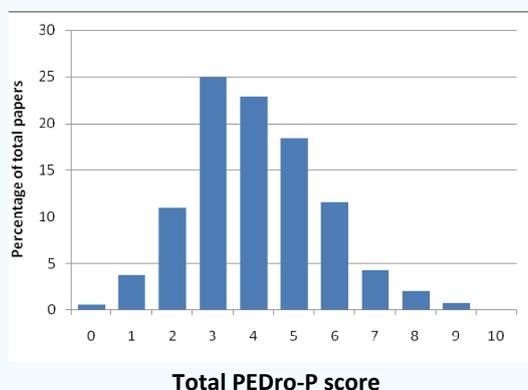
MOTOR ACCIDENTS AUTHORITY

THE RATING REPORT

Randomised controlled trials (RCTs) and non-randomised controlled trials (NRCTs) are rated for methodological quality on speechBITE using the [PEDro-P scale](#). New ratings for 236 RCTs and NRCTs have been added to the database since the beginning of 2011. A big thank you to all of our raters for their hard work!

WHAT'S THE SCORE?

The average rating for methodological quality of RCTs and NRCTs on speechBITE is 4/10. While papers with a score of 6+ are considered good quality, studies which score lower still provide important information. For many trials in speech pathology it is not possible to blind participants or therapists.



RATINGS FOR SCEDS

There are currently 1351 single case experimental design (SCED) papers on speechBITE. These designs can provide valuable information to clinicians about treatment effectiveness for specific clients. The Oxford Centre for Evidence-Based Medicine has also recently included well-designed and executed n-of-1 trials as Level 1 evidence (read more [here](#)).

Ratings for 142 SCEDS have been completed by two independent speechBITE raters using PsycBITE's RoBiN-T scale. The scale involves assessment of methodological quality including:

- Study design
- Clinical history
- Variability (e.g. sufficient sampling)
- Subjectivity (e.g. observer bias)
- Generalisation (e.g. replication)

EBP IN THE PHILLIPINES

Dr Tricia McCabe recently spent two weeks at the University of the Philippines, Manila, talking about EBP. She presented two seminars, one an introduction to EBP for the Speech Pathology team and the other an advanced workshop for the whole faculty. The value of speechBITE was clear to all who attended. Speech Pathology is rolling out a new curriculum which will, for the first time, incorporate EBP across all areas of study.

One of the topics of conversation with clinicians and academics was the barriers to EBP in the Philippines. These were predominantly the same ones as elsewhere: time to read and evaluate the literature, lack of access to online journals and a difficulty translating research into clinical practice. Everyone was very excited to learn of speechBITE and immediately logged on to check out their own areas of interest. They were delighted to see treatment research from Singapore and Hong Kong on the database and promised to get their own work published so that they could add it to the Asia Pacific evidence. As a result of Tricia's visit, the Philippines Speech Pathology Association will be starting their own online journal which is very exciting.

One idea for easier EBP that Tricia shared with the Philippino SPs was, after finding articles in speechBITE, you can directly email authors of papers if you don't have electronic access to the paper - many journals provide authors with a limited licence to share their work so you may be able to get a copy of the paper from the author. Tricia will continue to work with UPM to develop their EBP curriculum and evaluate the implementation.

NEW RESOURCE

Allied Health Evidence

alliedhealthevidence.com

is a search tool that locates treatment research by searching across 4 allied health databases at once: PEDro (Physiotherapy), OTseeker (Occupational Therapy), speechBITE (Speech Pathology), and PsycBITE (acquired brain impairment). Head to the website and give it a try!

SPOTLIGHT ON..... DYSPHAGIA INTERVENTION

Dysphagia can have a significant impact on quality of life and is a large part of a hospital clinician's caseload. This issue puts a spotlight on two quality papers investigating treatment for swallowing difficulties.

Speyer R, Baijens L, Heijnen M, & Zwijnenber I (2010). Effects of therapy in oropharyngeal dysphagia by speech and language therapists: a systematic review. Dysphagia 25(1): 40-65

AIM: To review the evidence for the effects of swallowing therapy in oropharyngeal dysphagia carried out by speech and language pathologists.

METHOD: Systematic Review. The authors completed a literature search of all published studies in the area up to November 2008, excluding consensus and expert opinion. Surgical and pharmacological treatments were excluded. Studies were classified according to levels of evidence.

RESULTS: The 59 studies that met inclusion criteria covered a range of compensatory and/or rehabilitative techniques including bolus modification, facilitation techniques and swallow postures. 10 high quality randomised controlled trials and 49 well-designed nonrandomised studies were found. Statistical pooling of the results was not completed due to the heterogeneity of study designs.

CONCLUSION: Overall, the authors reported that the majority of papers in the review reported statistically significant effects of therapy. However, the authors report that the small number of studies available in addition to the diversity of subject populations, intervention types and assessment techniques meant that results of studies cannot easily be generalised or compared.

PEDro rating: Systematic reviews are not rated on speechBITE.

[Click here](#) to access the abstract on speechBITE.

Logemann JA, Rademaker A, Pauloski BR, Kelly A, Strangl-McBreen C, Antinoja J, Grande B, Farquharson J, Kern M, Easterling C, & Shaker R (2009). A randomised study comparing the shaker exercise with traditional therapy: a preliminary study. Dysphagia 24(4): 403-411

AIM: To determine whether the Shaker exercise or traditional swallowing therapy is better at reducing aspiration and improving swallow function of patients with oropharyngeal dysphagia.

METHOD: Randomised controlled trial.

TREATMENT: 19 patients with aspiration due to stroke or chemoradiation for head and neck cancer were randomised to receive either traditional swallowing therapy or instruction in the Shaker exercise with a speech pathologist twice per week for 6 weeks. The Shaker exercise consisted of sustained and consecutive repetitions of head lifts from the supine position. Traditional swallowing therapy involved a series of exercises including the super-supraglottic swallow, the Mendelsohn maneuver, and tongue base exercises.

RESULTS: Modified barium swallow was performed before and after therapy. There was significantly less aspiration in the Shaker group than the traditional group following treatment. Residue in the oral cavity and pharynx did not differ between groups. The traditional group improved in some measures of swallowing physiology after therapy (e.g. hyoid and laryngeal movements). However 5 patients did not complete follow-up assessments.

*Significantly less aspiration
in the Shaker group than
the traditional group*

PEDro RATING: Random allocation: Yes. Concealed allocation: No. Baseline comparability: Yes. Blind subjects: No. Blind therapists: No. Blind assessors: Yes. Adequate follow-up: No. Intention-to-treat analysis: Yes. Between-group comparisons: Yes. Point estimates and variability: Yes. TOTAL SCORE: 6/10

[Click here](#) to access the abstract on speechBITE.

Want more information on speechBITE? Contact the Project Manager email:info@speechbite.com