

The **EAT-10**: an evidence-based,
clinically-validated dysphagia screening tool⁵

EASY

- Just **10 questions** to help you measure the presence and severity of swallowing difficulty
- Easy to interpret** thanks to its simple scoring system. An **Eat-10 score ≥ 3** may need further investigation and indicates the possible presence of swallowing difficulties
- Can be completed either by the patients themselves or by healthcare professionals.

QUICK

- Quick completion time** by patients in **<2 minutes**.

RELIABLE & VALIDATED

- Proven reliability and validity with in a wide range of conditions and in different settings** and in relation to the gold standard and other validated instruments.⁵
- Transcultural adaptation** and **translation studies** have shown the **validity and reliability of EAT-10** in relation to the gold standard and other validated instruments⁵.
- Potential in predicting aspiration risk in specific populations** (neurological disorders, head and neck cancer, COPD and obstructive sleep apnoea) with different cut-off points⁵.
- Provide** complementary information to **other diagnostic tools**.⁵

EAT-10 the optimal tool to be used as a **primary screening instrument** for dysphagia **in routine clinical practice**

nplushub.co.uk/medical-nutrition-areas/dysphagia/history-and-science-behind-eating-assessment-tool-10-eat-10



Look at the recent **publication that reviews** and identifies the validation, **applicability and benefits of using EAT-10** in real clinical practice.

nplushub.co.uk/medical-nutrition-areas/dysphagia/scientific-evidence-supporting-eating-assessment-tool-10-eat-10



Watch Dr. A.C Blanco discuss EAT-10 screening tool validity & use.

⁵. Schindler A et al. J Nutr Health Ageing 2023

DYSPHAGIA *care*

✓ **starts with screening**



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Clinically-validated dysphagia
screening tool .

DYSPHAGIA: UNDER-DIAGNOSIS

- About **15% of community-dwelling adults** over the age of **50 years** suffer from dysphagia¹⁻².
- The recognition of signs and symptoms of dysphagia in the medical community **has not been prioritised and training in the area is needed**.



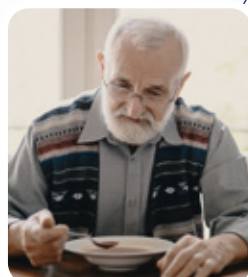
I have COPD and cough regularly. This increases after I take a drink and I have had more chest infections recently. Is this normal?



I have Parkinson's and now find that food takes a long time to chew and swallow. It sometimes sticks in my throat and makes me cough.



I have had a stroke and now regularly cough with tangerines, beans and crackers.



I have dementia and am regularly the last one to finish my meal. I chew and chew before swallowing and my food is often cold by the time I have finished.

Unmanaged dysphagia leads to serious complications and impaired quality of life³.

SCREEN YOUR PATIENTS IN ALL SETTINGS WITH THE **EAT-10**

EAT-10:

A Swallowing Assessment Tool
For the screening of swallowing disorders

LAST NAME	FIRST NAME	SEX	AGE	DATE
OBJECTIVE:				
EAT-10 helps to assess for potential swallowing difficulties It may be important for you to talk with your doctor about treatment options for symptoms.				
A. INSTRUCTIONS:				
Answer each question by writing the number of points in the boxes. To what extent do you experience the following problems?				
1 My swallowing problem has caused me to lose weight.		6 Swallowing is painful.		
0 = no problem 1 2 3 4 = severe problem		0 = no problem 1 2 3 4 = severe problem		
2 My swallowing problem interferes with my ability to go out for meals.		7 The pleasure of eating is affected by my swallowing.		
0 = no problem 1 2 3 4 = severe problem		0 = no problem 1 2 3 4 = severe problem		
3 Swallowing liquids takes extra effort.		8 When I swallow food sticks in my throat.		
0 = no problem 1 2 3 4 = severe problem		0 = no problem 1 2 3 4 = severe problem		
4 Swallowing solids takes extra effort.		9 I cough when I eat.		
0 = no problem 1 2 3 4 = severe problem		0 = no problem 1 2 3 4 = severe problem		
5 Swallowing pills takes extra effort.		10 Swallowing is stressful.		
0 = no problem 1 2 3 4 = severe problem		0 = no problem 1 2 3 4 = severe problem		
B. SCORING:				
Add up the number of points and enter your total score in the boxes. Total Score (max. 40 points)				
C. WHAT TO DO NEXT:				
If the EAT-10 score is 3 or higher, you may have problems swallowing efficiently and safely. We recommend discussing the EAT-10 results with a doctor, specialist nurse or Speech and Language Therapist				

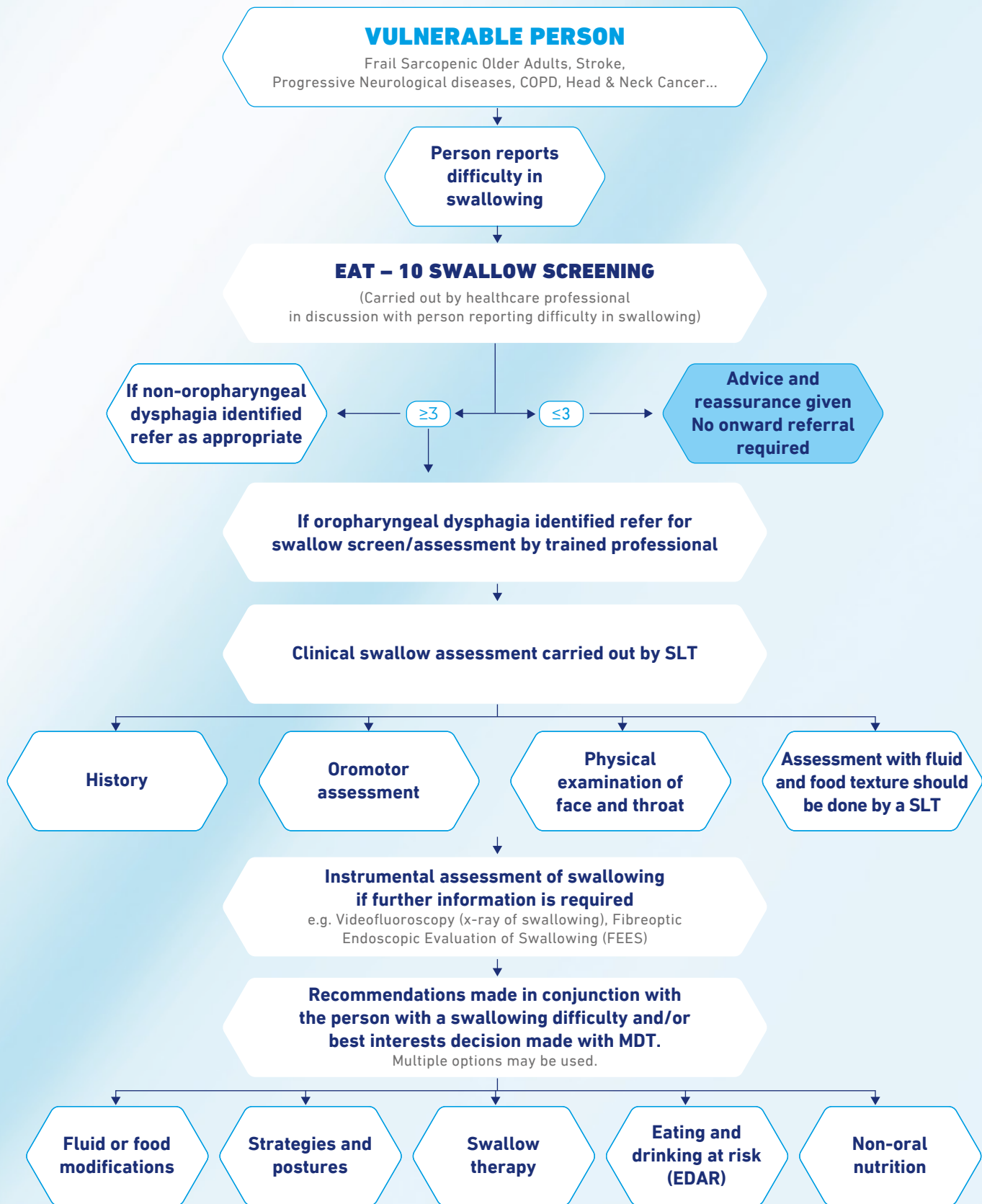


Download **EAT-10** dysphagia screening tool
nplushub.co.uk/medical-nutrition-areas/dysphagia/eat-10-screening-tool

Reference: Belafsky PC, Mouadeb DA, Rees CJ, Pryor JC, Postma GN, Allen J, Leonard RJ. Validity and reliability of the Eating Assessment Tool (EAT-10). Ann Otol Rhinol Laryngol. 2008 Dec;117(12):919-24. doi: 10.1177/000348940811701210. PMID: 19140539.

*Reg. Trademark of Société des Produits Nestlé S.A. Nestlé Health Science UK. NHSc 011b March 2024

SCREENING AND INTERVENTION IN DYSPHAGIA **CAN MAKE A DIFFERENCE**



EAT-10: Eating Assessment Tool.

MDT: Multi disciplinary team