

Key Studies Supporting PES Treatment of Dysphagia

PUBLICATION	DESCRIPTION	OBJECTIVE(S)	PRIMARY OUTCOMES
Treating postextubation dysphagia after stroke with PES – insights from a randomized controlled pilot trial  Suntrup-Krueger S, Labeit B, Marian T, et al. Neurotherapeutics. 2025 Jul;22(4):e00613. DOI:10.1016/J.NEUROT.2025.E00613  Suntrup-Krueger S, Labeit B, Marian T, et al. Critical Care. 2023 Oct 3;27(1):383. DOI:10.1186/S13054-023-04665-6	Independent Single-center Prospective RCT N=60 Acute stroke + post extubation	Evaluate safety and effectiveness of PES to improve swallowing function and reduce complications shortly following extubation	Full Analysis, <i>PES vs. sham respectively</i> - FOIS: 4.1 vs 2.1, $p < 0.0005$ - ICU days: 3.1 vs 8.5, $p = 0.008$ - Acute-care days: 13.8 vs 21.9, $p = 0.004$ Interim Analysis, <i>PES vs. sham respectively</i> - Pneumonia rate: 60% vs 83%, $p = 0.045$ - Time to total oral nutrition: 4.3 vs 10.2 days, $p = 0.001$ - Tube dependent at discharge: 27% vs 53%, $p = 0.035$
PES for early decannulation in tracheotomised patients with neurogenic dysphagia after stroke (PHAST-TRAC): a prospective, single-blinded, randomized trial  Dzielas R, Stellato R, van der Tweel I, et al. Lancet Neurol. 2018;17(10):849-859. DOI: 10.1016/S1474-4422(18)30255-2	International Multicenter Prospective RCT Crossover design N=69 Stroke + tracheostomized	Evaluate safety & efficacy of PES to improve swallowing function and accelerate readiness for decannulation	- After three PES treatments, 49% of patients improved swallowing function and were able to be decannulated vs 9% of patients in the sham group ($p = 0.00082$) - After six PES treatments, an additional 27% of patients were able to be decannulated
The Outcome of Intraluminal Electrical Pharyngeal stimulation on Oropharyngeal Dysphagia in Acute Stroke Patients  Youssef G, and El-Banna M, Al-Azhar Assiut Med Journal. 2015; 13(1):68-72.	Independent Prospective RCT N=18 Stroke	Evaluate role of early treatment with PES in improving swallowing function.	PES treatment significantly improved swallowing function, as compared to sham treatment - PAS: >2x greater improvement (59.6% vs. 29.8%, $p = 0.017$) - FOIS: 25% greater improvement (85% vs. 67.8%, $p = 0.024$) - Pharyngeal Secretions: >2x greater improvement (68.2% vs. 33.9%, $p = 0.032$)

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Pharyngeal electrical stimulation for neurogenic dysphagia following stroke, traumatic brain injury or other causes: Main results from the PHADER cohort study  Bath PM, Woodhouse LJ, Suntrup-Krueger S, et al. EClinicalMedicine. 2020;28:100608. Published 2020 Nov 10. DOI: 10.1016/j.eclinm.2020.100608	International Multicenter Single arm Prospective Observational study N=255 Stroke, TBI, non-neuro + non-vent, post- extubation & tracheostomized	Evaluate effectiveness of PES to improve swallowing function in a real-world cohort	- PES linked to positive swallow and diet intake outcomes including DSRS, PAS and FOIS scores - DSRS: Significant improvement in all groups (p<0.001) - Stroke w/o mechanical ventilation: 6.7-point reduction at 3 months - Stroke w/ vent + tracheotomy: 6.5-point reduction at 3 months - PAS: Improved with rates falling significantly across all groups (mean = 4.1 units, p=0.003) - FOIS: Improved across the cohort (mean = 2.9 points, p=0.042)
Electrical pharyngeal stimulation for dysphagia treatment in tracheotomized stroke patients: a randomized controlled trial  Suntrup S, Marian T, Schröder JB, et al. Intensive Care Med. 2015;41(9):1629-1637. DOI: 10.1007/S00134-015-3897-8.	Independent Single-center Prospective RCT N=30 Stroke + tracheostomized	Evaluate PES for swallow recovery in severely dysphagic tracheotomized stroke patients and earlier decannulation compared to sham.	After PES treatment, 75% of patients improved swallowing function and were able to be decannulated vs. 20% of patients in the sham group (p<0.01)
Increase of Substance P Concentration in Saliva after Pharyngeal Electrical Stimulation in Severely Dysphagic Stroke Patients – an Indicator of Decannulation Success?  Muhle P, Suntrup-Krueger S, Bittner S, et al. Neurosignals. 2017;25(1):74-87. DOI: 10.1159/000482002	Independent Single-center Single-arm Prospective Observational study N=23 Stroke + tracheostomized	Evaluate efficacy of PES on decannulation of tracheotomized patients and potential link between treatment success and increase in Substance P.	- After PES treatment, 61% of patients were able to be decannulated - PES linked to increase in swallow-related neurotransmitter Substance P 79% increase in responders vs. 11% increase in non-responders

PAS = Penetration Aspiration Scale, FOIS = Functional Oral Intake Scale, DSRS = Dysphagia Severity Rating Scale