Propositions accompanying the thesis

Shedding light on oropharyngeal dysphagia in myotonic dystrophy type 1

1. The onset of swallowing difficulties in myotonic dystrophy type 1 is highly variable, and oropharyngeal dysphagia can already be present in the early stages of muscular impairment (thesis).

2. Even when swallowing function is clearly impaired, adaptation of food consistency and volume to facilitate swallowing is not common practice among myotonic dystrophy patients (thesis).

3. A multidimensional swallowing assessment, including an instrumental examination such as fiberoptic endoscopic evaluation of swallowing and a patient’s self-report swallow-related quality-of-life questionnaire, is recommended for all myotonic dystrophy patients with swallowing complaints (thesis).

4. Interpretation of swallowing images is based on visual judgment and is thus subjective (thesis).

5. Swallowing assessment outcomes are heterogeneous, both within and between subjects, and this diversity is only partly explained by the etiology of the swallowing dysfunction (thesis).

6. Just like you cannot clap with only one hand, in clinical research the team plays a vital role.

7. A better understanding of the swallowing measures for diagnosis and follow-up of oropharyngeal dysphagia contributes to evidence-based practice.

8. “One cannot think well, love well, sleep well, if one has not dined well” (Virginia Wolf).

9. Eating is a social activity, and changes in the person’s ability to swallow have a large impact on the enjoyment of sharing a meal with others and on social interaction.

10. “Your assumptions are your windows on the world. Scrub them off every once in a while, or the light won’t come in” (Alan Alda).

11. Swallowing function, including its impact on the person’s physical and mental condition, should be periodically assessed in patients with a known condition (for example, neuromuscular disease) in which dysphagia may occur during the course of the disease (Richtlijnendatabase Orofaryngeale dysfagie).

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