Background:
It is estimated 85% of ALS patients experience swallowing difficulties at some point in the disease process. The Eating Assessment Tool-10 (EAT-10) is a validated, self-rated, swallowing specific outcome measure developed to quantify patients’ swallowing symptoms. The EAT-10 has been translated and validated in several languages. This tool was developed to document initial severity of swallowing disorder symptoms and response to treatment. Serial administration of the EAT-10 has been implemented in many ALS clinics to document symptom severity and measure change throughout the course of the disease. There is progressive deterioration in ALS. Does the EAT-10 reflect progressive dysphagia? When do we stop using the EAT-10?

Objectives:
The objectives of this study are to:
1. determine the linear nature and serial consistency of EAT-10 scores in the ALS population
2. correlate EAT-10 scores with other commonly collected ALS data points
3. determine the utility of EAT-10 scores during different stages of ALS
4. discuss the benefits and shortcomings of this and other self-report scales in ALS and strategies to best utilize the information for clinical decision-making

Method:
Longitudinal data from 269 ALS patients in multidisciplinary ALS/MND clinics at Houston Methodist Hospital and Cedars-Sinai Medical Center were collected from April 2014 to February 2016. Data collection included demographics, serial EAT-10 scores, ALS-FRS-R scores, weight, BMI, and FVC measured at each clinic. We will examine the correlation of EAT-10 scores with site of onset, disease length, ALSFRS-R, FVC, PEG placement, weight and BMI.

Discussions/Conclusions:
Understanding limitations of self-reported swallowing measures is important when interpreting scores as they may not accurately reflect disability. Factors such as adaptation to disability, cognitive deficits, and patient underreporting of symptoms may play a role in EAT-10 score variation when compared to other clinical data. It is important to determine if the EAT-10 is applicable to the entire ALS disease duration. The limitations of self-report assessments should be considered when making clinical decisions based on these scores. Whereas they offer a unique patient perspective, we recommend they be taken into consideration in conjunction with objective clinical measures for clinical decision-making.