

**Table 2. Characteristics of included studies – Sliktrainingsprogramma’s bij dysfagie**

Study	Participants	Comparison	Follow-up	Outcome measures	Comments	Risk of bias (per outcome measure)*
<p><i>Included in systematic review Lee, 2024 see Table 1 in article (Balbinot, 2020; Chen, 2018; Kotz, 2012; Tarameshlu, 2019; Turra, 2021; Hsiang, 2019; Troche, 2010; Park, 2019a; Choi, 2017; Dotevall, 2023; Park, 2017; Tuomi, 2022; Kim and Park, 2019; Park, 2018; Park, 2020; Kim, 2017; Moon, 2018; Plaza 2022; Jang, 2019; Liaw, 2020; Eom, 2017; Park, 2016; Gao&amp; Huang, 2014; Park, 2019b)</i></p>						
<p><i>Individual studies</i></p>						
Wakabayashi, 2018	<p>N at baseline</p> <p>Intervention: 43</p> <p>Control: 48</p> <p>Age (mean, SD)</p> <p>Intervention: 79.6, 7.2</p> <p>Control: 80.2, 6.6</p> <p>Sex (M/F)</p> <p>Intervention: 17/26</p> <p>Control: 20/28</p>	<p>Intervention: Resistance training of swallowing muscles (tongue-press + head-flexion)</p> <p>Control: usual care with educational brochure only</p>	<p>Post-intervention (duration not clearly specified; intervention described as 2 sessions/week for several weeks)</p>	EAT-10 score	<p>No funding from industry declared; nutritional status was associated with better outcomes in secondary analysis</p>	<p>Some concerns (lack of blinding)</p>
Claus, 2021	<p>N at baseline</p> <p>Intervention: ~25</p> <p>Control: ~25</p> <p>Population: Patients with Parkinson’s disease and</p>	<p>Intervention: Expiratory Muscle Strength Training (EMST) using a threshold device set at 75% of individual maximum expiratory pressure; home-based training, 5 days/week, 5 sets of 5 repetitions, for</p>	<p>Post-intervention (4 weeks) and 3-month follow-up</p>	<p>Patient-reported swallowing function (Swallowing Disturbance Questionnaire, SDQ)</p>	<p>No industry funding reported</p>	<p>Low</p>

	<p>pharyngeal dysphagia confirmed by FEES</p> <p>Age (mean, SD): Not clearly reported per group</p> <p>Sex: Not clearly reported per group</p>	<p>4 weeks</p> <p>Control: Sham EMST device with minimal/no resistance, identical training schedule</p>		<ul style="list-style-type: none"> <li>• Swallowing-related quality of life (SWAL-QOL)</li> </ul>		
Jensen, 2022	<p>N at baseline</p> <p>Intervention: 48</p> <p>Control: 42</p> <p>Age (median)</p> <p>Intervention: 79</p> <p>Control: 77.1</p> <p>Sex (M/F)</p> <p>Intervention: 24/24</p> <p>Control: 24/18</p>	<p>Intervention: CTAR training + standard care</p> <p>Control: standard care only (dietary advice, supervision, posture)</p>	12 weeks	DHI-DK	No industry funding reported; some heterogeneity in diagnoses (e.g., stroke, Parkinson's Disease); no instrumental swallowing assessments used	High (unclear allocation concealment, blinding loss to follow-up)
Liu, 2025	<p>N at baseline</p> <p>Intervention: 29</p> <p>Control: 29</p>	<p>Intervention: conventional swallowing therapy plus inspiratory muscle training</p> <p>Control: conventional swallowing therapy</p>	2 weeks	FOIS FDS PAS	This research was supported by Fujian Provincial Natural Science Foundation of China (Grant No. 2023 J011858) , the National Natural Science Foundation of China (Grant No.	High (randomization, allocation concealment, blinding)

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Richtlijn Orofaryngeale dysfagie 2026

	<p>Age (mean, SD)</p> <p>Intervention: 59.66, 8.90</p> <p>Control: 62.44, 8.60</p> <p>Sex (M/F)</p> <p>Intervention: 21/8</p> <p>Control: 21/8</p>	<p>(Both groups received conventional swallowing function training, including oral sensory training, oral motor training, airway safety protection training, and neuromuscular electrical stimulation therapy for 10–20 min per session, twice daily for 2 weeks. The treatment group additionally received inspiratory muscle resistance training using the POWERbreathe device for 20 min per session, twice daily for 2 weeks.)</p>			<p>82172531) and the Joint Funds for the Innovation of Science and Technology, Fujian Provinc (No.2021Y9105).</p> <p>The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.</p> <p>Patients: post ischemic stroke</p>	
Zhang (2025)	<p>N at baseline</p> <p>Intervention: 48</p> <p>Control: 48</p> <p>Age (mean, SD)</p> <p>Intervention: 58.2 (±8.7)</p> <p>Control: 59.1 (±9.2)</p> <p>Sex M/F</p> <p>Intervention: 35/13</p>	<p>Intervention: Combined swallowing training + nutritional management</p> <p>Control: Standard care (no swallowing or feeding intervention)</p>	3 months	EAT-10 MDADI	<p>No major funding bias reported.Study conducted at single specialized cancer center.No conflicts of interest reported.</p> <p>Patients: head neck cancer</p>	Some concern (lack of blinding)

	Control: 34/14					
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*\*For further details, see risk of bias table in the appendix*