LR05
SLP and the Pandemic: Speech-Language Pathologists' Role in Management and Rehabilitation of Patients with COVID-19

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INTRODUCTION/OBJECTIVES: Since the declaration of the global pandemic of Coronavirus Disease 2019 (COVID-19) in March 2020 healthcare system has faced many challenges. Speech-language pathologists (SLPs) as healthcare professionals had to adapt to new work settings and also had to find a place within a multidisciplinary team that takes care of patients with COVID-19. This work aims to define and describe speech-language pathologists' role in the management and rehabilitation of patients with COVID-19.
MATERIALS AND METHODS: This literature review is based on a Web of Science and PubMed database search completed in February 2022. The following keywords were used: ((((COVID-19) AND (speech-language pathology)) NOT (telepractice)) NOT (telerehabilitation)).
RESULTS: Patients with severe COVID-19 are at risk for developing communication, language, speech, voice and swallowing disorders as a result of intubation and due to respiratory and neurological complications. Frequent complications associated with COVID-19 are dysphagia and dysphonia. SLPs are engaged throughout the whole rehabilitation process, and they have different assignments depending on the stage of recovery. During the acute phase, in intensive care units, SLPs' tasks include dysphagia screening and communication support. In inpatient units, SLPs provide dysphagia treatment. Swallowing, voice, language and speech rehabilitation is implemented in outpatient medical facilities.
CONCLUSION: Speech-language pathologists as healthcare professionals participate in the management and rehabilitation of patients with COVID-19 within a multidisciplinary team. Considering the clinical presentation of COVID-19 and its complications, it is clear that SLPs have a crucial role in regaining quality of life.

LR06
SPREADING THE WORD ABOUT ALPHA1-ANTITRYPSIN DEFICIENCY

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INTRODUCTION/OBJECTIVES: Alpha1-antitrypsin is synthesized mainly in the liver and to a lesser degree, by neutrophils and macrophages. Individuals with α1AT deficiency are prone to early onset lung and liver disease. This condition is the most common genetic cause of liver disease in children and an underappreciated cause of liver disease in adults. My aim is to highlight the current knowledge of this condition in hopes of better understanding its role in these diseases and raise awareness regarding the early diagnosis of this deficiency, in order to avoid major deteriorations, misdiagnosis and to ensure an efficient treatment.
MATERIALS AND METHODS: Various papers were analyzed, using the PubMed database, and studies which focused on proteinase inhibitors, alpha1-antitrypsin and causes of liver disease.
RESULTS: α1AT deficiency is characterized by pulmonary disease, especially emphysema and bronchiectasis, and hepatic disease. The Z allele variant, where mutant protein is accumulated within hepatocytes, results in cirrhosis and neonatal hepatitis. Currently, no cure is available for alpha1-antitrypsin deficiency. The main problem identified is that α1AT deficiency is underdiagnosed, because the lung tissue damage is slow, which can lead to a remarkable delay in the onset of symptoms. Furthermore, the α1AT deficiency symptoms are similar to other respiratory diseases', such as asthma and chronic obstructive pulmonary disease.
CONCLUSION: Raising awareness about α1AT deficiency is crucial in minimizing the risk of misdiagnosing. Early diagnosis helps patients with this disease to receive a specific therapeutic treatment, with better outcomes.

CLINICAL MEDICINE, LITERATURE REWIEV & OTHER