

• **Name:** Keisuke MAEDA, MD, PhD

• **Current Position:** Senior Lecturer, Palliative Care Center, Aichi Medical University

• **Country:** Japan

• **Educational Background:**

2002 - 2006 PhD Medicine

Graduate School of Medical Science, Kumamoto University, Japan

1992 - 1998 MD

School of Medicine, Kumamoto University, Japan

• **Professional Experiences:**

2017 – present Senior Lecturer

Palliative Care Center, Aichi Medical University, Japan

2011 – 2017 Chairman of Nutrition Support Team

Tamana Regional Health Medical Center, Japan

• **Research Interest:**

- Malnutrition in older adults
- Swallowing difficulties
- Sarcopenia
- Aspiration pneumonia

• **Main Scientific Publications:**

● Maeda K, et al. Clin Interv Aging. (2017 in press)

“Interferential current sensory stimulation, through the neck skin, improves airway defense and oral nutrition intake in patients with dysphagia: a double-blind randomized controlled trial”

● Maeda K, et al. Geriatr Gerontol Int. 2017

“Cognitive impairment has no impact on hospital-associated dysphagia in aspiration pneumonia patients”

● Maeda K, et al. Tohoku J Exp Med. 2017

“Feeding Support Team for Frail, Disabled, or Elderly People during the Early Phase of a Disaster.”

● Maeda K, et al. Ann Nutr Metab. 2017

“Predictive Accuracy of Calf Circumference Measurements to Detect Decreased Skeletal Muscle Mass and European Society for Clinical Nutrition and Metabolism-Defined Malnutrition in Hospitalized Older Patients.”

● Maeda K, et al. J Am Geriatr Soc. 2016

“Reliability and Validity of a Simplified Comprehensive Assessment Tool for Feeding Support: Kuchi-Kara Taberu Index.”

● Maeda K, et al. Nutr Clin Pract. 2017

“Sarcopenia Is Highly Prevalent in Older Medical Patients with Mobility Limitation.”

● Maeda K, et al. J Am Geriatr Soc. 2017

“Muscle Mass Loss Is a Potential Predictor of 90-Day Mortality in Older Adults with Aspiration Pneumonia.”

● Maeda K, et al. J Gerontol A Biol Sci Med Sci. 2017

“Decreased Skeletal Muscle Mass and Risk Factors of Sarcopenic Dysphagia: A Prospective Observational Cohort Study.”

● Maeda K, et al. Geriatr Gerontol Int. 2017

“Cognitive impairment is independently associated with definitive and possible sarcopenia in hospitalized older adults: The prevalence and impact of comorbidities.”

● Maeda K, et al. Clin Nutr. 2016

“Tentative nil per os leads to poor outcomes in older adults with aspiration pneumonia.”

● Maeda K, et al. Geriatr Gerontol Int. 2016

“Sarcopenia is an independent risk factor of dysphagia in hospitalized older people.”