

PATIENT-REPORTED OUTCOMES

IQoro neuromuscular training

Pooled manufacturer survey, 2020–2026

Descriptive real-world evidence from 20,008 respondents

Clinical interpretation The survey shows a large, consistent patient-reported improvement signal across reflux- and swallowing-related symptoms, supported by reported reductions in medicines and compensatory feeding measures. It cannot establish causality or replace controlled clinical evidence.

Prepared by MYoroface AB, manufacturer of IQoro
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Executive summary

Purpose. To describe patient-reported outcomes among IQoro users surveyed annually after receiving a device during the preceding 12 months. The 2026 wave adds 1,406 respondents, including the first German-language survey cohort (n=218).

Finding	Result
Survey population	20,008 respondents across 2020–2026; 1,406 in 2026
Symptom outcomes	Across symptom groups with ≥700 responses, 70–85% reported at least slight improvement.
OTC reflux medicines	74% of prior users reported reducing or stopping (6,874/9,273; 2021–2026)
Prescription PPIs	66% of prior users reported reducing or stopping (5,622/8,575; 2021–2026)
Modified-consistency foods	68% of prior users reported reduced need (214/316; 2021–2026)
Drink thickeners	63% of prior users reported reduced need (85/136; 2021–2026)
PEG feeding	28% reported PEG removal and 19% improved oral intake without removal (43/156 and 30/156)

Source: Jul 26 Analysis.xlsx; audited totals from Q1, Q6–Q8, Q15–Q17, Q31 and Q32.

Bottom line The scale and internal consistency of the responses make this survey useful as a post-market outcome signal. The results are hypothesis-supporting, not a controlled estimate of treatment effect.

Conclusions

The addition of 1,406 respondents in 2026 brings the current workbook’s 2020–2026 survey population to 20,008. Across common symptoms, most respondents reported at least some improvement, and approximately one-third to one-half reported being symptom-free or greatly improved, depending on the symptom. Reported reductions in OTC medicines, PPIs and compensatory feeding measures provide clinically relevant corroborating signals.

The strength of this evidence lies in its scale, repeatability and real-world context. Its limitations prevent attribution of the observed changes to IQoro alone. The most defensible conclusion is therefore that the survey demonstrates a large and consistent patient-reported outcome signal, suitable for hypothesis generation and post-market surveillance, and supportive of—but not a substitute for—controlled clinical evidence.

What changed in 2026?

- The survey regained participation after the small reduction in 2025: 1,406 responses versus 626 in 2025.
- The German-language version contributed 218 respondents and broadened geographic coverage.
- The 2026 symptom-improvement pattern was broadly consistent with the pooled series; for most common symptoms, 2026 “any improvement” proportions were within or above the pooled range.
- Among relevant 2026 respondents, 78% reported reducing/stopping OTC reflux medicines and 72% reported reducing/stopping PPIs.

1. Methods

Survey design and eligibility

Each annual questionnaire was sent at midsummer to all identifiable users who had received an IQoro device during the preceding 12 months and for whom the manufacturer held an email address. No additional respondent-exclusion criteria were applied. English and Swedish language versions were used throughout the series; a German language version was added in 2026.

The survey combined marketing, usability and patient-outcome questions. This report includes only clinically relevant patient-reported outcomes, treatment-use changes, training exposure and usability measures.

Analysis population and denominators

The headline population (N=20,008) is the sum of respondents completing the age item in the current workbook: 2,874 (2020), 4,436 (2021), 3,457 (2022), 3,776 (2023), 3,433 (2024), 626 (2025) and 1,406 (2026).

Outcome definitions

- Any symptom improvement: symptom-free, greatly improved or slightly improved.
- Substantial symptom improvement: symptom-free or greatly improved.
- Treatment-use improvement: complete cessation or partial reduction among respondents who reported using that treatment at baseline.
- Time to first improvement: respondent recall; “do not remember” is retained as a separate category and is not redistributed in the primary analysis.

Data audit

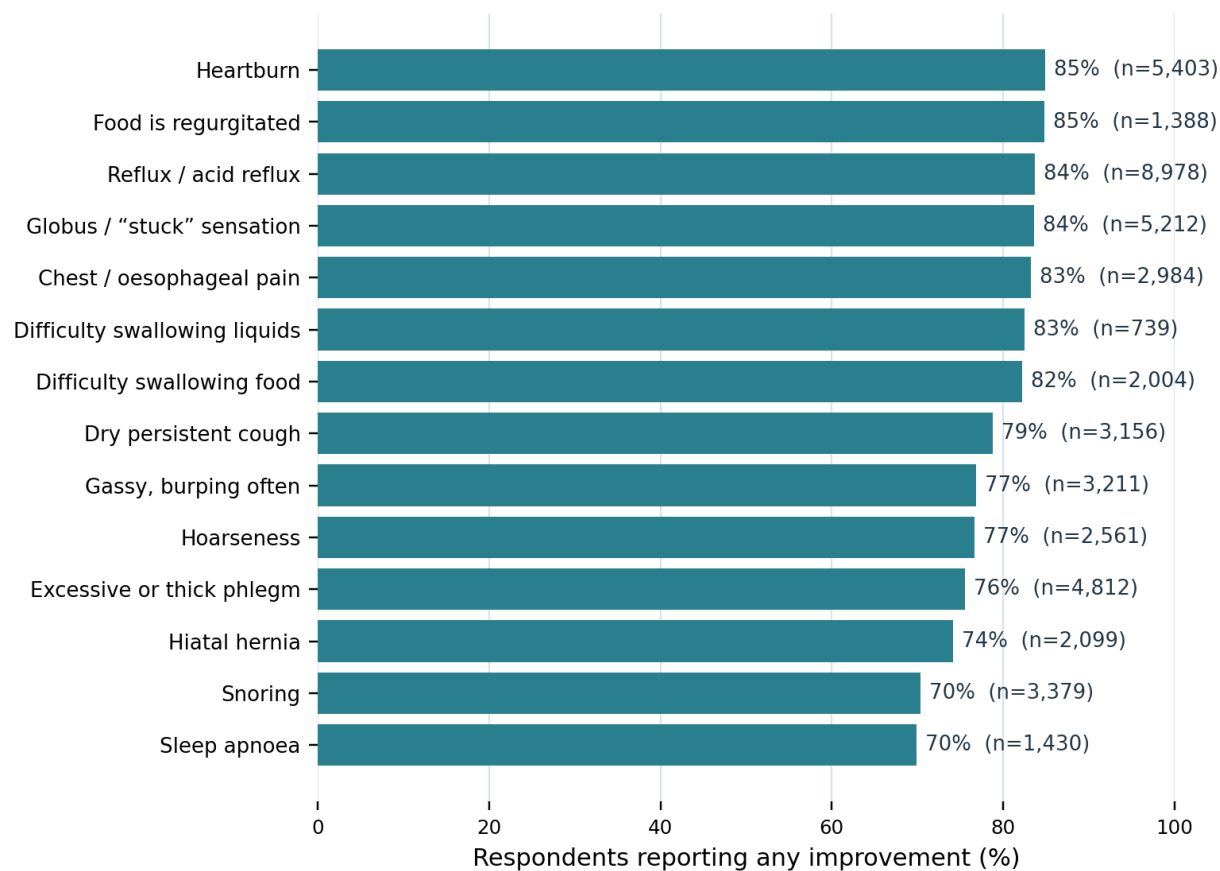
Displayed values and formulas were reconciled to the raw year-by-language count blocks. A row-alignment error was identified in a derived OTC-medication summary block; this report therefore recalculates OTC outcomes directly from the correctly aligned response categories. Historic totals are reported from the current workbook and may differ slightly from earlier report versions.

Important No response rate can be calculated from the supplied workbook because the number of invitations and deliverable emails is not included.

2. Patient-reported symptom outcomes

Respondents rated each applicable symptom as symptom-free, greatly improved, slightly improved or not improved. The dominant finding is not one unusually strong endpoint, but a broadly similar improvement pattern across multiple symptom domains.

Figure 1. Any patient-reported improvement by symptom, pooled 2020–2026



Source: Jul 26 Analysis.xlsx, Q31 Symptom reduction, totals AY:BC. “Any improvement” combines symptom-free, greatly improved and slightly improved. Figure includes symptom groups with $n \geq 700$.

High-volume symptom groups

Symptom	n	Any improvement	Symptom-free / greatly improved
Reflux / acid reflux	8,978	84%	48%
Heartburn	5,403	85%	51%
Globus / “stuck” sensation	5,212	84%	50%
Difficulty in swallowing food	2,004	82%	44%
Excessive or thick phlegm	4,812	76%	35%
Dry persistent cough	3,156	79%	45%
Gassy, burping often	3,211	77%	37%
Chest / oesophageal pain	2,984	83%	51%
Food is regurgitated	1,388	85%	52%
Hoarseness	2,561	77%	40%

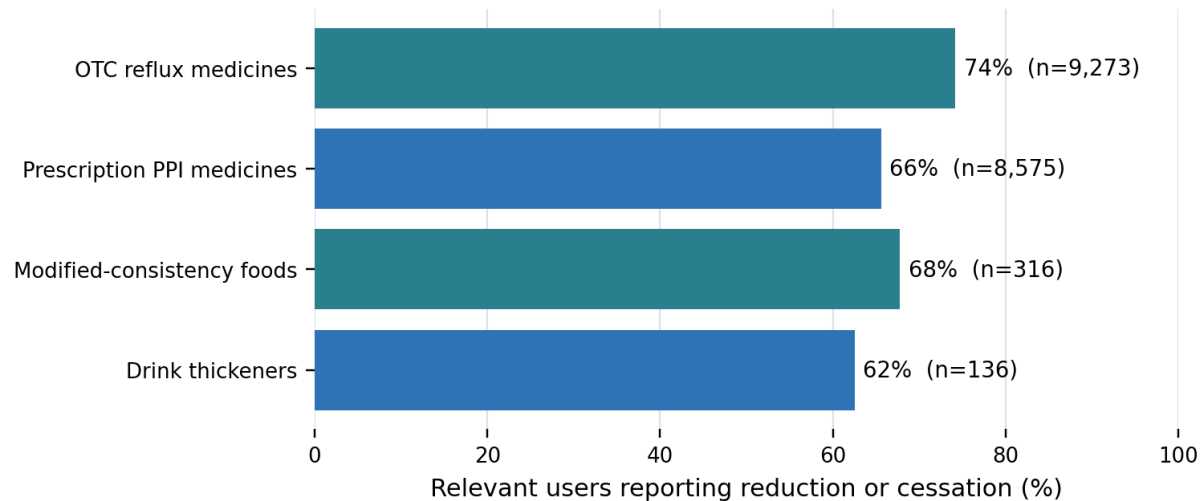
Source: Jul 26 Analysis.xlsx, Q31 Symptom reduction, total rows 69–85 and 2026 columns AM:AQ.

Interpretation For these ten clinically prominent symptoms, pooled “any improvement” ranged from 76% to 85%. More stringent symptom-free/greatly-improved proportions ranged from 35% to 52%.

3. Changes in medicines and compensatory treatments

Changes in medicine use, food texture and feeding support are not independent clinical verification, but they provide outcome signals that are less abstract than a global symptom rating. Denominators below exclude respondents who reported never using the treatment concerned.

Figure 2. Reported reduction or cessation among relevant baseline users



Source: Jul 26 Analysis.xlsx, raw pooled response blocks in Q6, Q7, Q15 and Q16; 2021–2026.

Baseline treatment users	n	Stopped completely	Reduced	Any reduction
OTC reflux medicines	9,273	1,924 (21%)	4,950 (53%)	6,874 (74%)
Prescription PPI medicines	8,575	2,152 (25%)	3,470 (40%)	5,622 (66%)
Modified-consistency foods	316	65 (21%)	149 (47%)	214 (68%)
Drink thickeners	136	38 (28%)	47 (35%)	85 (63%)

PEG feeding

Among 156 respondents who reported having had a PEG, 43 (28%) reported removal, 30 (19%) reported improved oral intake without removal, and 83 (53%) reported no change. This small, highly selected subgroups may or may not have had SLT assessment and support guidance. These data should not be generalised to all PEG-fed patients.

Clinical caution Medication changes and PEG decisions should be clinician-supervised. The survey does not record who initiated changes, the doses involved, objective swallow-safety testing, or adverse consequences.

4. Timing, exposure and training behaviour

Time to first perceived improvement

Reported time	n	All respondents
<1 month	2,201	12%
1 - 2 months	5,029	28%
3 - 5 months	4,177	24%
6 - 8 months	1,081	6%
>9 months	299	2%
Don't remember when it started	2,095	12%
None yet	2,773	16%

Source: Jul 26 Analysis.xlsx, Q32 total rows 34–41; N=17,655. Primary distribution retains “do not remember” and “none yet” categories.

Overall, 7,230 respondents (41%) reported first improvement within two months. Among respondents who recalled a time and reported improvement, this was 57%. These figures describe recall among respondents and are not a time-to-event analysis.

Training exposure at the survey

Training duration	n	Share
<1 month	930	5%
1 - 2 months	3,055	16%
3 - 5 months	5,505	29%
6 - 8 months	4,086	22%
>9 months	4,282	23%
Haven't started	933	5%

Source: Jul 26 Analysis.xlsx, Q17 total rows 31–37; N=18,791.

21% had trained for no more than two months and 5% had not started. Their inclusion is expected to dilute observed improvement proportions, but the cross-sectional data do not support a causal dose–response estimate.

Training frequency and usability

Among respondents to the training-frequency item, 57% reported training three times daily every day and a further 30% reported two to three sessions daily on at least five days per week (2022–2026 pooled summary). A proportion of the responders reported that they had reduced training frequency because symptoms had reduced, others had worse compliance for less positive reasons.

The manufacturer's internal survey report also records very high agreement that starting and following the instructions were simple. These results support feasibility and self-management, while remaining vulnerable to social-desirability and responder bias.

5. Interpretation for clinicians

What the survey supports

- A large post-market signal: tens of thousands of item-level symptom ratings and more than 20,000 respondents across annual survey waves.
- Consistency: improvement is reported across reflux, swallowing and related symptom domains, rather than being confined to one item.
- Convergent outcomes: symptom reports are accompanied by reduced medicine use and reduced reliance on modified foods or thickeners among relevant users.
- Feasibility: most respondents report compliant training and straightforward self-administration.
- Replication in 2026: the new wave broadly reproduces the pooled pattern and adds a German-language cohort.

What the survey does not establish

- Causality or comparative effectiveness: there is no untreated, sham or alternative-treatment group.
- A population response rate: the invitation denominator is unavailable.
- Objective clinical change: outcomes were not verified using pH monitoring, endoscopy, manometry, FEES/VFSS, IDDSI assessment, medication records or PEG documentation.
- Longitudinal within-person change: annual questionnaires are pooled cross-sectional survey waves, not a prospectively followed cohort.
- Freedom from selection bias: respondents were contactable customers, many self-purchasers, and may differ from nonresponders or prescribed patients.
- Freedom from recall, expectation or social-desirability bias; the manufacturer designed and administered the survey.
- Safety: adverse events, deterioration and clinical harms are not characterised in the supplied analysis.

Appropriate use These findings are best used to inform clinical interest, service evaluation and prospective study design. They should be read alongside peer-reviewed clinical evidence and individual assessment—not presented as proof of efficacy.

Evidence-strength statement

The survey provides substantial descriptive evidence that many responding IQoro users perceived meaningful benefit within their first year. The evidence is strengthened by scale, repeated annual collection and consistency across endpoints, but weakened by self-selection, missing invitation denominators, nonvalidated outcomes, manufacturer involvement and lack of a comparator. A cautious clinician can reasonably view the findings as a credible post-market signal that merits consideration and further independent evaluation.

Appendix A. Complete symptom-outcome table

Symptom	n	Any improvement	Symptom-free / greatly improved	No improvement
Reflux / acid reflux	8,978	84%	48%	16%
Heartburn	5,403	85%	51%	15%
A sensation of something stuck in your throat	5,212	84%	50%	16%
Excessive or thick phlegm	4,812	76%	35%	24%
Snoring	3,379	70%	26%	30%
Gassy, burping often	3,211	77%	37%	23%
Dry persistent cough	3,156	79%	45%	21%
Pain in your chest or esophagus	2,984	83%	51%	17%
Hoarseness	2,561	77%	40%	23%
Hiatal hernia	2,099	74%	39%	26%
Difficulty in swallowing food	2,004	82%	44%	18%
Sleep apnoea	1,430	70%	29%	30%
Food is regurgitated	1,388	85%	52%	15%
Difficulty swallowing liquids	739	83%	49%	17%
Burning sensation in diaphragm	480	84%	56%	16%
Drooling	441	73%	32%	27%
Facial or speech weakness	216	69%	31%	31%

Source: Jul 26 Analysis.xlsx, Q31 Symptom reduction, totals AY:BC. Percentages are unadjusted descriptive proportions.

Appendix B. Source and reproducibility notes

- Primary numerical source: Jul 26 Analysis.xlsx.
- Context source: Customer Survey 2026 - Internal report Rev. 03.docx.
- Prior report used for scope and continuity: IQoro Patient Reported Outcomes 2020 - '25 (Rev. 2.2).docx.
- Percentages were recalculated from displayed integer counts. Rounding may cause totals to differ by one percentage point.
- Item denominators, years of availability and wording vary. Each table states the relevant period and denominator.
- Report date: August 2026. Author attribution retained from the prior report: Terry W. Morris, MYoroface AB.