

CURRENT SPEECH THERAPIES

In recent years there has been an increase in therapies available both online and face to face.

LSVT LOUD® (Lee Silverman Voice Treatment) is a longstanding intensive voice treatment designed to improve functional, intelligible oral communication by increasing loudness. This treatment requires a commitment to four days for four weeks. It is available at many Parkinson's Clinics and through private speech pathologists.

PD WARRIOR® is a multi-focused therapy which includes emphasis on volume and articulation. It is available through registered and accredited health professionals.

PARKINSON'S VOICE PROJECT is an online option for therapy.

Speech therapy can help with all communication difficulties experienced. It is available privately and through Parkinson's Clinics and Aged Care Assessment Teams in both individual and group settings. Early introduction of therapy may delay the worsening of communication difficulties.

AIDS AND EQUIPMENT

Apps for electronic devices to enhance communication are popular. Alternative communication aides such as litewriters and voice amplifiers may be of benefit. Assessment by a speech pathologist for appropriate equipment and training is essential.

People with Parkinson's may not initially be aware of their communication changes. It can be the reactions and responses of the communication partners which may indicate difficulties.

A review by a speech and language therapist is recommended before major problems develop. This requires a referral from a General Practitioner and can be part of a Chronic Disease Management Plan.

Communication problems are commonly the root cause of personal relationship difficulties and a referral to a psychologist can be invaluable.

Discuss the communication difficulties experienced with family and suggest what may be helpful.

GOOD COMMUNICATION TIPS

- Face your communication partner
- Reduce background noise
- Be patient
- Be concise
- Focus on speaking loudly

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parkinson's
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inbrief

PARKINSON'S AND COMMUNICATION



WHAT IS PARKINSON'S?

Parkinson's is a progressive neurological condition which may affect both verbal and non-verbal communication. Up to 90% of people with Parkinson's will experience communication changes at some time.

Communication involves speech, gestures, facial expressions, voice and writing in words and sentences. In Parkinson's the performance of these well learned movement sequences can be affected.

The following may occur:

COMMON CHANGES IN NON-VERBAL COMMUNICATION

- Mask-like face
- Reduced eye blink rate
- Reduced body language
- Involuntary movements (dyskinesia) which may be misinterpreted
- Handwriting

COMMON CHANGES IN VERBAL COMMUNICATION

- Voice (most common)
 - reduced volume
 - husky voice
 - monotone
- Articulation (slurred speech)
- Altered speech rate
- Bradyphrenia (slowness)
- Difficulty finding the correct words
- Difficulty initiating a conversation
- Difficulty staying on topic or not indicating the topic has been changed

NON-VERBAL COMMUNICATION

MASK-LIKE FACE

A mask-like or non-animated face does not necessarily mean a lack of emotion or understanding. Exaggerating facial expression or using words to express emotion is helpful. Regular facial exercises such as smiling and frowning can help with maintaining facial expression.

REDUCED EYE BLINK RATE

Reduced eye blink rate can result in a staring appearance and also lead to dry eyes. Frequent attention to blinking can address this.

REDUCED BODY LANGUAGE

Body language is an automatic well learned skill and is often reduced in Parkinson's. This may initially be one sided and eventually bilateral. It will result in a person appearing less animated.

INVOLUNTARY MOVEMENTS (DYSKINESIA)

Involuntary movements or dyskinesia are a common side effect of levodopa. This can range from minimal to severe affecting any part of the body. In addition dyskinesia of the face and mouth may develop and may be misinterpreted. Dyskinesia is often increased during social interaction or times of stress. Understanding is required.

HANDWRITING

Writing, especially cursive, is an automatic skill and changes are a common symptom. Micrographia (small writing) may result in illegibility. Printing and using lined paper may assist. An occupational therapist can suggest additional strategies such as apps for IT equipment.

VERBAL COMMUNICATION

VOICE

Reduced volume (microphonia) is a common symptom and can be challenging. The person with Parkinson's hears their voice as normal and will be reluctant to raise their volume. Taking a deep breath and projecting the voice and speaking with intent will assist with volume. Reducing background noise may assist.

A husky voice is due to changes in muscle activation of the vocal chords. The voice can become breathy, husky or strained. Learning a better voice technique can help.

Monotone is due to a loss of pitch variation. Paying attention to emphasising key words enhances meaning and adds to speech intelligibility.

ARTICULATION (SLURRED SPEECH)

This is sometimes referred to as dysarthria and often includes mumbled speech. Using a louder voice will help reduce this.

ALTERED SPEECH RATE

Speech rate can increase or become slower. When speech is very fast stuttering can result and this is known as festination. A speech pathologist may suggest some strategies to address this.

BRADYPHRENIA (SLOWNESS)

Many people with Parkinson's demonstrate slowness in thinking which results in delayed responses and at times difficulty initiating speech. This can lead to difficulties in a group setting. It is helpful to focus on the topic and use short concise responses.