



Parkinson's Disease

**Communication and
Swallowing Problems,
a Guide to Management**



Contents

Introduction.....	3
Swallowing Problems and Parkinson’s Disease	4
Why Swallowing Problems Might Occur.....	4
Where Swallowing Problems Might Occur.....	5
Communication Problems and Parkinson’s Disease.....	6
Non-Verbal Communication.....	6
Language and Thinking (Cognition and Memory).....	7
Breathing (Respiration).....	7
Voice (Phonation).....	8
Articulation (Speech Sounds).....	8
The Speech Pathologists Role.....	9
Signs of Dysphasia.....	11
Therapy Services Locations.....	12

© Resthaven Incorporated

Second Edition, January 2010

This document is copyright and may not be copied in any form, or scanned or stored in any type of information retrieval device, without the written permission of the Chief Executive Officer, Resthaven Incorporated, PO Box 327 Unley SA 5061.

\\ho10\ntp files\Community Services\Brochures\Therapy Services\Parkinsons\Parkinsons Communication & Swallowing.indd

September 2010

Introduction

Approximately 95% of people with Parkinson's Disease (PD) will have some difficulty with eating, drinking and swallowing and many will have some difficulty with communication. This handout aims to provide you with a brief introduction to the types of communication and swallowing difficulties you might experience, suggestions for relieving them, and when referral to a speech pathologist for more specialised assistance is indicated.

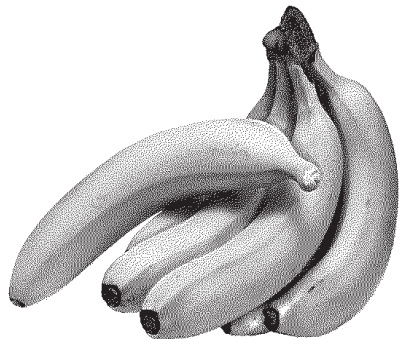
Swallowing Problems and Parkinson's Disease

Swallowing involves up to 50 muscles for one swallow and we swallow about 3,000 times a day! A normal swallow is quick and safe and takes less than 2 seconds for food and/or fluid to pass through the mouth, throat and oesophagus into the stomach. To do this we must coordinate our breathing, vocal cords (voice box), palate, tongue and lips with precision, to prevent food or fluid from entering our airway.

Why Swallowing Problems (Dysphasia) Might Occur

The major reason for eating and swallowing difficulties occurring with Parkinson's Disease, is the gradual loss of control over the muscles that are required to chew and swallow food or liquid quickly.

This often results in eating becoming slow, hesitant and more effortful. Just as medication "on/off" fluctuations can affect body movement generally, they can also have an effect on the muscle movements involved in swallowing.



Where Dysphasia Might Occur

In the Mouth there may be difficulty with:

- » holding food in the mouth and stopping it from spilling out.
- » chewing and controlling food to move it backward to the throat in a safe and controlled way – food may remain in the cheeks after swallowing due to poor muscular control.

In the Throat there may be difficulty with:

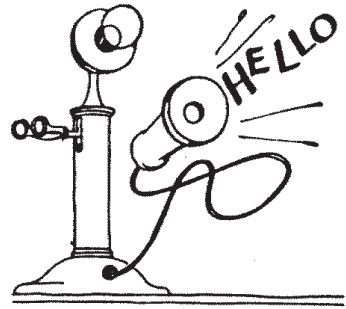
- » food and liquid going the wrong way into the lungs and causing coughing/choking and possibly chest infections.
- » food can stick in the little crevices in the throat giving a feeling of a lump in the throat, leaving the person at risk of things going the wrong way after the swallow or being breathed into an open airway.
- » getting the swallow started.

In the Oesophagus (food pipe) there may be difficulties with:

- » Transportation of food and fluid through the oesophagus to the stomach due the swallowing muscles. There may be a “hold up” or reflux (heartburn).

Communication Problems and Parkinson's Disease

Speech and voice changes that occur with PD are due to in coordination, and reduced activity of the muscles that control the speech, voice and breathing mechanisms. Medication can also play a role. Different areas of communication may be affected.



Non-Verbal Communication

Gesture, pointing, posture and facial expressions are an important part of communication. Muscles "rigidity" may result in a lack of facial expression giving the person with PD a disinterested appearance. Hand and body gestures may also become difficult due to rigidity and/or tremor. Facial exercises may help increase mobility.

Language and Thinking (Cognition and Memory)

Thinking may become slower. You might also have difficulty with understanding complex ideas and following instructions, explaining thoughts, asking questions, recalling information and writing legibly. Avoid distractions and break complex tasks into single steps. Mentally rehearse each step and concentrate fully on each step. If writing becomes small stop. Think BIG and think about what you are writing and rehearse the movement in your mind. Using lined paper, as a visual cue and printing instead of writing may be easier.



Breathing (Respiration)

Breathing may become shallow and uncoordinated and running out of breath, especially when speaking, is common. Being aware of breathing, (eg. breathing deeply before speaking) will help prevent running out of breath before the end of a sentence.

Voice (Phonation)

The voice may become soft and difficult to hear, husky, trembly and difficult to get going because of reduced muscle mobility or because the vocal cords are not always closing together properly. Reduced muscle movement may also result in the voice becoming “flat” sounding due to a reduced pitch range making it difficult to express emotion and intonation in the voice (eg. happy, sad, angry or questioning voice intonation).

Articulation (Speech Sounds)

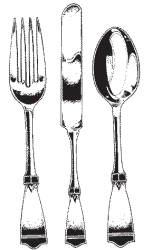
Speech sounds may become muffled and unclear. Speech may become too fast or too slow (slurred). Words may run together or come in short rushes. Speaking slowly will enable more precise pronunciation or articulation of words and give time for the accurate lip and tongue movements required for clear speech. Exaggerate lip and jaw movements as you articulate words. Concentrate on finishing the last sound of each word before starting the next.

The Speech Pathologists Role

Speech pathologists work with clients and other health professionals (eg. Doctors, physiotherapists and occupational therapists) to determine the underlying problem(s) affecting a person's swallowing and communication abilities and provide advice on how best to manage specific problem areas.

Advice for swallowing problems might be about:

- » Modifying food and fluid consistencies to make swallowing safer and easier (eg. Thin vs thick fluids, or soft vs a vitamised diet).
- » Teaching strategies to make swallowing safer and easier and/or compensate for swallowing difficulties.
- » Therapy to improve swallowing function.
- » Alternative feeding methods, if oral intake is no longer possible.
- » Adaptive feeding equipment (eg. Spoons, cups).
- » Carer education.



Advice for Communication problems might involve:

- » A therapy program to improve specific aspects of communication (eg. Breathing voice, speech or writing skills).
- » Alternative communication options (eg communication device).
- » Communication partner training.

When is Referral to a Speech Pathologist Indicated?

If you suspect a swallowing problem, it is important that these problems are carefully evaluated and managed appropriately to prevent complications (eg. Choking, aspiration of food or fluid into the lungs, malnutrition, dehydration, chest infections/pneumonia). Referral for speech pathology assessment is also indicated if you have noticed any changes to your speech or voice.

Signs of Dysphasia

- » Coughing or choking when eating and/or drinking.
- » Difficulty getting the swallow started or fear of swallowing.
- » Pain or discomfort on swallowing.
- » A weak cough.
- » Shortness of breath following eating or drinking.
- » Discomfort in the throat or chest following eating or drinking.
- » Fatigue when eating, or taking a long time to eat (eg. difficulty chewing).
- » Ill-fitting dentures.
- » A change in voice when eating or drinking (eg. a “wet” or “gurgly” voice).
- » Food sticking in the mouth, or under dentures.
- » Sensation of food sticking in the throat.
- » Food spilling from the mouth when eating.
- » Difficulty swallowing tablets.
- » Dribbling of saliva or difficulty clearing saliva from the mouth.
- » Dry mouth.
- » Heartburn/reflux.
- » Recurrent pneumonia or chest infections.
- » Unexplained weight loss.
- » Referral to a Speech Pathologist for an assessment requires a referral from the Parkinson’s Disease Rehabilitation Clinic or your doctor (GP).



An Australian Government Initiative

Resthaven Therapy Services

Locations

Resthaven Northern Community Services

16 Gillingham Road, Elizabeth 5112

Telephone (08) 8252 6811

northernncs@resthaven.asn.au

Resthaven Marion Community Services

43 Finnis Street, Marion SA, 5043

Telephone (08) 8296 4042

marioncs@resthaven.asn.au

Resthaven Paradise & Eastern Community Services

61 Silkes Road, Paradise SA, 5075

Telephone (08) 8337 4371

pecs@resthaven.asn.au

For more information about this and other services offered by Resthaven, visit:

www.resthaven.asn.au

Fees

Resthaven Therapy Services are funded by the Department of Health and Ageing. However, as this funding does not cover the full cost of services a small contribution towards the cost is appreciated.