



Speech and Swallow in Parkinson's: Prehab and EMST

Sound Speech and Swallow

Hello!

I am Julie Fechter

Master's in speech language pathology from University of Utah.

Worked with PWP for 9 years in SNFs and ALFs

Started a private practice

Certified in LSVT Loud

Trained in SPEAK OUT!

Trained in PhoRTE

Certified in MDTP

Passionate about communication and eating



Some Important Terms for Today and....Forever



Dysarthria

Dysphagia

EMST

Prehab

Neuroprotection/plasticity

Aspiration

Penetration

Thickened liquids

MBS

FEES



“There’s nothing
wrong with my
speech”

“I’ve been swallowing my whole life”

Breakfast?

Lunch?

Have a conversation?

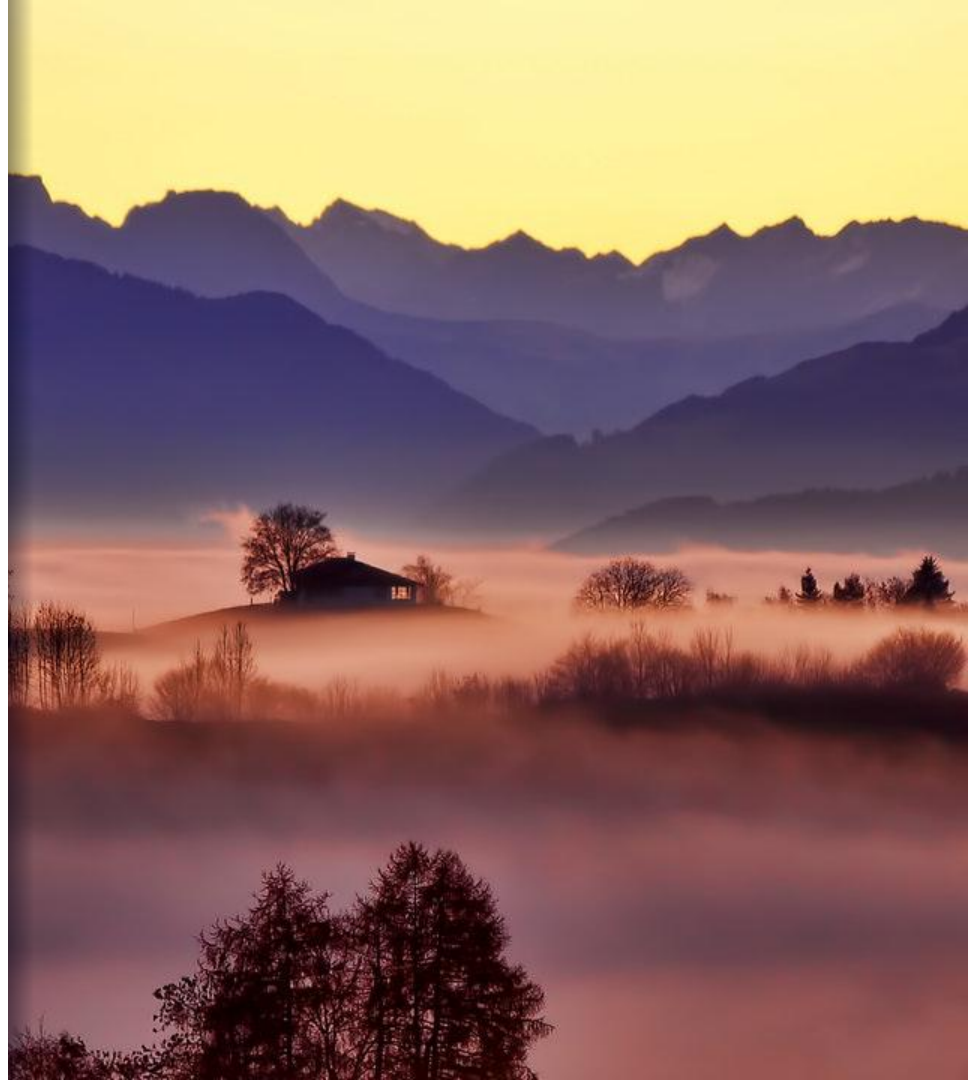
Tell a family member you loved
them?

**How important is your voice to
you?**

0-10

How important is eating to you?

0-10



“

Not more than 20-40% of PD patients are aware of their swallowing dysfunction, and less than 10% of PD patients report spontaneously about dysphagia.”



History of dysphagia treatment with Parkinson's disease



"There's nothing we can do. It's a degenerative disorder."

THIS IS NOT THE FUTURE. WE KNOW BETTER NOW!

But *YOU* may have to be the one to advocate for yourself!

Speech is not the first thing on people's minds (other than mine)

Dysphagia



- Rigidity and reduced amplitude occurs in swallow muscles too!
- Slower movement
- Food “going down the wrong pipe”
- Food stuck in the throat
- Food up in your nose
- Food left in your mouth
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Reduced urge to cough

SO IMPORTANT

Parkinson's is not just motor difficulties

Sensory deficits as well

Reduced urge to cough when something goes down the wrong pipe

Aspiration is more serious

Complications of dysphagia



Risk of death is 6x greater than those without the disease

Reduced quality of life. Meals are important!

Reduced socialization

Most common cause of death is asp pneumonia

Decreased nutrition

Decreased hydration, which can lead to UTIs, dehydration, quality of life

Three Pillars of Aspiration Pneumonia

Poor oral health

Rotten teeth

Poor oral care

Keep going to the dentist!

Aspiration/dysphagia

Knowing that

liquids/solids are going down the wrong pipe

Health status

Age

Multiple diagnoses

Debilitated

Immune system

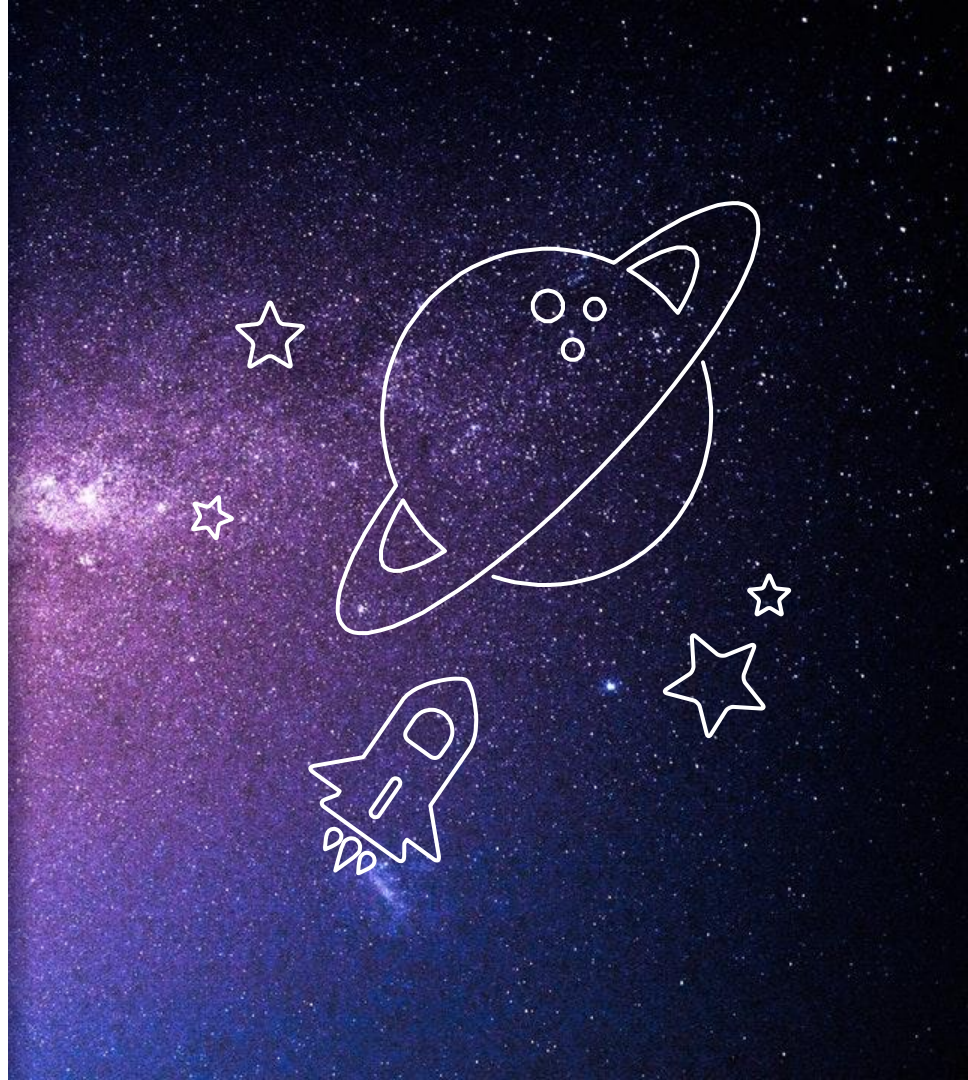
Also in consideration:

Being fed

OT can help with that!

Thank you, Dr. John Ashford, for the pillars of aspiration

“The effects of (speech therapy) have been shown to improve the swallow function in dysphagia”



What happens in speech?



Running out of breath

Short rushes of speech

Reduced volume

Slurred speech

Monotone

Why?



Reduced breath support

Reduced ROM and precision of articulators

Bowed vocal cords

Reduced vocal cord movement

What does this do?



Can impair relationships

Due to monotone speech and masked facies, doctors may assume you aren't interested in your own care.

Reducing socialization

Increasing isolation and loneliness

Sensory deficits



- The hard part: you don't know your speech has declined
- Self perception is decreased
- Difficulty monitoring loudness
- Need an SLP to “teach” you that your speech is not at baseline

Speech and Swallow Questionnaire

Are you ever asked to repeat yourself?

YES **NO**

Does your voice sound hoarse or breathy?

YES **NO**

Do your family or friends ever say you speak too softly?

YES **NO**

Is it difficult to be understood over the phone?

YES **NO**

Does your voice ever get tired?

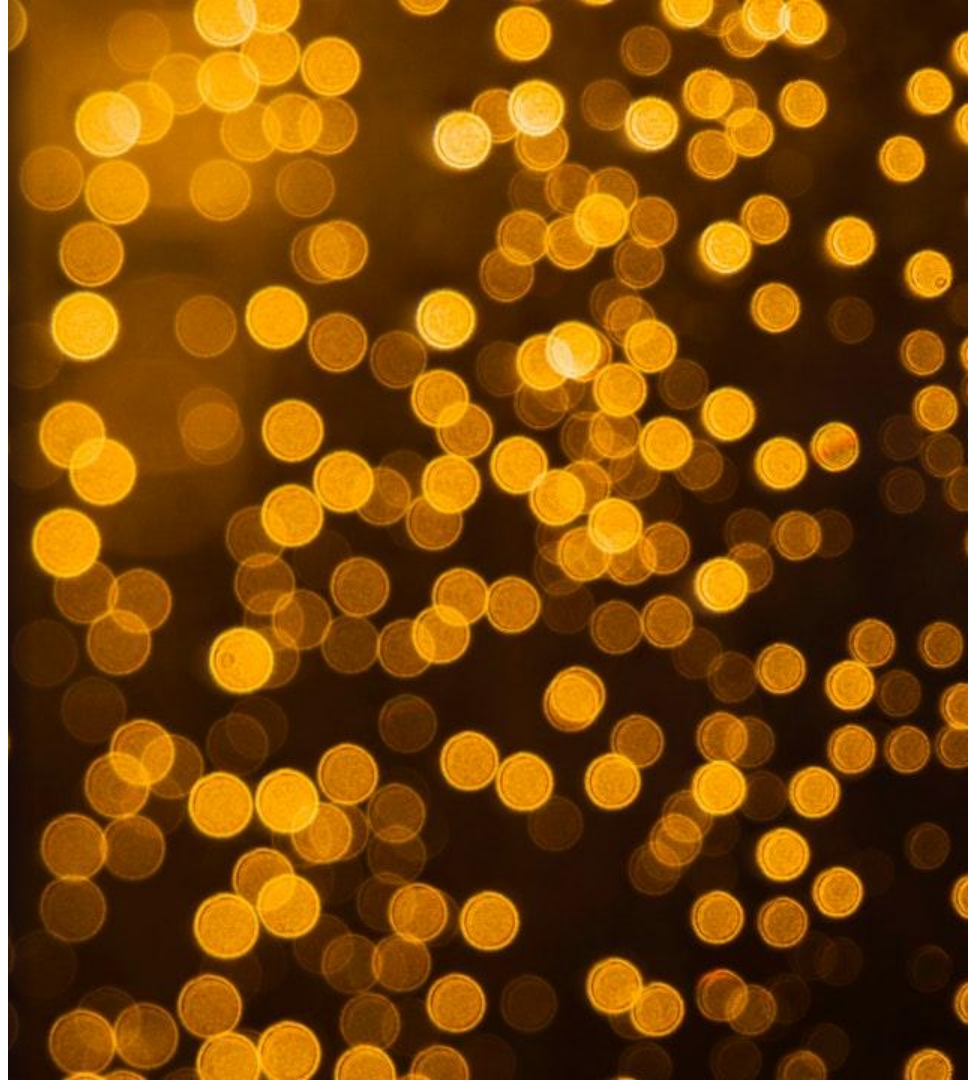
YES **NO**

Do you find yourself out of breath when you speak?

YES **NO**

Do you have “good” and “bad” days with your voice?

YES **NO**



Have you had pneumonia recently?

YES **NO**

Do you cough while eating food?

YES **NO**

Do you cough while drinking liquids?

YES **NO**

Do you experience difficulty with chewing solid foods
(like crackers or apples)?

YES **NO**

Do you have food left in your mouth after you eat?

YES **NO**

Have you had unintentional weight loss?

YES **NO**

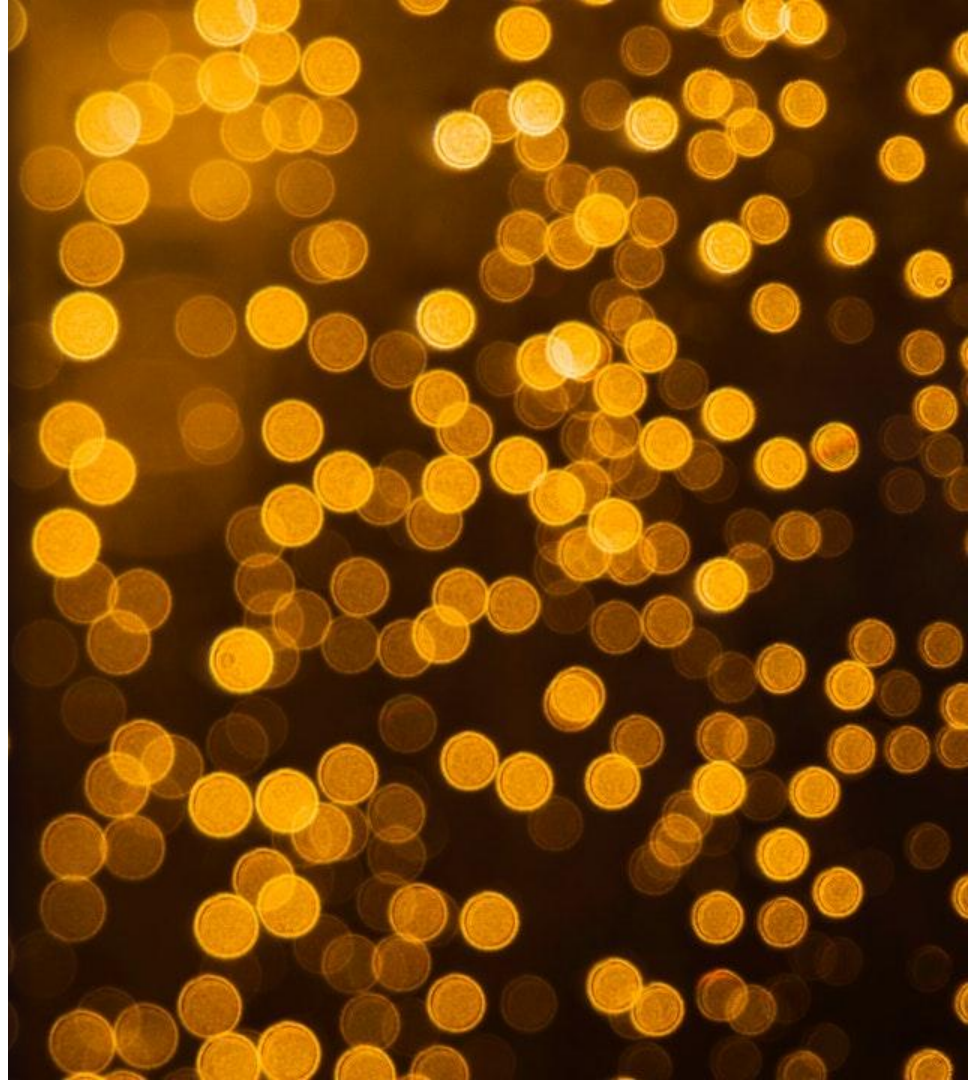
Do you inhale your saliva by accident and cough?

YES **NO**

Does food or drink come out of your nose while eating?

YES **NO**

Manor Y, Giladi N, Cohen A, Fliss DM, Cohen JT. Validation of a swallowing disturbance questionnaire for detecting dysphagia in patients with Parkinson's disease. Mov Disord. 2007;22(13):1917-21.



What can you do??



Speech treatment



LSVT

Think LOUD

4x/week x 4 weeks

Homework for life and LOUD
for LIFE

EMST

Is completed at home

SPEAK OUT!

Speak with INTENT!

3x/week x 4 weeks

Weekly group and
homework for life

Does not replace speech tx

PhoRTE

Modified from LSVT, this
targets vocal cord bowing.

Not specifically for
Parkinson's, but may be an
option.

GO TO A SPEECH PATHOLOGIST ASAP



PREHAB. Get improvement before it gets too bad
Early intervention helps preserve function
Get in the habit early
Speech tx helps improve swallow function
Can tie speech homework to physical workouts and complete them together

Communication and eating are *BIG* parts of life

Swallowing treatment options

Expiratory Muscle Strength Training

MDTP ?!?

Traditional swallowing therapy

Expiratory muscle strength training

- Using progressive resistance with a device to strengthen muscles
- Creates resistance on swallowing muscles to improve them
- Doesn't target swallowing but helps improve it
- TONS of research on people with Parkinson's
- Breathe into a device generally 5x/5x day x 5 days a week
- Improves cough: KEY to improving swallow functioning with PD as you need to cough forcefully when something goes down the wrong pipe
- In my perfect world, you'd get one upon diagnosis from an SLP

MDTP

Progressive resistive training using effortful swallow

Research being completed on it right now

Success in the UK

Its creator recently suggested it may be utilized for prehab for Parkinson's

It's simple, which makes it easy to complete and stick to

The background of the slide is a close-up, slightly blurred image of numerous blue LEGO bricks. The bricks are scattered and overlapping, creating a textured, geometric pattern. The lighting is even, highlighting the smooth plastic surfaces and the characteristic studs and holes of the bricks.

YOU CAN IMPROVE

YOU CAN MAINTAIN FUNCTION AS

LONG AS POSSIBLE

Facts

Only 3-10% of PWP get speech therapy

Speech pathologists are the ones to
diagnose speech/swallow deficits

You may have to ask for a referral yourself

Future of Parkinson's management



Diagnosis

Tune up

Tune up

Tune up

Treatment

Tune up

Tune up

Your SLP is IMPORTANT

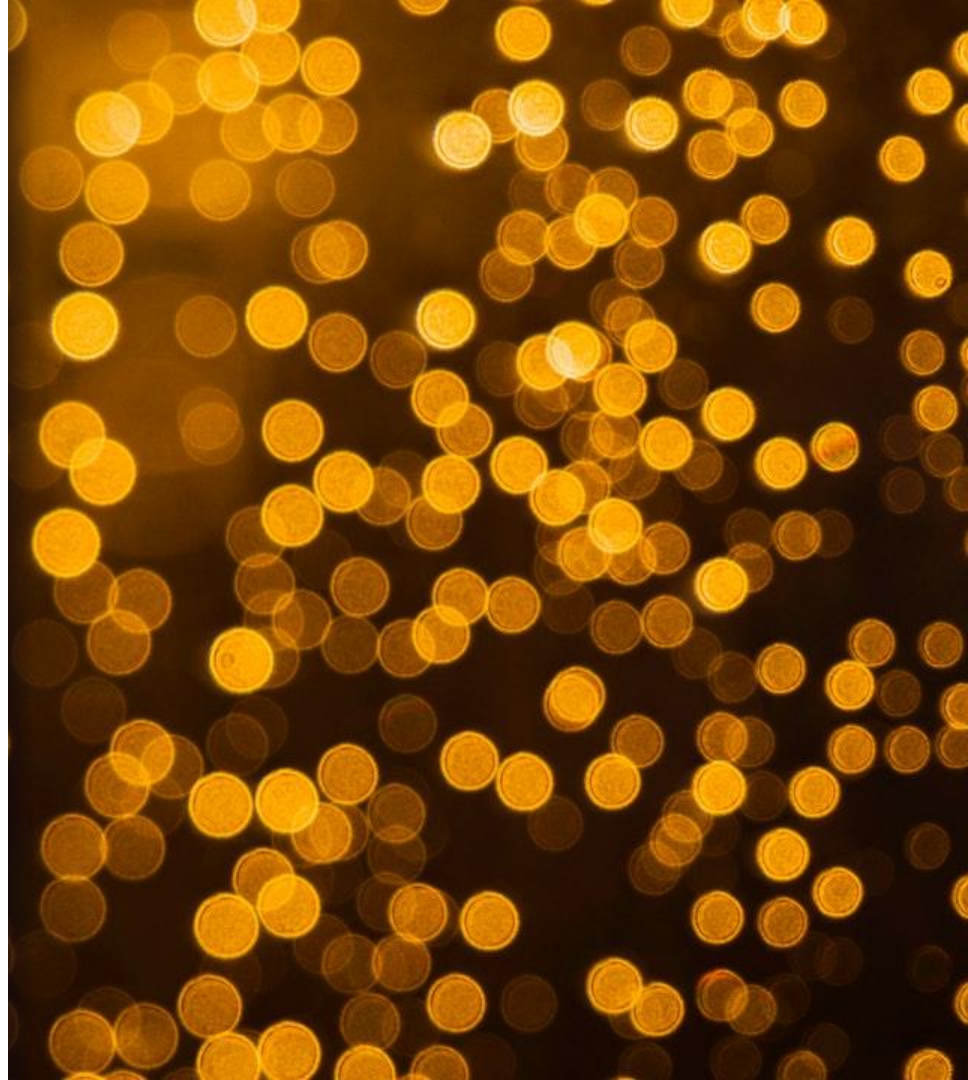


- ❖ Your SLP needs to be a motivating individual.
- ❖ You need to have a good rapport.
- ❖ They will help guide you in treatment and have a big effect on your outcome.
- ❖ Meta analysis suggested a good clinician-patient relationship can have beneficial effects like some medical treatments.
- ❖ Do not go to an SLP who isn't trained or certified in at least one specialized Parkinson's speech treatment!!
- ❖ Shop around if you don't have a connection.

Patient model: Jenna in SNF

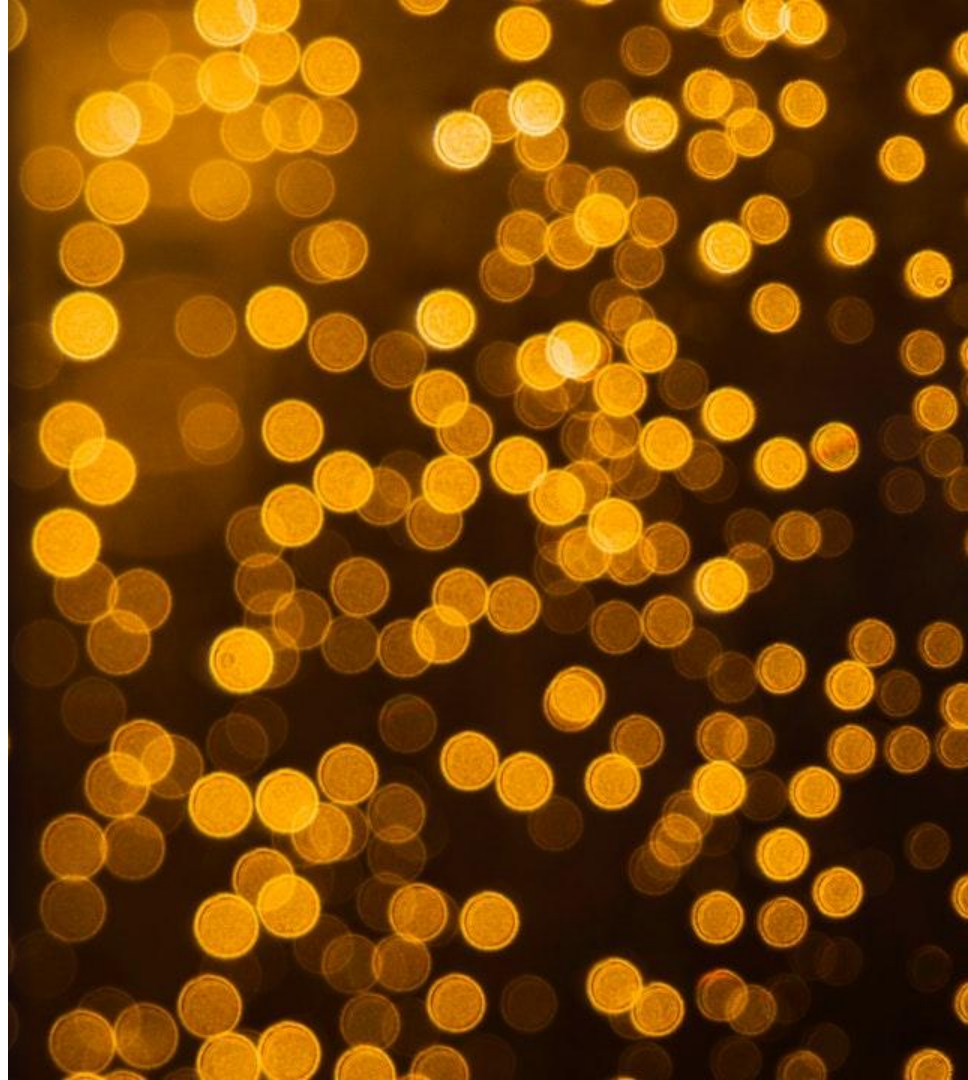
- ❑ Diagnosed with Parkinson's
- ❑ SNF for rehab
- ❑ Initiated treatment
- ❑ Six months later, tune up w/ more tx
- ❑ Dx with MSA
- ❑ Three months, more tx
- ❑ Three months, more tx
- ❑ Three months, swallow tx

Every time Jenna went to the doctor, she got an order for an SLP eval to strengthen speech, get an amplifier, swallow tx, or manage symptoms.



Important:

Advocate for yourself. Speech therapy tends to be reactive vs proactive, when it should be the other way around for PD.



Thanks!

Any questions?

You can find me at:

- @julie.365.weekend
- on Instagram

Soundspeechandswallow.com

Sound Speech and Swallow on FB



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