

CURRENT SPEECH THERAPIES

In recent years there has been an increase in therapies available.

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.

Speech therapy can also provide help with fluency and language difficulties. 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 speech impairment.

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.

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

GOOD COMMUNICATION TIPS

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

Compiled by Caroline Silver (Speech Pathologist) and Janet McLeod (Parkinson's Nurse Specialist), Parkinson's Western Australia.

Reviewed by Janet McLeod (Parkinson's Nurse Specialist), Parkinson's Western Australia.

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inbrief

PARKINSON'S AND COMMUNICATION



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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)

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 may hear their voice as normal and will be reluctant to raise their volume. Taking a deep breath and projecting the voice 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.

MEDICATION: GET IT ON TIME, EVERY TIME

MENTAL CHANGES: Various factors can cause hallucinations, confusion and behavioural issues.

- If there are sudden changes, screen for infection or constipation
- Seek GP or medical input

DEPRESSION AND ANXIETY: Many people with Parkinson's will experience these symptoms at some stage. These may be linked to medication levels.

- Medication: Get it on time, every time
- Mindfulness and relaxation may help
- Consider referral to counselling

DEMENTIA: Not everyone with Parkinson's develops dementia, however the risk for dementia increases with age.

Signs of dementia at the time of diagnosis, or shortly afterwards, may suggest Lewy Body Dementia (LBD) which is a different diagnosis. People with long standing Parkinson's may develop Parkinson's dementia (PDD).

- Seek timely and expert assessment
- Use dementia specific strategies

LOW BLOOD PRESSURE: Parkinson's, and the medications used to treat the symptoms, can lead to low blood pressure and falls.

- Monitor blood pressure and/or alert doctor
- Watch for dizziness on standing

CONSTIPATION AND URINARY ISSUES:

People with Parkinson's may experience bowel or bladder problems.

- Monitor bowel function
- Encourage adequate fluid intake
- Encourage regular exercise
- Seek continence nurse input

SLEEP PROBLEMS: These may include restless legs, cramps, frequent visits to the toilet, vivid nightmares and poor bed mobility.

- Use elastic stockings and massage for restless legs
- Avoid late evening tea or coffee
- Encourage full emptying of bladder
- Provide firm mattress and grab rails
- Use satin sheets, pyjamas or boxer shorts
- Seek medical input

SPEECH: The voice can become extremely soft and stuttering may occur. Speech processing can take longer.

- Seek speech therapist input
- Be patient and do not rush the person
- Don't answer for them – wait for their response

SWALLOWING: Changes in the ability to swallow may occur.

- Involve dietitian or speech therapist
- Avoid hurrying the person when eating
- When eating, avoid other distractions such as conversations, TV, radio, etc.

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inbrief

TIPS FOR CARING FOR PEOPLE WITH PARKINSON'S



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WHAT IS PARKINSON'S DISEASE?

Parkinson's is a progressive neurological disorder.

THE CAUSE

The cause is unknown, but theories include: environmental triggers, genetic factors, injury and medication.

The symptoms of Parkinson's are caused by the death of nerve cells in the brain that produce the neurotransmitter dopamine. Dopamine is needed for normal, coordinated movement.

THE SYMPTOMS

The symptoms of Parkinson's begin slowly, develop gradually, and in no particular order. They include:

- Rigidity of the muscles
- Slowness of movement (Bradykinesia)
- Tremor
- Postural instability

Other motor symptoms of Parkinson's can include: impaired walking, balance and coordination, falling and freezing.

Non-motor symptoms may include: anxiety, depression, dementia, hypotension, constipation and urinary issues, loss of sense of smell, problems with swallowing and speech, as well as problems related to sleep disturbances.

EXERCISE: Regular, moderate exercise is beneficial in helping to reduce many symptoms of Parkinson's.

Research suggests that exercise may slow the progression of Parkinson's and there are many new exercise programmes being introduced and evaluated.

STRATEGIES FOR MANAGING SYMPTOMS

RIGIDITY: Muscles tend to pull against each other leading to difficulties with fine motor skills, coordination and movement. This is often very painful.

- Seek physiotherapy input
- Encourage exercise to maintain muscle strength
- Avoid buttons, zips and fiddly clasps

SLOWNESS OF MOVEMENT: Movements are slow and often difficult to start which can cause problems with balance. Thinking may also be slower.

- Avoid multi-tasking; for example
- Avoid conversation when doing something else
- Turn off TV or radio when walking and/or eating

POSTURAL INSTABILITY: Potential for falls due to impaired balance and freezing of gait, with falls being common.

- Do only one thing at a time
- Take care with stepping backwards
- Take care when turning on the spot
- Turn in a wide arc

Each person with Parkinson's is different in terms of the nature and severity of symptoms; the rate at which the condition progresses; and their individual response to treatment.

FREEZING OF GAIT: This is the sudden inability to move, and may occur in doorways or when turning. Crowded or small areas are often challenging.

- Say "One, two, three – GO!"
- Tap the leg to be lifted
- Put something on the floor to step over
- Fix eyes on a position ahead
- Try using a metronome or walk to music
- De-clutter the area
- Avoid mats or changes in floor covering

TREMOR: Usually a resting tremor which takes a lot of energy

- Consider kilojoule intake
- Reduce stress and anxiety
- Use weighted wristbands when holding an object
- Seek advice from an occupational therapist

DYSKINESIA: These are involuntary movements which can be exhausting. Walking and balance may be affected.

- Review medication
- Seek input from GP or specialist
- Consider kilojoule intake
- Monitor for weight loss

"ON-OFF" FLUCTUATIONS: This is a shift from relative wellness and mobility to an inability to move. Some people with Parkinson's feel the effects of their medication "wearing-off" suddenly.

- Medications may be adjusted to better control symptoms
- Consider giving medication on an empty stomach
- Plan activities so that those important to the person are during their "on" times.