

Speech and Language Therapy for Parkinson's Disease

This leaflet explains Speech and Language Therapy for Parkinson's Disease. If you have any further questions, please speak to a staff member caring for you.

Up to 90% of people with Parkinson's Disease report difficulties with their communication and up to 81% of people report changes to their swallowing.

In some individuals with Parkinson's Disease, voice, speech and swallow changes can be the very first symptom. For others, these changes may happen later in the disease progression or not at all. In some instances, changes to communication or swallowing can be subtle, meaning they may not be noticed by the individual. Sometimes family members are the first ones to recognise changes to communication or swallowing.

This leaflet aims to supply quick and helpful information about communication and swallow change related to Parkinson's Disease and as well as some practical tips and advice.

Communication Changes in Parkinson's Disease

Communication changes in Parkinson's Disease generally happen because of weakness or physical movements becoming smaller or less forceful. Other communication issues in people with Parkinson's are linked to the way you think.

You may have noticed one or more of the following changes to your communication:

- Weak voice, 'soft' sounding speech or needing to repeat yourself to be heard
- Hoarse or rough sounding voice
- Slurred speech or sounding as if you are drunk
- Speaking too fast or too slowly
- Difficulty speaking clearly whilst doing other things or requiring a lot of concentration when speaking
- Difficulties 'getting started' when you speak or difficulty keeping conversations going
- Running out of breath when speaking
- Difficulty finding the words, 'getting them out' or saying the wrong words
- Forgetting what you were trying to say or losing your train of thought
- Difficulty conveying facial expressions when communicating or a 'flat' looking face.

What you can do:

- Avoid or reduce background noise when communicating
- Make sure you are facing the listener
- Take a breath in before speaking
- Speak slowly and try to 'think and speak loudly'
- Pause to take breaths between words and sentences
- Over emphasise words and break them into distinct syllables
- Save energy by using short sentences
- Try using gestures or writing to emphasise or replace speech.

Swallowing Changes in Parkinson's Disease

The term used for swallowing difficulties is dysphagia. Dysphagia in people with Parkinson's Disease typically occurs due to changes in the muscles used to chew and swallow, such as the lips, tongue

and throat. This means eating and drinking safely may become more difficult.

Treating swallowing difficulties is vital to prevent serious problems such as aspiration (i.e. food going down the wind pipe, which can lead to chest infections) and choking.

Some signs of dysphagia are:

- Difficulty chewing food and keeping food in the mouth after swallowing
- Coughing or choking during or shortly after eating or drinking
- Food or drink getting stuck in your throat or choking
- A wet or “gurgly” voice after eating and/or drinking
- Changes in breath patterns or difficulty breathing when eating and / or drinking
- Loss of appetite, taking longer to finish meals or tiredness when eating and drinking
- Unintentional weight loss
- Recurrent chest infection (this means the food or drink may have reached the lungs as opposed to the stomach)
- Drooling / dribbling / excess saliva in the mouth.

What you can do:

- Sit as upright as possible when eating and drinking, ideally in a chair
- Reduce distractions during mealtimes, such as TV or radio
- Try to take small mouthfuls and sips and take your time when eating and drinking
- Avoid taking another mouthful until you’re sure you’ve cleared your mouth and throat

- Refill your cup or glass when it's half empty, so you don't have to tilt your head back to drink, which can cause food or drink to go down the wrong way
- Chew food carefully and then swallow deliberately
- If you feel there is food stuck in your throat, swallow again or take a sip of fluid.

How can a Speech and Language Therapist help?

Following your admission to hospital, you may have been seen already by a Speech and Language Therapist and / or have been referred on to see one in the community setting. If you have not and you are concerned about your communication or swallowing, you should first talk with your doctor. He or she will be able to refer you to a Speech and Language Therapist if appropriate. If the problem is urgent, call 111 or 999.

Speech and Language Therapists can provide support for both communication and swallow changes in people with Parkinson's Disease. They can uncover any issues, help you manage them and stop them becoming worse.

Useful Contact Details

Parkinson's UK

Parkinson's UK provides a free helpline for people with Parkinson's Disease and their relatives

Tel: 0808 800 0303

Website: [Homepage | Parkinson's UK \(parkinsons.org.uk\)](http://parkinsons.org.uk)

Email: hello@parkinsons.org.uk

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health. **Web:** www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones. **Tel:** 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: SLT_SLTPD_LP_02 **Published:** February 2023 **Review date:** February 2025

References:

1. Schalling E, Johansson K, Hartelius L. Speech and communication changes reported by people with Parkinson's Disease. *Folia Phoniatica Et Logopaedica*. 2017;69(3):131–141
2. Miller N., Allcock L., Jones D., Noble E., Hildreth AJ., Burn DJ. Prevalence and pattern of perceived intelligibility changes in Parkinson's Disease. *J Neurol Neurosurg Psychiatry*. 2007;78(11):1188–1190
3. Müller, J., Wenning, G. K., Verry, M., McKee, A., Chaudhuri, K. R., Jellinger, Litvan, I. (2001). Progression of dysarthria and dysphagia in postmortem-confirmed Parkinsonian disorders. *Archives of Neurology*, 58, 259–264.
4. Miller, N., Allcock, L., Jones, D., Noble, E., Hildreth, A. J., & Burn, D. J. (2007). Prevalence and pattern of perceived intelligibility changes in Parkinson's Disease. *Journal of Neurology Neurosurgery and Psychiatry*, 78, 1188–1190.
5. Coates C, Bakheit AMO. Dysphagia in Parkinson's Disease. *Eur Neurol*. 1997;38:49–52.