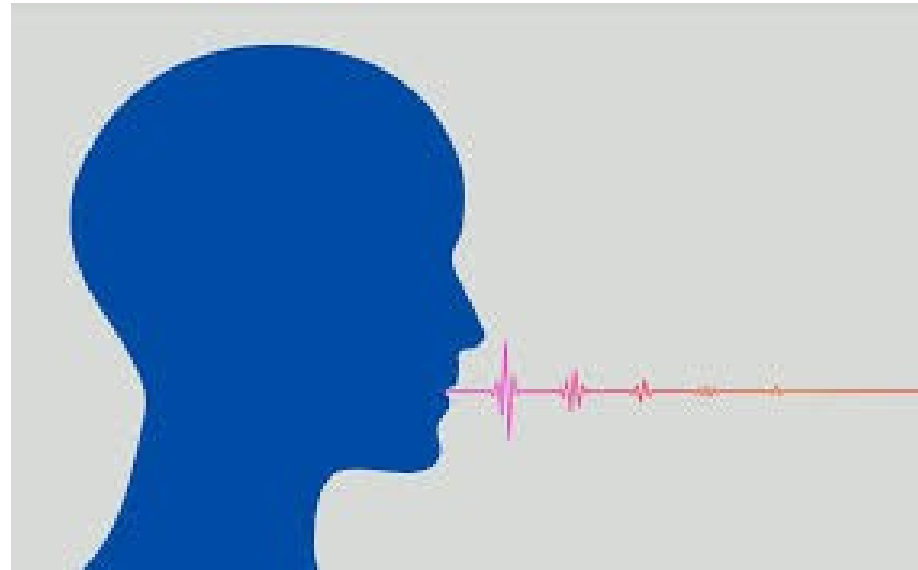


## Communication and Swallowing with PSP/CBD

Megan DePuy, MBA, MS, CCC-SLP  
Private Speech Pathologist



# A Speech Therapist? Why?



- Swallowing (Dysphagia)
- Speech (Dysarthria, Dysphonia)
- Language (Aphasia)

...An Experienced Speech Therapist <sup>^</sup>  
For the Diagnosis and Treatment of Speech and Swallowing Challenges  
associated with PSP or CBD:

- Research your clinician
- Please see Speech Pathologist with experience in Neurological Disorders.
- A Speech Pathologist should have a good working knowledge of anatomy and clinical distinctions of neurodegenerative disease being treated.
- Ideally see therapist with LSVT experience.



# First and MOST importantly... Swallowing



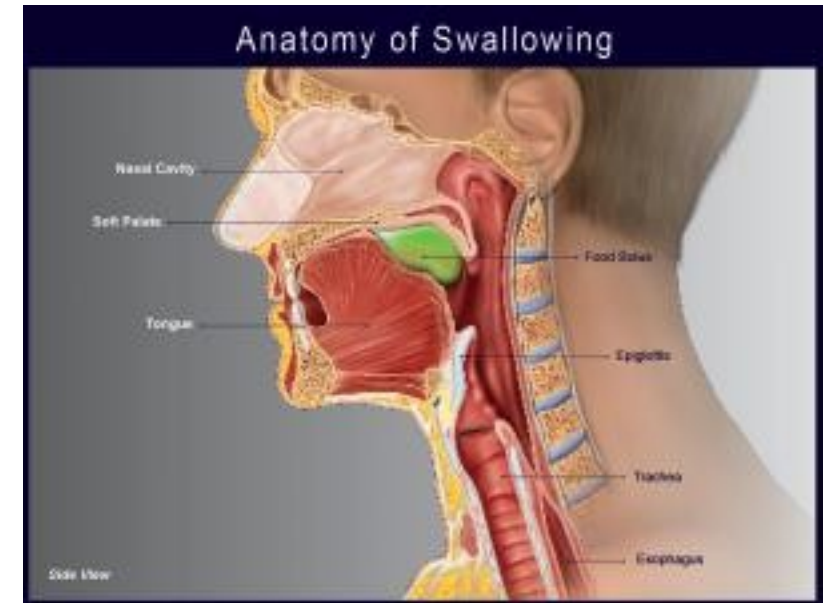
# Swallowing with PSP/CBD- Symptoms/Challenges

- Head and neck stiffness can make looking down at plate a challenge
- Portion control- Eating and Drinking too quickly.  
Tremor or stiffness interfere with self-feeding
- • Restricted head & neck posture
  - Delayed pharyngeal swallow onset
  - Poor cough
  - Occasional difficulty opening the mouth
- Swallowing Management:
- Evaluation should include both subjective and objective measures.
- Observation of client during a meal
- Caregiver input about feeding habits and challenges
- Evaluation
  - Modified Barium Swallow
  - Fiberoptic Endoscopic Evaluation of Swallowing



# Dysphagia: What you need to know.

- Changes in the motor function can result in:
  - Reduced airway protection
  - Reduced strength/amplitude of the swallow
  - Reduced coordination
  - Reduced sensation (person may not be aware of the problem)
- These physiological changes can result in:
  - Aspiration (food or drink entering the airway and/or the lungs) and subsequent respiratory infection
  - Weight loss and poor nutrition/hydration
  - Loss of interest in eating
  - Loss of pleasure from eating



# Signs/Symptoms of Dysphagia

- Drooling
- Difficulty chewing food
- Difficulty keeping food in the mouth
- Excessive chewing or holding the food in the mouth
- Food left in mouth after swallowing
- Watery eyes/nose when eating
- Wet/gurgly voice
- Throat clearing/coughing before or after swallowing
- Shortness of breath during or after meals
- Respiratory infections/fevers
- Weight loss
- Loss of interest in eating/drinking
- Excessive time to complete a meal



# Challenges Specific to PSP/CBD

- Head and neck stiffness can make looking down at plate a challenge
- Portion control- Eating and Drinking too quickly.  
Tremor or stiffness interfere with self-feeding
- • Restricted head & neck posture
- • Delayed pharyngeal swallow onset
- • Poor cough
- • Occasional difficulty opening the mouth



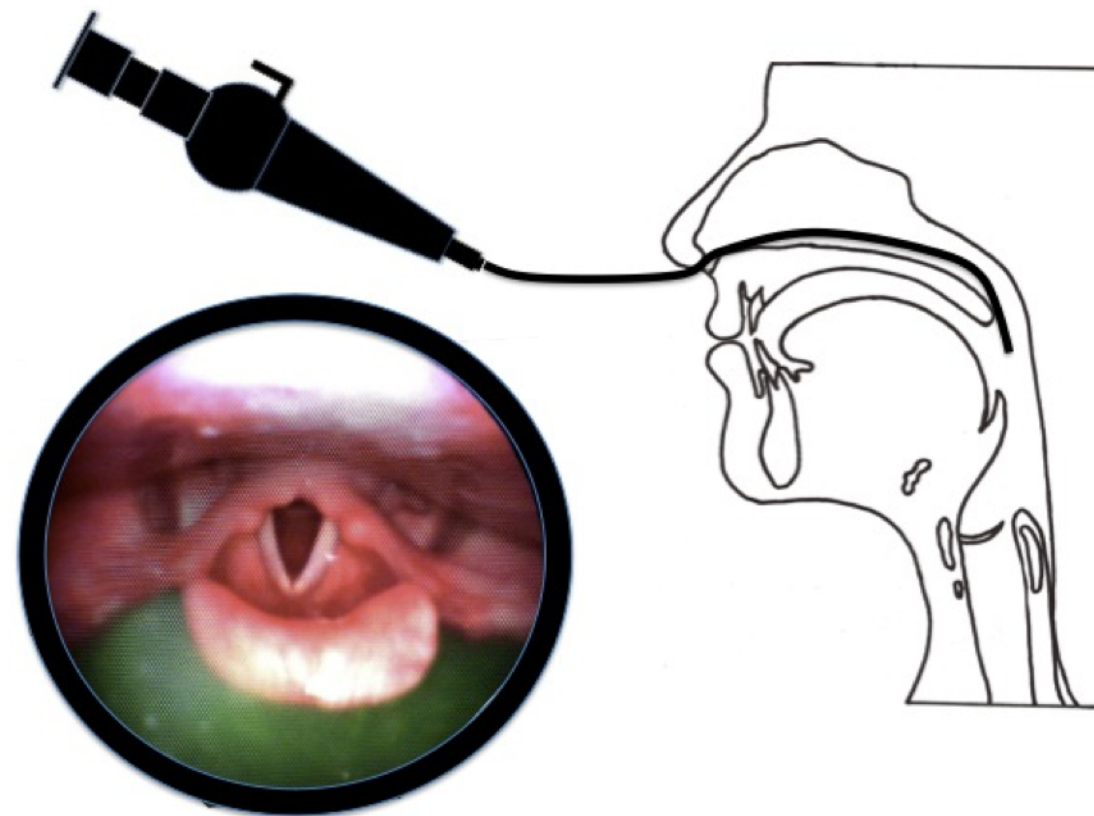


# Management

- Medical Management
  - Medications to control motor symptoms
- Modified Barium Swallow Study / FEES
- Compensatory Strategies
- Diet Changes
- Swallowing Therapy
  - Teach strategies
  - Improve coordination and strength of swallowing musculature



# MBS vs FEES



# Take Away

Aspiration is NOT always obvious!  
The most severe aspiration is often  
**SILENT.**



# Speech Challenges



It affects muscle strength and coordination. Decreased muscle strength and coordination of the face, mouth, tongue and throat can result in:



Speech Deficits: Hypokinetic Dysarthria- Quiet voice and quick pace. Stutter can result from quick pace of speech. Voice quality can become breathy.

Spastic Dysarthria- Quiet and strained voice quality with bursts of loud voice caused by stiff muscles.

# Communication and CBD

- Motor Speech Symptoms:
  - • Characterized by hypokinetic and spastic dysarthria, as well as progressive apraxia of speech and oral apraxia
  - • Progressive non- fluent aphasia
  - MSA-A: often ataxic or hypokinetic dysarthria, but may be mixed with spastic dysa
  - MSA-C: ataxic dysarthria is most often expected, or in combination with spastic dy
  - Typically more changes in speech than voice
  - Cognitive impairment is typically mild
- Speaker with CBD Strategies:
  - Speech must become a conscious effort
  - Emphasis on taking a breath before speech
  - Reduce rate of speech to improve coordination and accuracy of motor speech movements
  - Intelligibility drills with exaggeration of articulation movements
  - Loudness level – LSVT (Lee Silverman Voice Therapy Program)



# Three for One Exercises for Swallowing, Voice and Speech

## Tongue

- Stick tongue straight out as far as you can. 10 Repetitions
- Move tongue from one corner of your mouth to the other, slowly and in a controlled manner. 10 Repetitions
- Move tongue up and down, touching your top teeth and then bottom teeth. 10 Repetitions
- Touch the roof of your mouth with the tip of your tongue **WITHOUT MOVING YOUR LOWER JAW.**
- Close your mouth and push your tongue out against the inside of your cheek. Provide resistance with your hand if it is easy. 5 repetitions on each side.
- Move tongue in clockwise motion around upper and then lower teeth keeping your mouth closed. 10 times around. Switch directions.



# Exercises Continued



## Lips and Cheeks

1. “Smile” as big as you can, relax, repeat.
2. “Pucker” as tightly as you can, relax, repeat.
3. Smile, Pucker, relax, repeat.
4. Smile on one side only, hold 5 seconds, relax. Repeat 10 times on each side.

## Voice

5. Sing!!!
6. Sing Scales from high to low, low to high.
7. Loud and Long “ah” - increasing loudness and duration over time.

## Swallowing

1. Mendelson Maneuver: Swallow 1/2 way bringing larynx to height of the swallow, hold laryngeal muscles tight, count to 2, relax and complete swallow. Repeat 5 times.