



Communication and Swallowing Management with PSP and CBD

Stevy Shadwick, MS, CCC-SLP, ATP

Philosophy: Comfort and Improving Quality of Life

➤ EATING/
SWALLOWING



➤ COMMUNICATION



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Learning Objectives

1. Communication

2. Swallowing

- Talk about issues that can arise with swallowing and speaking
- How to manage swallowing and communication difficulties




Communication

Communication Difficulties



Overview of Potential Difficulties:

- Slurred Speech and low volume voice
- Slow and halted speech
- Word finding difficulties
- Difficulty with grammar
- Memory loss and other cognitive impairments



Dysarthria: *slurred speech and/or difficulty voicing*

Characteristics may include 1 or a combination:

- Low volume voice
- Slow and slurred speech
- Fast rushes of speech and dysfluency (stuttering like qualities)
- Monopitch—reduced pitch range
- Hoarse, breathy, and rough sounding voice, or strained and harsh vocal qualities

These can increase in severity and impact the ability to be understood

Strategies & Treatment

❖ Compensatory Strategies: Speak loud, speak slower, and over-exaggerate words

Treatment Programs:

- LSVT (Lee Silverman Voice Treatment)
- SPEAKOUT!

✓ Trial Stimulability w/ SLP

Only beneficial for a period of time due to disease progression.



Primary Progressive Aphasia or Primary Progressive Apraxia of Speech

- Speech effortful and shorter sentences
- Word finding hesitations
- Mispronounced words
- Words used in reverse (“yes” for “no”)
- Trouble understanding complex sentences
- Difficulty with grammar
- Later on in disease- difficulty with memory and cognitive function.

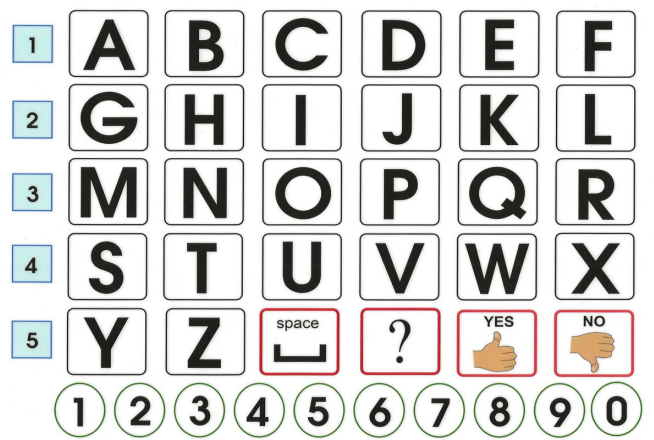
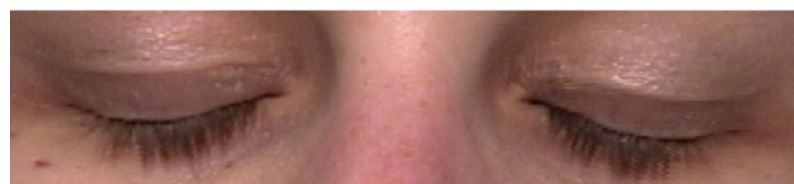
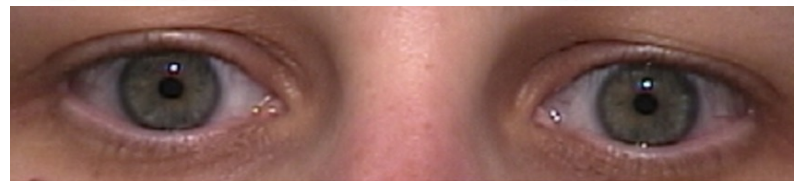
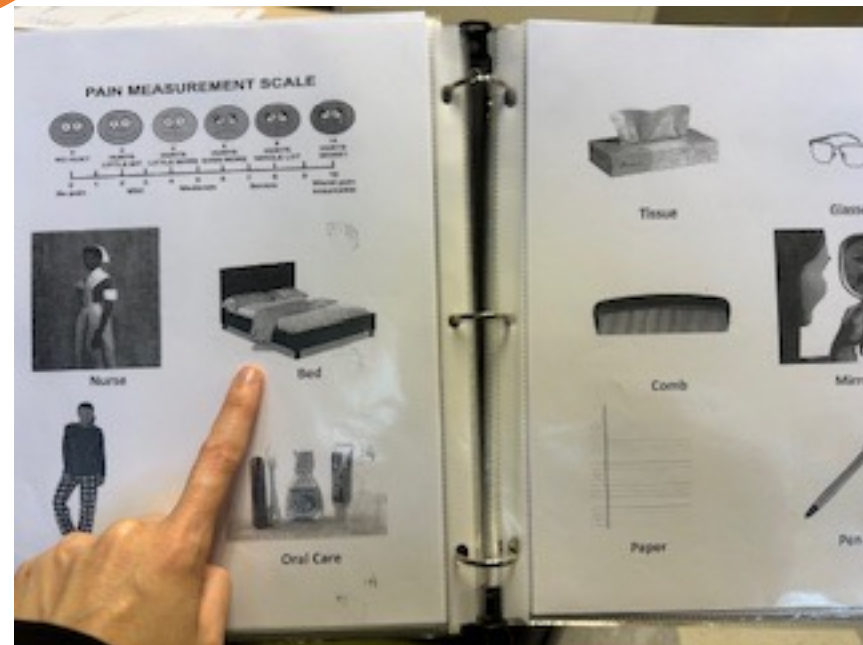
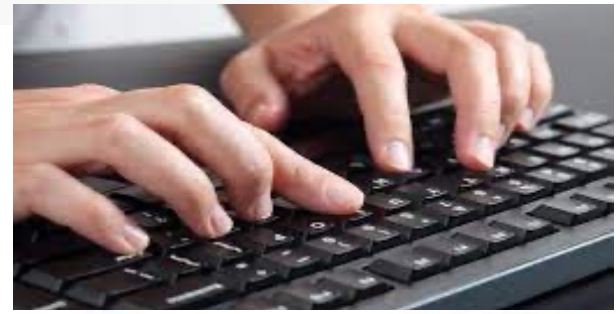
These can increase in severity and impact the ability to be understood

*What to do when strategies are
no longer helpful and people don't
understand you?!*

=AAC



AAC = Augmentative & Alternative Communication



Speech Generating Devices





Access Methods and Accessories

- Touch
- Eye-gaze
- Head-gaze
- Mouse
- Buttons
- Scanning w/ another method
- EMG
- Eye crutches

The list goes on...

Often a combination

Sometimes it changes as the disease progresses





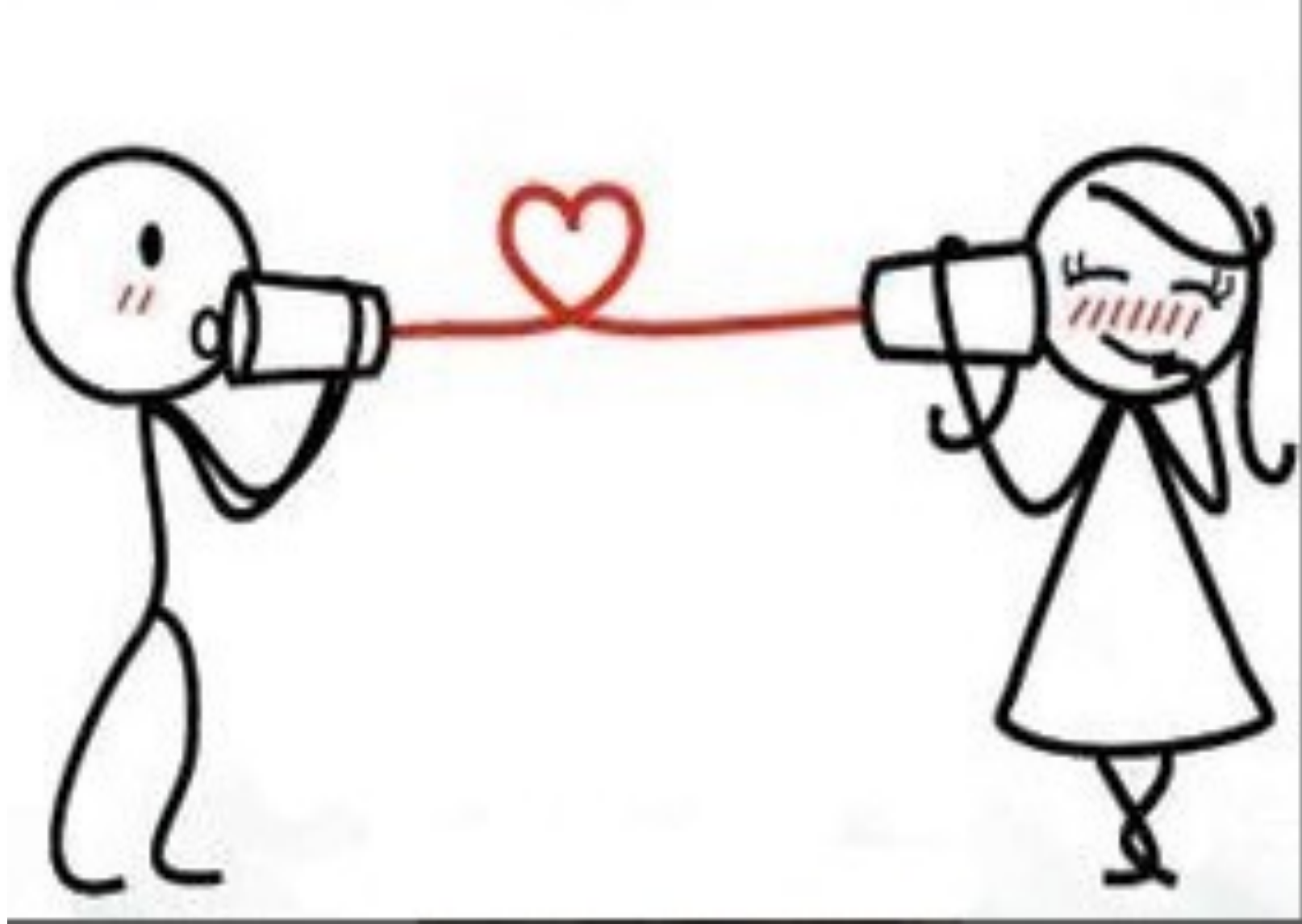
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Swallowing

Swallowing

Medical term for difficulty swallowing is called:
Dysphagia

Signs and Symptoms:

- Coughing
- Throat clearing
- Choking
- Wet/gurgly voice
- Feeling something stuck in the throat
- Prolonged meal time (1 hour or more)
- Chewing slower

Strategies: Behavioral vs Diet Modification

Behavioral Strategies

- 1 small sip at a time
- 5cc Provale cup vs Tsp
- Nosey Cup, Giraffe Bottle
- Smaller bites, cut up food
- Eating slower and chewing thoroughly
- Liquid alternation
- Moisten food (extra condiments and gravies)
- Sit upright
- 3 second prep (hold in mouth and swallow when ready)
- BEING MINDFUL



Diet Modification

The IDDSI Framework

Providing a common terminology for describing food textures and drink thicknesses to improve safety for individuals with swallowing difficulties.



Regular



Easy to Chew/Regular



Soft & Bite Sized



Minced & Moist



Pureed



Liquified Pureed



© The International Dysphagia Diet Standardisation Initiative 2019 @ <https://iddsi.org/framework/>
 Licensed under the Creative Commons Attribution Sharealike 4.0 License <https://creativecommons.org/licenses/by-sa/4.0/legalcode>.
 Derivative works extending beyond language translation are NOT PERMITTED.

Thickened Liquids: Powder and Gel-based

simplythick® Beverage Consistency Table



*Achieve desired beverage consistency by following the colors on the chart.

Amount of *simplythick*
(# of Pump Strokes per Ounces of Fluid)

IDDSI Level 1
SLIGHTLY THICK
1 Stroke per 6 oz.

IDDSI Level 2
MILDLY THICK
1 Stroke per 4 oz.

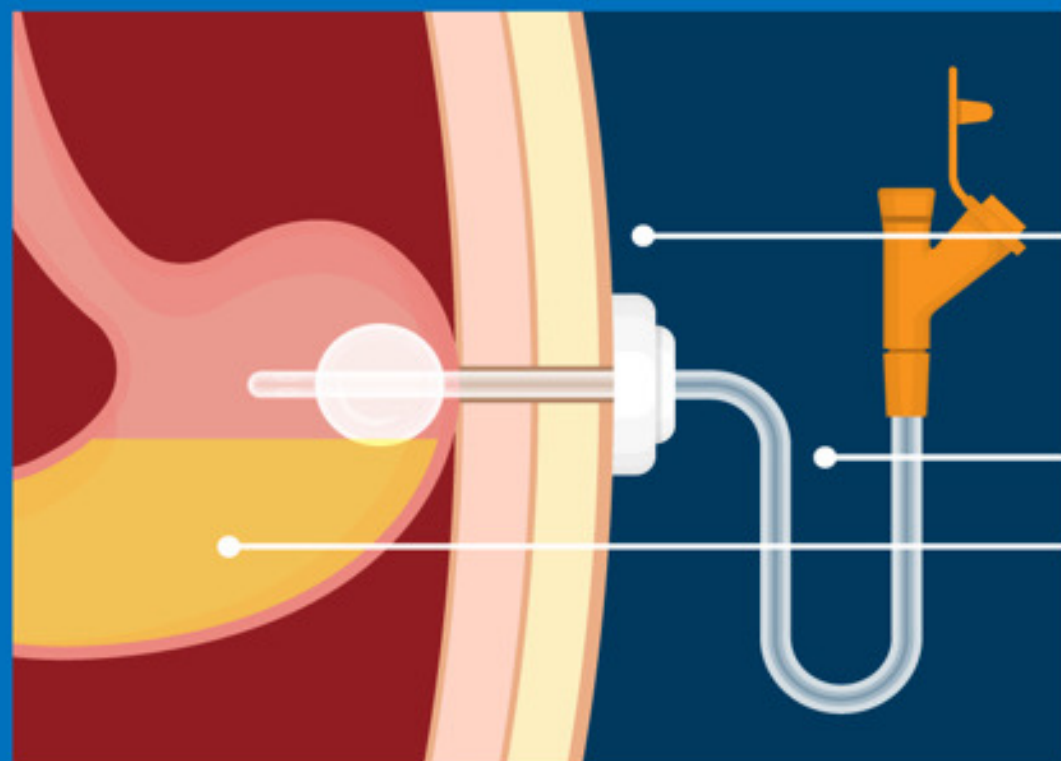
IDDSI Level 3
MODERATELY THICK
2 Strokes per 4 oz.

IDDSI Level 4
EXTREMELY THICK
4 Strokes per 4 oz.

Add To A Wide Variety Of Drinks!

simplythick®





Abdominal wall

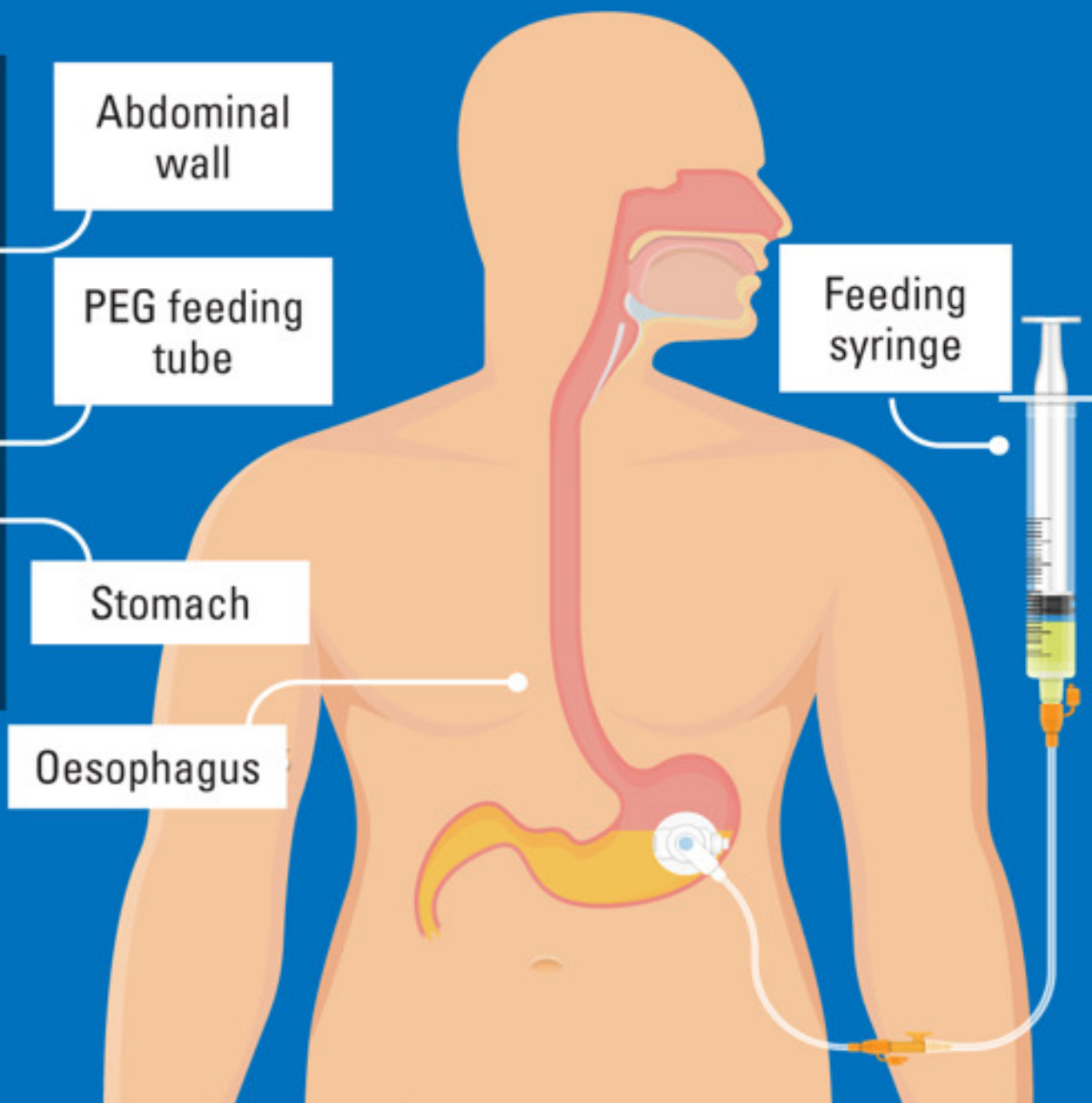
PEG feeding tube

Stomach

Oesophagus

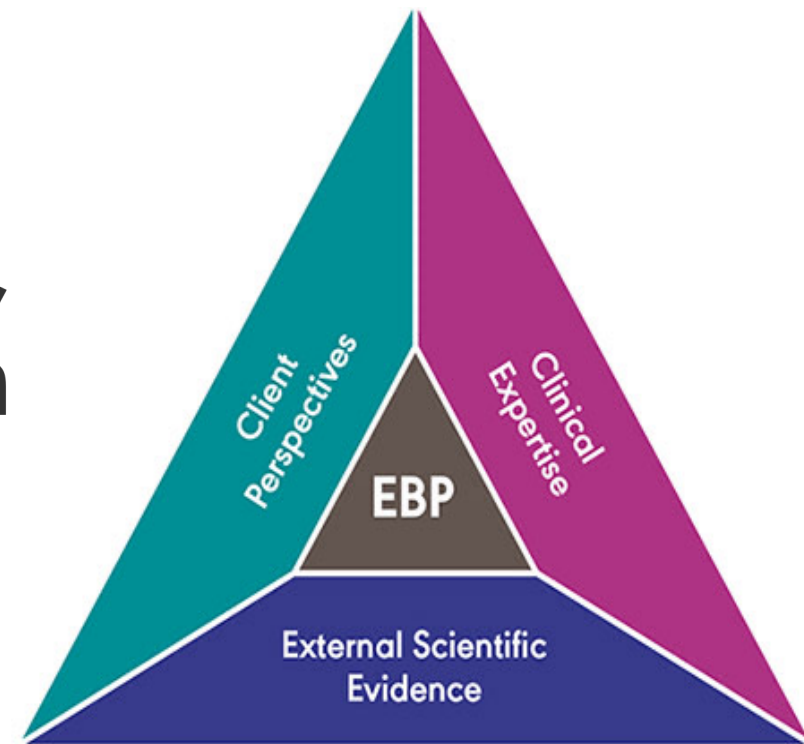
Feeding syringe

Gastrostomy



Research suggests:

PEG placement should be an informed decision made by the patient and family/decision makers, followed by recommendations from the Interdisciplinary Team (e.g. Neurologist, Palliative Care, Speech Pathologist, Dietitian etc.).



Aspiration Pneumonia is a Leading Cause of Death:

Why not just get a PEG to Prevent?

Overall, limited research indicating positive outcomes with PEG placement.

- ❑ Little concrete evidence of prolonging life.
- ❑ Increased risk of aspiration pneumonia or recurrent aspiration pneumonia following PEG placement.
- ❑ Increased risk of pressure ulcers, infections at g-tube site, and dislodging with repositioning from caregivers or the individuals themselves pulling it out due to confusion.

CONTINUED...

Results of 41 Studies Reviewed:

- ▶ Higher rates of aspiration pneumonia were found in tube-fed patients (58-67%) than non tube-fed patients (14-17%).
- ▶ When PEG was placed primarily for nutritional intake, 7-29% of patients developed aspiration pneumonia for the first time.
- ▶ 5% mortality rate for patients following tube feeding for 17 days, that increased to 63% at 6 months.

(TE Finucane and JP Bynum, 1996)

What Can I Do?

- ▶ Gentle hand feeding
- ▶ Use of strategies with self feeding
- ▶ Modified diets

...may provide comfort and improve quality of life, while not increasing the risk of aspiration pneumonia anymore than tube feeding.



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