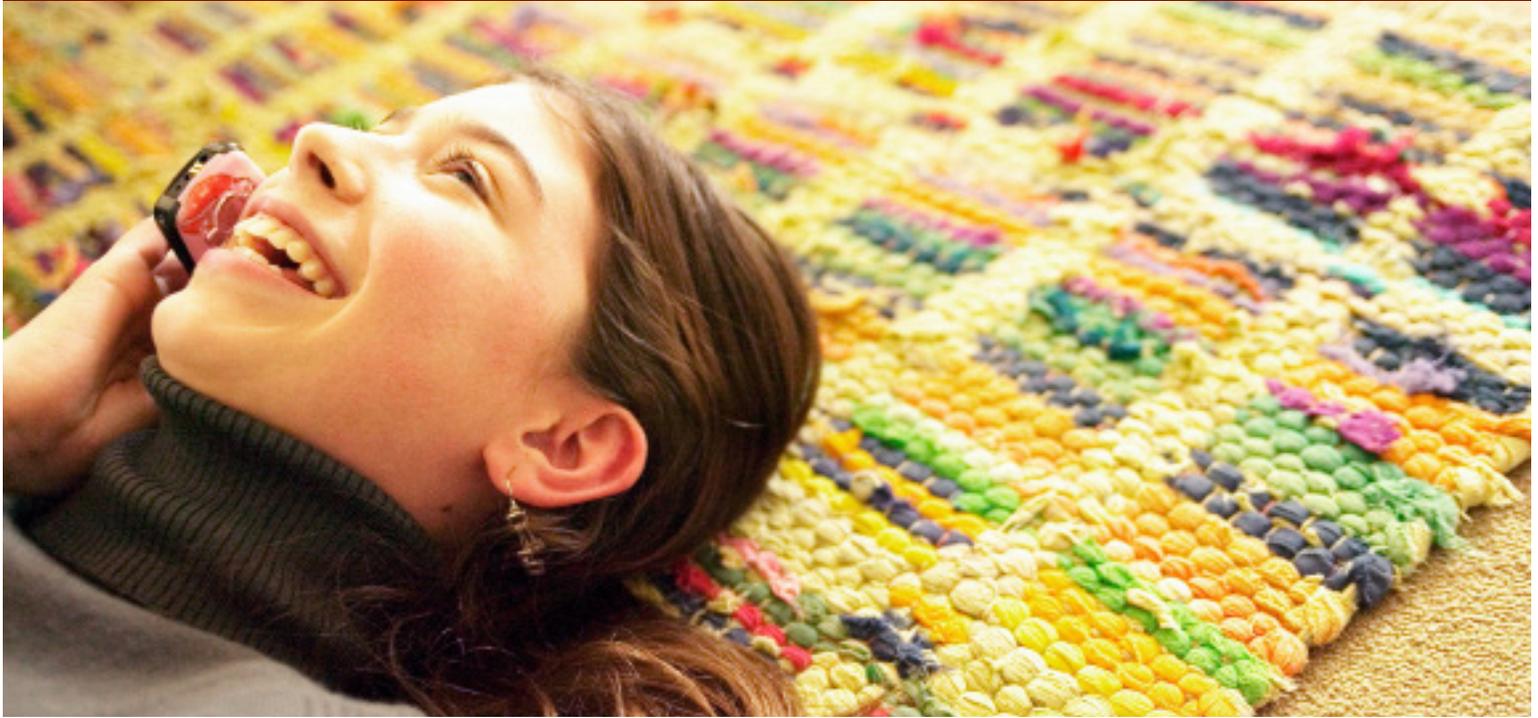


Speech & Swallowing

THE BASIC FACTS

MULTIPLE SCLEROSIS



If people are asking you to repeat words; if it's getting harder to carry on conversations because your speech is slurred, slow, or quiet; if you can't talk fast enough to keep up with your thoughts — you may be experiencing a speech disorder.

If you are having trouble getting your swallow started, or frequently clearing your throat or coughing when you eat or drink, you may be experiencing a swallowing disorder.

Both are associated with MS, and both need professional attention.

As many as 40% of people with MS may have speech problems at some time. Specialists believe they are caused by MS lesions (or damaged areas) in the part of the brain responsible for muscle control of the lips, tongue, soft palate, vocal cords, or diaphragm.

Dysarthria is a speech disorder, which typically results in slurred or poorly articulated speech. There may also be reduced loudness, unnatural emphasis, and slower rate of speech.

Dysphonia is a voice disorder. It involves changes in vocal quality, such as harshness, hoarseness, breathiness, or a hypernasal sound. In MS, these conditions may result

from muscle weakness, spasticity, tremor, or ataxia (lack of muscle coordination).

The same organs involved in speech are also needed for swallowing, so some people with MS will experience swallowing problems or *dysphagia*. These problems typically come and go, or are mild in MS. However, they can range from an occasional cough when eating or drinking to a much more serious situation in which an alternative eating strategy such as a tube feeding may be advised. Chronic swallowing problems can lead to dehydration, poor nutrition, or aspiration pneumonia (when food particles or liquids accidentally enter the lungs). It is important to identify and treat dysphagia in order to reduce the risk of these serious health problems.

Help is available

The good news is that most speech and swallowing problems can be managed. A speech-language pathologist (SLP) is the specialist who can best diagnose and treat them.

Speaking freely

“A person with MS may not notice his or her own speech problems. Many times a family member or physician brings it up,” said Pamela Miller, MS, CCC-SLP, a speech-language pathologist with expertise in treating people with MS. “Often people

adapt, but when speech problems begin interfering with everyday communication, it’s time for an evaluation with a speech therapist.” A speech therapist is more formally known as a speech-language pathologist or SLP.

During an evaluation, the SLP will examine the oral muscles that are necessary for speech (your lips, tongue, and soft palate) and assess how you control their movement in terms of strength, speed, range, accuracy, timing, and coordination. Your teeth and hard palate will also be examined. The SLP will check your breath support and control, how precisely you pronounce words, and how well you are understood by others.

The therapist may then offer strategies and exercises for specific problems. Some exercises can strengthen and improve function of the muscles involved in breath support and speech production. There are also techniques for slowing down, over-articulating, phrasing, and pausing to help make speech clearer and more understandable.

Active listening and self-monitoring skills are also essential. Listening to yourself on a recorder can help you hear and learn to correct your speech. Some people practice new speaking skills in group therapy.

Medications that relieve other MS symptoms can sometimes help dysphonia. For example, baclofen (Lioresal®), which relieves spasticity, may improve a harsh, strained voice quality. In some cases, injections of small amounts of Botox® into affected muscles can relieve spasms and allow for a smoother voice.

There are also exercises to promote relaxation and improve breath support.

People with more severe speech problems may benefit from voice amplification devices, electronic aids, or computer-assisted alternative communication systems. Again, an SLP evaluates to determine which technology is most appropriate and then teaches proper use of the specific aids (which either substitute for, or augment speech). Family and friends should be trained in these communication techniques, as well.

The art of the swallow

To evaluate a swallowing problem, an SLP will want to observe the swallowing action itself. A Clinical Swallow Exam is performed by the SLP while you are drinking and eating various textures and amounts. A Modified Barium Swallow Study is performed by the SLP and a radiology technician. You will be asked to swallow various preparations containing barium while your mouth and throat are x-rayed and video-recorded. When the recording is viewed, the barium reveals details so the SLP can diagnose the problems. The SLP may suggest the safest food consistencies and specific eating techniques. For example, changing the position of your head, limiting the size of your sip or bite, and using a double swallow may reduce coughing or aspiration for some people.

The following food safety rules may help people with swallowing problems avoid dehydration, poor nutrition, or the risk of aspiration pneumonia. Recommendations vary according to what is seen during your evaluation. Working with an SLP, registered dietitian, and doctor/nurse may be needed, to address the health issues completely.

- Brush your teeth and tongue thoroughly twice a day (found to be the single most important factor for reducing aspiration pneumonia because it reduces bacteria in the mouth).
- Sit upright when eating or drinking.
- Keep the chin parallel with the table (unless specifically instructed to tuck it)
- Take one small bite or sip at a time (unless told otherwise).
- Double swallows may be recommended: Swallow once to send the liquid or food down, followed by a dry swallow to clear any residual or particles.
- Clear your throat and swallow again (if recommended).
- Follow the SLP's recommendations for solids and liquids —
 - Thin liquid such as water is preferable (unless you have been told to avoid it), to avoid dehydration. **BE SURE YOUR MOUTH IS CLEAN FIRST.**
 - Moist, soft foods are easier to swallow. Adding extra moisture to dry solids and cutting into small bites can be helpful. Or you can try alternating a bite of food with a sip of liquid.
 - If pureed foods are recommended, experiment with a kitchen blender. Some favorite dishes can be pureed without losing their familiar flavor.

- If you feel yourself slowing down or fatiguing during a meal, take a break. It is better to plan smaller meals more frequently during the day.
- Quiet yourself and your surroundings during a meal. It's always a good idea to make mealtimes a calm and social part of the day. Save discussion of "hot" topics for times when no one is trying to eat.

If you are experiencing speech or swallowing difficulties, speak up! Call your doctor or the National MS Society for a referral to a speech-language pathologist in your area and speak and eat more freely again.

A note about dry mouth

Some speech or swallowing difficulties might stem from dry mouth, which is a common side effect of some drugs used to treat other MS symptoms, especially bladder problems. Dry mouth may contribute to tooth decay and gum disease, as well as cause discomfort, and it should be discussed with your health-care provider. The medication causing the problem may be adjusted or you may be advised to use mouthwashes, artificial saliva, or other approaches to protect your teeth and increase your comfort.

New Rehabilitation Guidelines

The National Clinical Advisory Board of the National MS Society has adopted a set of recommendations to provide guidance to physicians, nurses, and therapists — and to insurers and policy makers — regarding the appropriate use of rehabilitative therapies in MS. The recommendations were developed by a multidisciplinary task force comprised of physical therapists, occupational therapists, a speech-language pathologist, rehabilitation nurses, psychologists, psychiatrists, and neurologists, as well as staff of the Society's Professional Resource Center.

The guidelines address professional questions about the importance of rehabilitation as part of MS care. They stress the need to refer patients to rehabilitation specialists, and they are designed to serve as a professional consensus statement to be used when insurance companies seek to deny coverage of physical rehabilitation services to people with MS.

All people with MS, and their physicians, should be aware of these important recommendations. Copies are available on the Society's Web site at www.nationalMSSociety.org/ExpertOpinionPapers. A copy can also be obtained from your chapter or by writing to: Professional Resource Center, National MS Society, 733 Third Ave, 3rd Floor, New York, NY 10017.

For further reading

The Society publishes many other resources about various aspects of MS. Visit nationalMSSociety.org/brochures or call 1-800-344-4867.

Special thanks to Pamela Miller MA, CCC-SLP, Denver VA Medical Center, for her valuable assistance.

* The National Multiple Sclerosis Society is proud to be a source of information about multiple sclerosis. Our comments are based on professional advice, published experience and expert opinion, but do not represent individual therapeutic recommendation or prescription. For specific information and advice, consult your personal physician.

© 2014 National Multiple Sclerosis Society
EG 0742

Botox is a registered trademark of Allergan, Inc.
Lioresal is a registered trademark of Medtronic, Inc.