

SLP-chosen for you, from the Nicespeechlady.com library SPEECH PATHOLOGY PATIENT: _____

SPEECH PATHOLOGIST: _____

SPECIAL INSTRUCTIONS: _____

DATE: _____

CO-OCCURRING: Dysphagia/Swallowing Problems and Dysarthria (Slurred Speech)

Patients who exhibit more than one speech pathology diagnosis face particular challenges. Below are the definitions of two such speech pathology disorders, and a listing of the accompanying difficulties and strategies for responding -- if they are co-occurring in an individual.

Dysphagia = defined as a disorder of the swallowing process -- and may involve weakness or impairment in any of the various phases, or a combination (preparatory (presentation) phase, the oral (mouth) phase, the laryngeal (throat) phase and the esophageal (structure before the stomach) phase. Dysphagia can be identified by difficulties chewing, drooling, choking, coughing, throat clears, breathing changes after swallowing, pain in throat during/after swallows, pain in chest during/after swallows, reflux, etc.). Symptoms can also be silent/un-observable; dysphagia can potentially have significant medical consequences.

Dysarthria = defined as a difficulty with speaking sounds of words, characterized by slurring or unintelligibility (difficulty being understood due to involvement of the mouth, jaw, tongue, cheek or voice areas).

When patients exhibit difficulty in both areas, these concepts can be beneficial:

- Communication about swallowing needs can be a challenge due to the nature of dysarthria, when both conditions are existing simultaneously. Special care should be taken to ensure time and care in relaying messages of communication -- especially about swallowing preferences, eating topics, feeding needs, thoughts/feelings about swallowing, food considerations, various topics involving appetite, etc.
- The muscles and structures responsible for swallowing are the same muscles and structures responsible for producing speech sounds; when one area improves, improvements often are observed in the other area, at least to some extent.
- The following potential negative medical consequences are at a higher risk for the patient, due to a swallowing impairment-- dehydration, aspiration pneumonia, other upper respiratory infections, urinary tract infections, malnutrition, unintentional weight loss, and potential skin breakdown. If the patient loses weight or experiences debility due to the swallowing impairment (less nutrition/hydration due to aspiration, etc.), or articulation may be negatively impacted.
- Dry mouth symptoms (xerostoma) may occur in patients who have swallowing difficulties, and this can negatively impact articulation skills, because saliva is needed for mouth moisture for moving of the oral articulators (tongue, lips, teeth, hard/soft palate) for speaking. Dry-mouth products may aid in managing these symptoms so to not negatively impact articulation further.

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- Focusing intentionally on how to make speech sounds will benefit patients, just like focusing intentionally on the impacted area of swallowing. Oral-motor exercises may play a key role in treatment for swallowing.
- Using strategies to compensate for deficits are a benefit to both conditions. The speech pathologist could be asked what individual strategies would benefit both swallowing and speech articulation, specific to the patient’s presentation of symptoms.
- Be encouraged that it is common for patients to exhibit both diagnoses. Patients with these two difficulties are not alone in this phenomenon.
- Follow-through in a home program is paramount for achieving progress in function in both areas.
- Talking about the difficulties in both conditions is helpful. Sharing feelings about the drawbacks and disappointments in what the patient is facing with simultaneous swallowing deficits and speech articulation difficulties -- is beneficial. And sharing about how swallowing impacts the social aspect of speaking during meals is beneficial, too, as both conditions play off of each other.
- It is important to for the patient to self-encourage. Gains that are made in either condition should be celebrated intentionally. Little baby steps add up to improved function. Some days gains will not be achieved, so on the days that they occur, it is important to celebrate and document this so when the difficult days come, this can be a reminder to not become discouraged.

• Other special considerations: _____

