

information

COMMUNICATION AND PARKINSON'S

Parkinson's is a progressive neurological condition, which is characterised by both motor (movement) and non-motor symptoms.

Communication involves both verbal (speech) and non-verbal skills (facial expression, body language and writing). Parkinson's has the potential to affect all aspects of communication and in turn impact on interpersonal relationships.

Verbal Communication

It is estimated that 50% of people with Parkinson's will develop speech changes due to changes in coordination and reduced activity of the muscles involved in speech mechanism. The most common changes experienced include:

- Microphonia (reduced volume)
- Monotone
- Huskiness of voice
- Festination (similar to stuttering)
- Dysarthria (slurred speech)
- Rapid speech pattern
- Slow speech pattern

All of the above changes in speech will be challenging for people with Parkinson's, family members and health professionals. Patience and understanding are essential.

Strategies and Treatment Options

- Give conscious attention to the volume and rate of speech
- Take a deep breath before starting to speak in order to maintain volume to finish the sentence
- Rehearse mentally what you wish to say
- Reduce background noise if possible

The input of a speech pathologist experienced in Parkinson's will be of benefit. Therapy options include the Lee Silverman Voice Treatment (LSVT) which primarily addresses microphonia and monotone. This is an intensive course of treatment and is available in most Parkinson's-specific treatment facilities.

Voice quality may become husky, breathy or strained. This is often due to "bowed vocal folds". Speech therapy may assist.

In cases of festination a simple strategy is to remind the person with Parkinson's to concentrate on the key word. In some cases a pacing board may be useful.

Dysarthria may respond to speech therapy.

If increased rate of speech is a problem conscious attention on slowing the speech pattern in addition to the use of a pacing board can be helpful.

Slow speech pattern is not simply a speech problem but in fact originates from a slowing of thought process (bradyphrenia). This is out of the control of the person with Parkinson's and may be misinterpreted as confusion or dementia. An attempt to hurry their thinking, or interrupting them, may result in "blocking" or "freezing" thoughts.

Telephone use may be challenging due to the above verbal changes in addition to the impact of tremor or dyskinesia (involuntary movement). It may be helpful to sit while using the phone and consider the use of a hands-free receiver.

For further information contact
your state Parkinson's organisation:
Freecall 1800 644 189 www.parkinsons.org.au

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Non-verbal Communication

Muscle rigidity, slowness of movement and the effect of Parkinson's on automatic gestures and skills result in the more visible manifestations of the condition. These include:

- Masked expression
- Reduced blink rate
- Reduction in body language
- Micrographia (reduced handwriting size) and tremor related changes

Strategies and Treatment Options

Facial exercises will help maintain flexibility of facial muscles. A conscious effort to smile and express emotions is essential to avoid misunderstanding of cognition or intellect.

Similarly, conscious attention to blinking will address the stare-like expression and maintain adequate eye lubrication.

Parkinson's affects all automatic repetitive skills and gestures leading to a gradual reduction in body language, and subsequent immobility. This may be misinterpreted as intentional. Prolonged periods of immobility (of lower limbs) may result in postural oedema (swelling).

Micrographia occurs in most cases and may be an early indicator of Parkinson's. Cursive writing is a learned and automatic skill. With the development of Parkinson's the handwriting becomes smaller, cramped and less legible as the person writes. The use of lined paper may address this problem.

Tremor may impact on handwriting, the use of a keyboard and mouse, resulting in information technology challenges. Software is available to minimise these problems, and input from an occupational therapist experienced in Parkinson's may be of benefit in all aspects of written communication.

It is important to remember that each case of Parkinson's is unique to the individual; therefore there will be variations in communication changes. It is vital to allow the person with Parkinson's adequate time to respond when engaged in conversation. There may be a tendency for partners, family members or carers to respond on behalf of the person with Parkinson's which may add to the frustration already experienced. However, there may be times when this is appropriate, with consent.

Open and honest communication regarding all areas of Parkinson's will assist in coping with the impact of living with Parkinson's.

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