

Disordered Speech and Language in Older Adults

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Terms

- **Speech**
 - Is the mouth, tongue, and other parts working together to form words.
- **Language**
 - Includes both comprehension (what we understand from speech) and expression (speech, gestures, etc.)
- **Cognition**
 - Includes 'thinking skills,' which include attention, memory, and problem solving.

Common Causes of Communication Disorders in Older Adults

- Cerebral Vascular Accident
(Stroke)
 - A sudden interruption of blood flow in the brain either due to bleeds or blockages
- Transient Ischemic Attack
(TIA)
 - Small stroke where symptoms may last briefly and usually resolve within 24 hours

- Strokes are the leading cause of disability among adults.
 - Risk factors include (American Heart Assoc., 2005):
 - Age 55 or older
 - Male
 - African-American
 - Diabetes
 - Hypertension
 - Smoking
 - Family history of stroke
 - TIA

- Traumatic Brain Injury (TBI)
 - A TBI is an injury to the brain caused by an external force which may change consciousness.
 - Falls are the leading cause of TBI among persons ages over the age of 65.
 - A TBI is a consequence of a head injury.

- Alzheimer's Disease (AD)
 - AD is a chronic, progressive deterioration of intellect, memory, cognition, and communicative function resulting from brain disease.
 - Behavioral and personality changes occur with the disease.
 - The cause is still unknown, and there is no cure.
 - Occurrence of the disease increase with advancing age.
 - AD is a type of dementia.

- Parkinson's Disease
 - Parkinson's is a disorder that affects the nervous system. It is caused by a loss of a chemical in the brain called dopamine.
 - It is a movement disorder that can interfere with speaking.
 - Persons affected by Parkinson's may develop dementia.
 - A condition called Normal Pressure Hydrocephalus is sometimes mistaken for Parkinson's or Alzheimer's.
- Other Causes

Communication Disorders in Older Adults

- Aphasia
 - Aphasia is the impairment of language, which affects comprehension and/or expression
 - Types of aphasia are fluent, nonfluent, global.
- Dysarthria
 - Dysarthria produces problems due to weakness, paralysis, and incoordination of the muscles used for speech.
 - What might we see or hear

Communication Disorders

- Apraxia of Speech
 - Apraxia is a speech disorder in which there is a problem in the sequencing of the movements required for speech.
 - It is not from weakness or paralysis of the muscles.
- Dementia and Other Cognitive Problems
 - Short-term memory loss
 - Problem-solving difficulties

Communication Disorders

- What Can Affect a Person's Recovery of Their Communication Skills?
 - Severity of brain damage & medical diagnosis
 - Age
 - Motivation
 - Family Support
 - Previous level of independence
 - Pain or other medical problems
 - Variability in performance

Role of a Speech- Language Pathologist

- Evaluate speech, language, and cognitive functioning to:
 - Determine type of communication impairments
 - Determine severity of these impairments
 - Develop an appropriate treatment plan
- Enhance communication for the client through therapy in a variety of ways

Role of Speech-Language Pathologist

- Communication Enhancement
 - Have the communication partners simplify their speech
 - Find out which kind of cues work for the person
 - If they have problems listening, can you add written materials to help out?
 - If they cannot speak, can they write it out or talk around the word to describe it?

Role of Speech-Language Pathologist

- Enhance Communication
 - Use of other means to communicate in order to support or supplement speech
 - Examples:
 - Writing
 - Pointing to a letter board
 - Pointing to a picture board
 - Using an electronic communication device
 - Using a computer-assisted device
- Communication Devices
 - Benefits of using them
 - Challenges in using them

Role of Speech-Language Pathologist

- If a patient has Dysarthria:
 - Improve production of speech sounds.
 - Improve inflection pattern.
 - Improve how voice sounds.
 - Improve breath support.
- If a patient has Apraxia:
 - Try to improve sequencing needed for speech.

Role of Speech-Language Pathologist

- If a patient has cognitive impairments, use memory & organizational strategies:
 - Develop a routine and stay with it.
 - Create a place for everything and store everything in its place.
 - Use a tote bag or backpack. Plan ahead and place things in the bag needed for each day.
 - Use a to-do list.
 - Use a day planner or calendar to keep track of important appointments and activities.

Role of Speech-Language Pathologist

- Teach the person and the family strategies to improve communication
- Advocate for special services needed

Strategies to Enhance Communication

- Address any hearing loss or vision changes.
- Background noises should be at a minimum.
- Make sure the person has your attention.
- If understanding speech is difficult, speak in short concrete sentences or about familiar topics.
- Write down key words of your conversation.
- If memory is a problem, ask questions that have choices for the answer.
- Ask person to repeat, rephrase, or write what s/he said.