

# The Role of Speech Language Therapy in Motor Neurone Disease

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# Involvement Throughout the Journey

- Almost without exception people with MND experience a range of speech & swallowing symptoms as the disease progresses.
- Patients who initially present with bulbar symptoms (Bulbar Onset MND) have dysarthria (slurring of speech) and dysphagia (swallowing difficulties)
- In the case of Bulbar Onset MND, SLT's are often one of the first team members involved and remain regularly involved with the patient throughout the course of the illness.

# Dysphagia



# Dysphagia

## People may report:

- Chewing Difficulties
- Coughing
- Increased time to consume meals
- Weight loss
- Issues with saliva
- If there is a limb involvement, there may be issues getting food and fluid to the mouth
- A history of chest infections

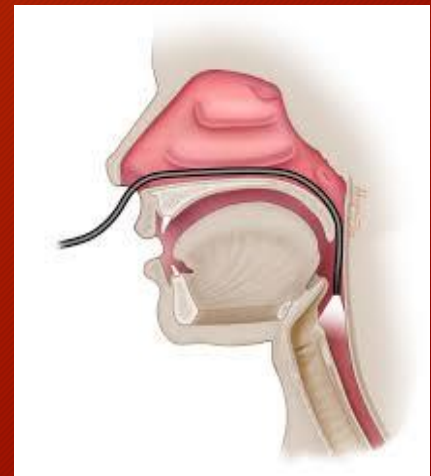
# Assessment

- 'Bedside' swallow assessment
  - People with MND are usually overt aspirators, although some people may be silent aspirators
  - Cough Reflex Test
  - Cranial Nerve Exam
  - Oral Trial
  
- EAT-10 (self-report questionnaire)



# Instrumental SLT Assessments

- Video Fluoroscopic Swallow Study (VFSS)
  - An X-ray of a person's swallow using Barium coated food and fluids to assess physiology and anatomy
  - Will it add value, or will it be another test/investigation for the person to go through?
  - Will it have educational benefit?
  - Can be used to guide discussions around safety/risk feeding
- Flexible Endoscopic Evaluation of Swallowing (FEES)
  - A camera on the end of a flexible scope/tube that goes through the nose and looks into the throat to visualise the vocal folds
  - Foods and drinks are dyed green and blue for better visualisation.



# Managing Symptoms of Dysphagia

## Diet Modification

- Altering the consistencies of food and fluids
- IDDSI - International Dysphagia Diet Standardisation Initiative
  - Puree
  - Minced Moist
  - Soft (Regular Easy to Chew)
  - Regular
  - Moderately Thick Fluids
  - Mildly Thick Fluids
  - Thin Fluids





# Managing Symptoms of Dysphagia

## Safe Swallow Techniques

- Managing fatigue
  - Main meal at lunch time/when less fatigued
  - Smaller meals more frequently
  - Modify textures during meals when fatigued
- Compensatory strategies
  - Small bites and sips
  - Upright and alert for all oral intake
  - Special cups/straws may be beneficial
  - Head Turns & Chin Tucks - only if recommended by SLT



# Managing Symptoms of Dysphagia

## Non-oral feeding - Percutaneous Endoscopic Gastrostomy (PEG)

- Rationale:
  - To reduce risk of aspiration and/or choking and to ensure adequate nutrition/hydration
- Our role:
  - Introduction of the idea and provide education
  - Monitor any history of chest infections, weight loss, time taken with meals -fatigue factors, client & carer stress with oral intake
- We liaise closely with other team members regarding the need and timeliness of PEG placement (e.g. dietitian, neurology nurse)

# Managing Symptoms of Dysphagia

## Expiratory Muscle (EMST)

- There is evidence to suggest EMST may be useful for patients in the early stages of MND.
- It works by engaging the expiratory muscles for respiration and may help with maintaining cough strength and airway protection, and maintaining swallowing muscle strength.
- Varying devices on market but research based on EMST.
- Assessed on an individual basis.





# Managing Issues with Saliva

## Excess Thin Secretions

- Posture and positioning
- Remembering/prompting to initiate swallow
- Dab sides of mouth rather than rub, rubbing can stimulate salivary glands
- Oral suction machines
- Medications that can be prescribed by the GP



# Managing Issues with Saliva

## Excess Thick Secretions

- Pineapple, Papaya or Dark Grape Juice
- Nebulised Saline
- Baking Soda rinse
- Regular Oral Hygiene Regime
- Attempt to reduce/avoid mouth breathing

# Managing Issues with Saliva

## Dry Mouth

- Artificial saliva
- Mouth moisturising gels
- Adding moisture to food (additional sauces and gravies)
- Frequent sips of water
- Sour sweets stimulates saliva



# Communication



# Communication Symptoms & Assessment

- Approximately 80% of people with MND are eventually effected by Dysarthria.
- Symptoms - progressive difficulties with:
  - Articulation
  - Slurred speech
  - Decreased volume
- Assessment:
  - Usually informal conversations and discussions around areas of difficulty, situations they are experiencing communication breakdown and their priorities/goals
  - Can also include more formal assessment of intelligibility

# Communication Support & Intervention

The focus is always on maximising communication effectiveness

Initially we work on:

- Optimising intelligibility
  - Exaggerating articulation
  - Reducing word output per breath
- Optimising communication/conversation settings
  - Reducing background noise
  - Making eye contact
- Consider the need for AAC

# Communication Support & Intervention

As the disease progresses;

- Ensure client knows they will always be able to communicate in some way even though this may not be via speech
- Explore effective means of communication suited to the person and their preference



# Alternative Augmentative Communication (AAC)

- The role of Talk Link
- High and Low tech options
- We support the set up and implementation of the devices that Talk Link provide. We help with troubleshooting and personalising the communication systems.
- Voice Banking - we encourage this early on therefore this is one of the reasons why referring to us early on is important

# Education & Support

We offer education and support throughout the journey by;

- Having regular reviews - at home or in clinic
- Attending the MND MDT meetings to update and be updated
- Being a key contact for the person and their families to ensure ease of access to supports available



# Change in needs and choices

## Choice and variation

- Some want to know all of the information, advice and what to expect from the beginning
- Some are not ready to hear the information and recommendations until future visits
- Some choose to do everything in their power to live as well as possible
- Some want to know and follow all of the recommendations and do whatever they can to extend their life.
- Some choose not to follow 'safe' recommendations in the interest of their enjoyment and prioritising quality of life
- Some want the illness to be over as soon as possible

We need to respect their wishes and choices



# Take Home Messages

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- Refer to SLT early : Education, building rapport, ongoing support and forward planning
- Communication and Swallowing : We have compensatory strategies that can provide symptomatic relief from symptoms and frustrations.
- Respecting patient's perspectives and choices : Whatever management options are considered we have to remember it is the person with MND's choice, as to how they want to travel their journey.

Questions...