

# 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 inter-personal relationships.

### Verbal Communication

It is estimated that approximately 90% 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. Speak with intent.
- 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.

Online therapy options are available.

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 to 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.

Communicating by telephone 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

For further information contact  
your state Parkinson's organisation:  
**Freecall 1800 644 189 [www.parkinsons.org.au](http://www.parkinsons.org.au)**

IN THIS TOGETHER  
**parkinson's**  
AUSTRALIA

# COMMUNICATION AND PARKINSON'S

while using the phone and consider the use of a hands-free receiver or the speaker option.

## 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.

Micrographia occurs commonly 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. The use of lined paper may address this problem.

Tremor may impact on both handwriting and 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.**

**Parkinson's Australia** is a federation of member organisations including Parkinson's ACT, Parkinson's Queensland, Parkinson's SA & NT, Parkinson's Tasmania and Parkinson's WA.

For further information contact  
your state Parkinson's organisation:  
**Freecall 1800 644 189 [www.parkinsons.org.au](http://www.parkinsons.org.au)**

**parkinson's** IN THIS TOGETHER  
**AUSTRALIA**