

ms.

8

**MULTIPLE
SCLEROSIS
AND
SPEECH &
SWALLOWING**

ms.

Multiple Sclerosis Society of New Zealand

CONTENTS

Introduction	3
Involving a professional	4
Speech difficulties (Dysarthria)	5
Alternative communication methods	
Swallowing difficulties (Dysphagia)	6
Implications for eating and drinking	
Associated difficulties	10
Excessive saliva	
Xerstomia (Dry mouth)	
Final thoughts	12
Sources of support and information	13
Contact details	14

AUTHOR

Adapted from text by Lynn Curnow (SLT), with support from Gaylea Fritsch (Senior SLT, Counties Manakau) and Denise Diedrichs (Senior SLT, West Coast).

ACKNOWLEDGEMENTS

The MS Society of New Zealand would like to thank the author, our advisors, and the Information Series Review Team.

MS and Speech & Swallowing published in 2006 by the Multiple Sclerosis Society of NZ with the support of the James Searle Say Foundation.
Reprinted in 2007.

Multiple Sclerosis Society of New Zealand Incorporated
PO Box 2627
Wellington 6140
NEW ZEALAND

Phone 0800 MS LINE or 0800 675 463
 or 64 4 499 4677
Fax 64 4 499 4675
Email info@msnz.org.nz
Website www.msnz.org.nz

© *Multiple Sclerosis Society of NZ Inc* 2007

ISSN: 1176-4473

ISBN: 978-0-908982-08-0

INTRODUCTION

Multiple sclerosis sometimes causes problems with speaking and swallowing, although not usually until someone has had the condition for some time. Fortunately, there are treatments and techniques available to manage these problems.

A Speech and Language Therapist (SLT) is the key health professional for identifying solutions to these problems.

You can ask your GP to refer you to an SLT, or contact your district health board. An SLT will liaise with your GP or consultant to identify the most effective approach to managing any difficulties, and may call upon dietitians and neurologists for help as well.

This booklet offers an overview of the problems with speech and swallowing in MS and helps those with these difficulties to understand more.

You should be read this booklet in conjunction with assistance and advice from medical professionals.

INVOLVING A PROFESSIONAL

It is important to see a Speech and Language Therapist if any of the following occur:

Possible changes in speech

- Slurred speech.
- Overly nasal speech.
- Voice changes (e.g. reduced volume or poor pitch control).
- Experiencing fatigue after talking.
- Problems with vocabulary (“finding the words”).
- Speech slows down, or requires more effort.

As each person’s experience will be different, individual management strategies are essential. It is better to seek assessment sooner rather than later to ensure effective management.

Possible changes in swallowing

- Coughing when eating or drinking.
- Food sticking in the throat or mouth.
- Difficulty swallowing medications.
- Sniffing or sneezing during meals.
- Food or drink travelling up into the nasal passages.
- Reduced consumption of food or liquid.
- Time required to finish meals notably increases.
- Difficulty controlling saliva.

Other possible changes due to problems with swallowing include weight loss, poor nutrition, dehydration and chest infections.

SPEECH DIFFICULTIES (Dysarthria)

Speech changes may begin with a slight slurring of speech, with a later weakening of the muscles of the mouth and throat. This may affect the clarity of speech and non-verbal communication such as facial expressions.

Additionally, you may have trouble 'finding the right words', as lesions on the brain affect the ways the brain finds words.

A Speech and Language Therapist can help you focus on breathing techniques, learn energy conservation and find strategies to improve the volume and pace of your speech.

ALTERNATIVE COMMUNICATION METHODS

If speech becomes too difficult, other ways of communicating may be easier. There are many options available, such as: using pen and paper; pointing to pictures or written words; or using electronic communication devices.

If communication technologies become necessary, an SLT can discuss which technology is most appropriate and teach the best use of aids that can support or substitute speech. Carers, family and friends should be taught about these technologies as well, as they will be communicating with you via the alternative system. They may also need to help with things like setting up, charging batteries and providing low-level maintenance.

SWALLOWING DIFFICULTIES (Dysphagia)

MS can damage the nerve fibres in the brain that control swallowing, or damage the nerves in the muscles that execute this function. As a result, chewing and readying food for swallowing may become difficult. Triggering a swallow and clearing food from the mouth may become harder and coughing may be weaker. Some food and fluid loss from between the lips may also occur.

It is important that you, your carers and family members are alert to the possibility of swallowing problems, so that advice regarding management can be sought early.

Modifications to the texture of your food and drink may increase food intake and safety. Other factors also play a part, such as posture and the eating environment.

A Speech and Language Therapist will need to assess your situation before recommending specific management strategies.

TIPS FOR EASIER EATING & DRINKING

Changing what you eat

- Water may be the most difficult item to swallow. However, use a commercial thickener for this and any other thin liquids (e.g. 'ThickenUp' is available at most chemists.)
- Be wary of using ice cubes or gelatines, as they melt into liquid before they can reach the back of the mouth.
- Smoothies can be an easy way to consume nutritious food.

- ➔ Chop, mince or blend meat and other coarse food and moisten with broths, juices, gravies or soups.
- ➔ It may be necessary to avoid large chunks of any solid food, as they can lodge in your airway.
- ➔ Try nut butters instead of individual nuts (providing your tongue is able to move the sticky food around your mouth).
- ➔ Try food that is warmer or colder than the body.
- ➔ Add herbs, stocks and sauces to food that may be bland.

For maximum enjoyment, try and vary your diet as much as possible. A dietician can match food preferences with adequate nutrition and the textures required for safe swallowing.

Changing how you eat

- ➔ Sit upright and lean slightly forward when eating or drinking and stay upright for half an hour after finishing.
- ➔ Keep the chin parallel with the table or slightly tucked down, as this ensures the mouth and throat are in a good position for handling food.
- ➔ Take one small bite at a time. Clear your mouth before you take the next bite.
- ➔ Never wash food down with liquid; moisten the food instead.
- ➔ Choose soft, moist foods and thick, cold liquids first, as they are the easiest to swallow. Dry solids and thin liquids are more difficult, and require closer attention for safe swallowing.
- ➔ Begin a meal with something cold, e.g. a sorbet or smoothie.
- ➔ Consider avoiding thin liquids altogether when fatigued.

Thus, consume thin items in the morning and thick ones in the evening.

- ➔ If your eating seems to slow down, pause and switch to something icy, as the sensation can help trigger the swallowing action.
- ➔ With solids, swallow at least two times per mouthful—the first time to send the food down, followed by a dry swallow to clear any residual particles.
- ➔ With liquids, especially hot, thin liquids, swallow, then clear your throat; then swallow again before taking more liquid.
- ➔ Voluntarily coughing during the meal may help to clear your throat.

Changing your eating environment

- ➔ Distractions during mealtimes can make managing problems more difficult, especially if you have to pay particular attention to a therapy technique. Some suggestions that may make mealtimes easier are:
 - ➔ Quieten yourself and your surroundings during a meal. It's always a good idea to make mealtimes a calm part of the day and to save discussion of “hot” or contentious topics for other times.
 - ➔ Limit conversations during mealtimes to yes/no questions that can be answered by a nod of the head. In this way, you avoid being rushed to finish your mouthful and respond.
 - ➔ If you like to watch television, or if eating at a social gathering, try to eat food with ‘safe’ meal textures to reduce the need for intense concentration on the act of swallowing. This will make your meal more enjoyable.

Taking medications

Swallowing difficulties may affect how you take any medications. It may be better to take tablets whole with pureed food or smoothies rather than water. Alternatively, check with a pharmacist if it is acceptable to cut or crush the tablets, or whether the medication comes in a liquid form.

Note: It is essential to discuss any changes to how you take your medications with your pharmacist.

Alternative solutions

Sometimes swallowing problems may mean eating becomes too difficult and alternative feeding methods (i.e. a tube) will be suggested. An Speech and Language Therapist can describe the various options in your case to help you and your support team make the best decision.

ASSOCIATED DIFFICULTIES

EXCESSIVE SALIVA

Some people may find they have more saliva in their mouths than they can manage. This is not the result of increased saliva production, but of lip, cheek and tongue weakness and less frequent swallowing. This can cause drooling.

The following strategies have been found to be useful:

- ➔ Sealing lips firmly.
- ➔ Swallowing more frequently.
- ➔ Sipping drinks regularly.
- ➔ Sucking sugar-free lozenges (if your SLT says it is safe).
- ➔ Swallowing reminders (e.g. a timer set to ‘ding’ every so often).
- ➔ Swallowing before talking.

Also, a soft collar may help to keep your head in an upright position and stop saliva falling out of your mouth. Another alternative is to use a suctioning machine, particularly if your swallow is very difficult to ‘trigger’. However, check with a physiotherapist first.

Some medication can increase saliva production, so be sure to discuss this issue with your GP if you think this may be the case.

Some patches and medications may be useful for reducing saliva production. However, they can reduce all other body fluids, which creates other problems. You should consult your GP or SLT about using these medications.

XEROSTOMIA (DRY MOUTH)

Xerostomia is caused by a lack of saliva in the mouth. Saliva production commonly decreases as a result of dehydration, as a side effect of certain medications, or because the saliva glands are not functioning correctly. It is uncomfortable and can make chewing, swallowing and speaking difficult.

Some strategies for coping with a dry mouth include:

- Clean your mouth and tongue with toothpaste (or a baking soda solution) using a very soft toothbrush.
- Use mouthwash to cleanse and relieve dryness (e.g. dissolve 1/4 teaspoon baking soda with 1/4 teaspoon salt in warm water.).
- If you can swallow easily, take regular sips of fluid throughout the day. Avoid coffee or tea, as these are diuretics.
- Remember to keep your mouth closed when not speaking or eating as breathing through the mouth dries it out.
- Use over-the-counter medications, such as artificial saliva, or saliva stimulants. There are also medications available on prescription from a GP.

Xerostomia alters the acid balance in the mouth, and makes teeth susceptible to cavities. Thus, it is very important to stay vigilant about oral health – including checking for ulcers and tooth decay. If you use a mouthwash, it is important to avoid those with alcohol as this can damage the lining of your mouth.

Also, dry mouth can affect your lips and skin around your mouth. Use lip balm to prevent cracking, but this should be non-petroleum based to avoid skin reactions and dryness.

FINAL THOUGHTS

As with any other MS-related issues, managing speech and swallowing impairments works best when you, your family and carers and other support services take a positive and collaborative approach.

Because MS brings ongoing changes to your functional abilities, regular monitoring and reviews are essential too. Sometimes this will involve a full reassessment, but may usually simply require informal discussions with you and those involved in your care.

SOURCES OF SUPPORT AND INFORMATION

THE MS SOCIETY OF NEW ZEALAND

We can put you in contact with a regional Field Worker. They arrange social groups, exercise classes, support meetings and referrals within their regions. Some people with MS find support groups helpful as an occasion where they can share their experiences and learn how others deal with MS. Contact details for your nearest regional society are located over the page.

INTERNET RESOURCES

The Internet provides a great deal of information about MS, but the quality and accuracy of the information can vary. Some useful websites are:

MS Societies

MS Society of New Zealand	www.msnz.org.nz
MS International Federation	www.msif.org
Australia	www.mssociety.com.au
United Kingdom	www.mssociety.org.uk
United States	www.nmss.org

Disability

Weka: *What Everyone Keeps Asking*—about disability
website www.weka.net.nz
phone 0800 17 1981

CONTACT DETAILS

THE MS SOCIETY OF NZ

We are available to help you with your queries and give you information and guidance.

MSNZ

PO Box 2627 Wellington 6140 NEW ZEALAND

Phone 0800 MS LINE or 0800 675 463

OR 04 499 4677

Email info@msnz.org.nz

Website www.msnz.org.nz

REGIONAL MS SOCIETIES

Northland	09 438 3945	Manawatu	06 357 3188
Auckland & North Shore	09 845 5921	Wellington	04 388 8127
Waikato	07 834 4740	Marlborough	03 578 4058
Bay of Plenty	07 571 6898	Nelson	03 544 6386
Rotorua	07 346 1830	West Coast	03 768 7007
Gisborne	06 868 8842	Canterbury	03 366 2857
Hawkes Bay	06 843 5002	South Canterbury	03 684 7834
Taranaki	06 751 2330	Otago	03 455 5894
Wanganui	06 345 2336	Southland	03 218 3975



ISSN: 1176-4473

ISBN: 978-0-908982-08-0