

# The Role of Speech Pathology in Dementia Care

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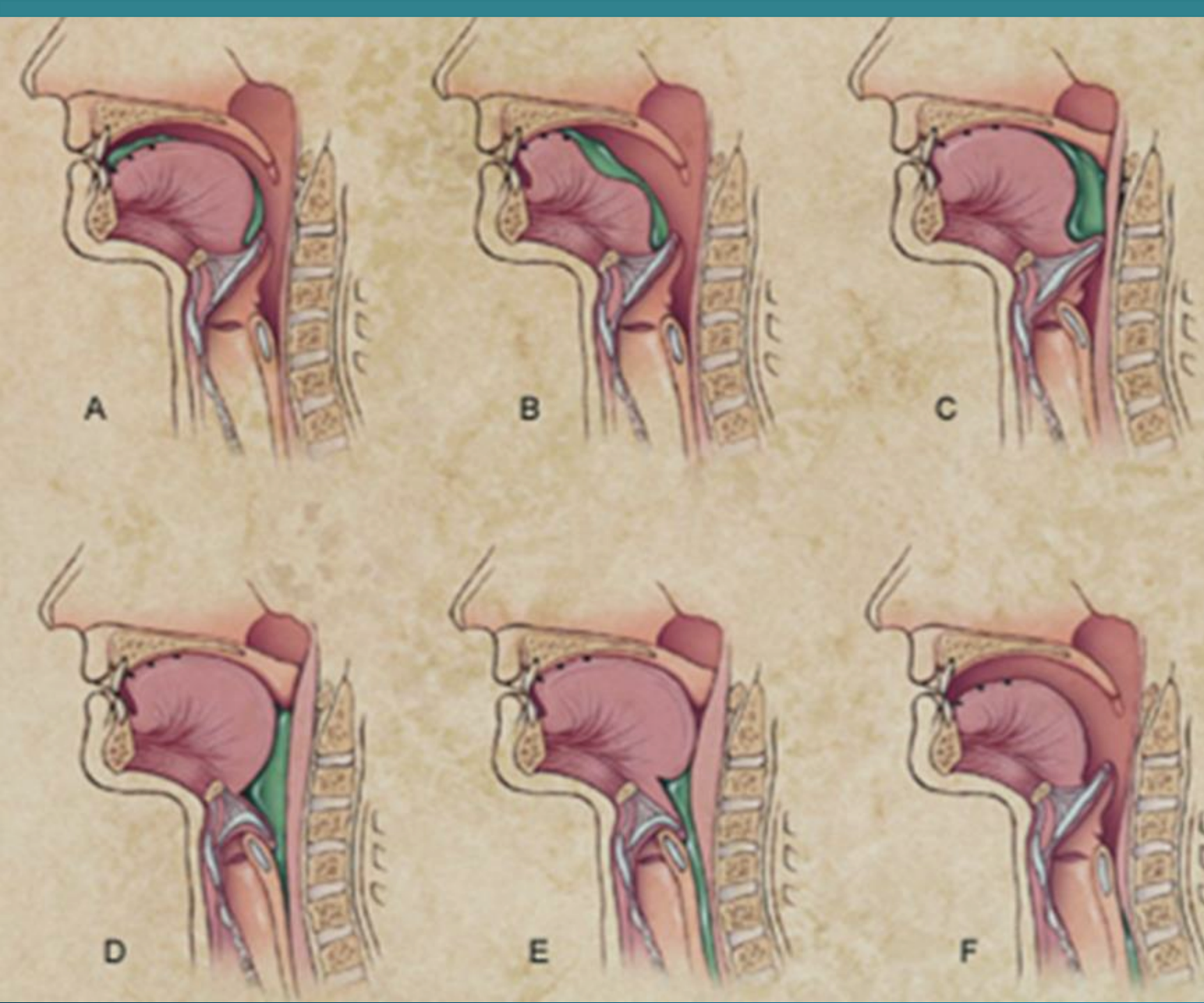


# Introduction

- SLP for over 20 years
- Swedish Outpatient Rehabilitation for over 10 years
- Began my career at Harborview Medical Center in acute care
- Transitioned to outpatient rehabilitation

# Speech Pathology and Dementia

- Three primary treatment areas
  - Swallowing
  - Cognition
  - Communication
- Focus and type of treatment varies greatly depending on patient's areas of deficit and goals of care
- Treatment ideally includes both the patient and their care partner



# Swallowing

# Evaluation

- Chart Review
  - Focus on GI history, pulmonology, respiratory illness, weight loss
- Patient and Care partner interview
  - What symptoms are being noticed – coughing, choking, feeling of food getting stuck
  - Food preference?
  - Food avoidance?
  - Difficulty finishing meals?
  - Trouble taking pills?

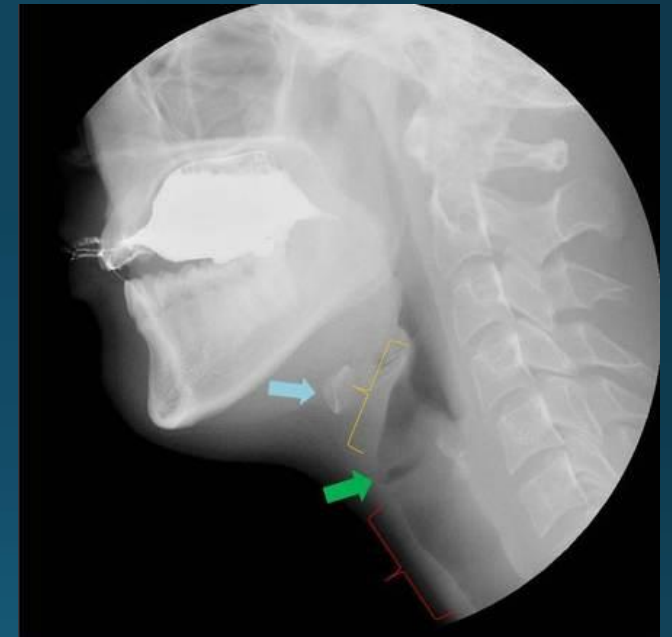
# Clinical Swallowing Evaluation

- General mental status
- Oral mechanism examination
- Trials of various consistencies
- Assessment of oral and pharyngeal swallowing function
- Trials of various strategies including postural changes, modified utensils, behavioral changes
- Patient and care partner education
- Recommendations for additional follow-up



# Modified Barium Swallow Study

- Conducted in conjunction with radiologist
- Evaluation of medical status, level of alertness, oral mechanism is the same as clinical swallowing evaluation
- Trials of different textures with barium mixed in under fluoroscopy
- Trials of various strategies under fluoroscopy
- Provides additional information regarding swallowing function as well as efficacy of strategies and postures
- Can provide visual support to improve patient learning



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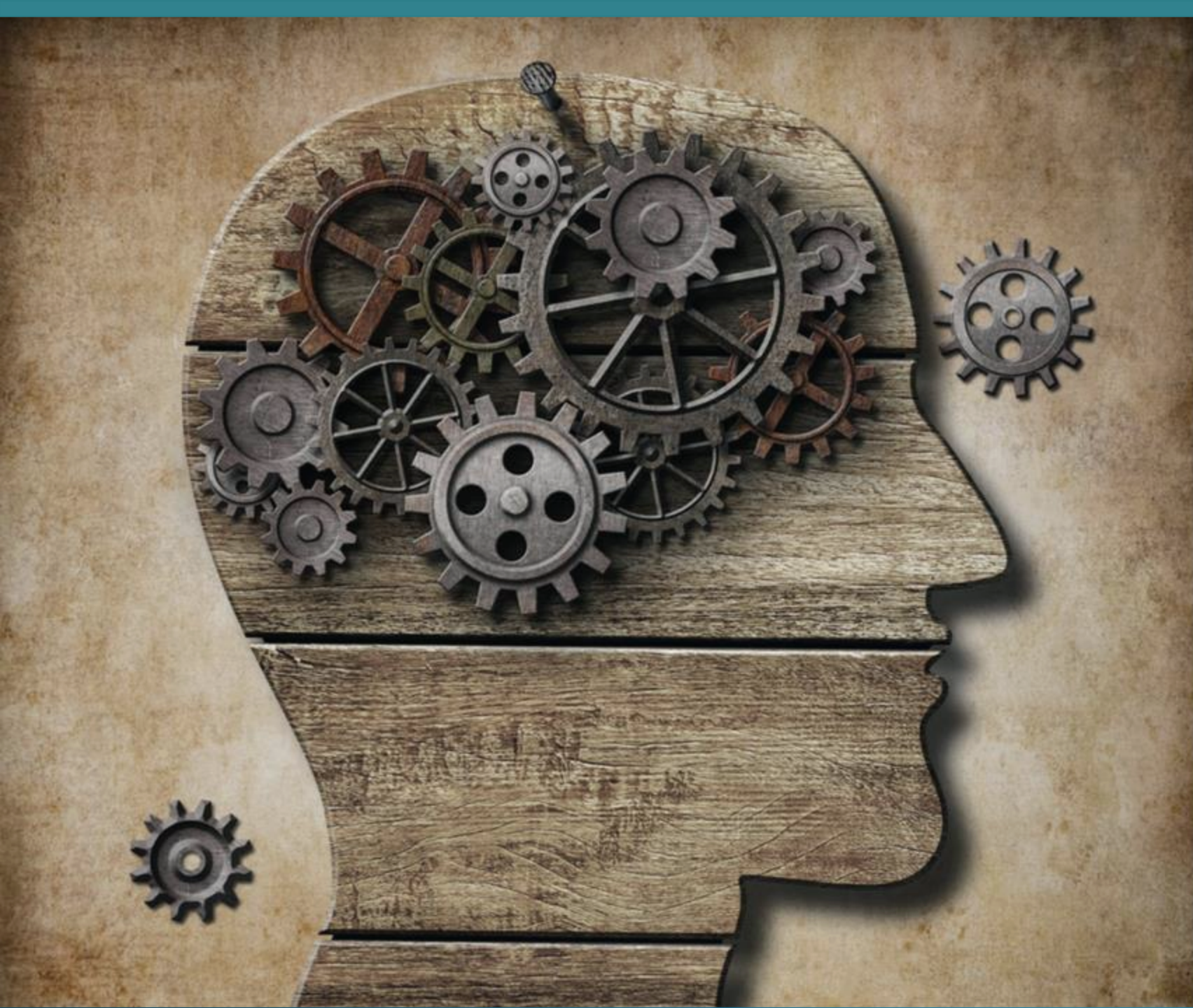
# Treatment

- Based on results from clinical swallowing evaluation and/or modified barium swallow study, patient and care partner may participate in a brief course of treatment
- Quality of life is of utmost importance and goal of therapy is for the patient to tolerate the safest and least restrictive diet possible
- While placement of an alternative means of nutrition is ultimately a decision made by the patient, family and physician; the SLP's at our clinic do not recommend this option
- Patient and care partner education



# Follow-up

- Due to progressive nature of dementia, periodic follow-up is often recommended.
- Follow-up is typically conducted in 3-6 month intervals, however patient and/or care partner are encouraged to reach out sooner if needs arise.



# Cognition

# Evaluation

- Chart Review
  - Focus on neurology documentation
  - Review of neuropsychology evaluation
    - If no neuropsychology evaluation, will recommend patient/family/MD consider this step.

# Evaluation

- Patient/Care Partner Interview
  - Prior level of function, educational history, work history
  - Current hobbies, activities, opportunity for social engagement, community involvement
  - Cognitive symptoms noticed by patient and/or care partner
  - Level of function in home environment
  - Memory strategies currently in place
    - Calendars, lists, sticky notes, etc
  - Effectiveness of strategies

# Assessment

- Highly dependent upon the level of function of the patient
- May include full standardized assessment or portions of standardized assessments
- Most commonly used include RBANS, CLQT, MoCA, MMSE, SLUMS
- Not a replacement for neuropsychologic evaluation

# Treatment

- Based on results of evaluation
  - Including neuropsychologic evaluation
- Focused on patient specific goals
- Patient and care partner education
- Establishment of cognitive strategies
- Spaced retrieval memory treatment



# Follow-up

- Dependent upon the status of the patient
- Typically will participate in a course of speech pathology intervention targeting patient and care partner's goals
- Will strongly encourage involvement in community supported groups and activities, particularly those with a focus on dementia
- Given progressive nature of dementia, will often recommend follow-up in 6-12 month intervals



# Communication

Focus of treatment when diagnosis is Primary Progressive Aphasia



# Evaluation

- Chart Review
  - Focus on neurology documentation
  - Review of neuropsychology evaluation
    - If no neuropsychology evaluation, will recommend patient/family/MD consider this step

# Evaluation

- Patient/Care partner interview
  - Prior level of function, educational history, work history
  - Current hobbies, activities, opportunity for social engagement, community involvement
  - Language symptoms noticed by patient and/or care partner
  - Cognitive symptoms noticed by patient and/or care partner
  - Level of function in home environment
  - Language strategies currently in place
  - Familiarity and interest in use of technology to support language function

# Assessment

- Typically language based evaluation tools
  - Boston Diagnostic Aphasia Evaluation
  - Western Aphasia Battery
  - Boston Naming Test
  - Cognitive Linguistic Quick Test

# Treatment

- Implementation of language strategies
- Semantic Feature Analysis
- Communication Script Training
- Use of Augmentative and Alternative Communication systems (AAC) to support language



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# Follow-up

- Dependent upon the status of the patient
- Typically will participate in a course of speech pathology intervention targeting patient and care partner's goals
- Will strongly encourage involvement in community supported groups and activities. Communication groups for PPA are very effective
- Given progressive nature of dementia, will often recommend follow-up in 6-12 month intervals

# Closing Thoughts

- The speech pathologist can play an important role in the management of dementia
  - Address swallowing, cognition, and communication
- Treatment is patient centered and goal specific
- Serve as a resource and support for the patient and family throughout their dementia journey

# References

- [Survey Results of Speech-Language Pathologists Working With Cognitive-Communication Disorders: Improving Practices for Mild Cognitive Impairment and Early-Stage Dementia From Alzheimer's Disease.](#)
- Lanzi AM, Saylor AK, Cohen ML. Am J Speech Lang Pathol. 2022 Jul 12;31(4):1653-1671. doi: 10.1044/2022\_AJSLP-21-00266. Epub 2022 May 23. PMID: 35605597
- [Cognitive Assessments for Patients With Neurological Conditions: A Preliminary Survey of Speech-Language Pathology Practice Patterns.](#)
- Roitsch J, Prebor J, Raymer AM. Am J Speech Lang Pathol. 2021 Sep 23;30(5):2263-2274. doi: 10.1044/2021\_AJSLP-20-00187. Epub 2021 Jul 19. PMID: 34280040
- [Speech and language therapy in primary progressive aphasia: a critical review of current practice.](#)
- Taylor-Rubin C, Croot K, Nickels L. Expert Rev Neurother. 2021 Apr;21(4):419-430. doi: 10.1080/14737175.2021.1897253. Epub 2021 Apr 8. PMID: 33641570 Review.
- [Dysphagia and mealtime difficulties in dementia: Speech and language therapists' practices and perspectives.](#)
- Egan A, Andrews C, Lowit A. Int J Lang Commun Disord. 2020 Sep;55(5):777-792. doi: 10.1111/1460-6984.12563. Epub 2020 Jul 24. PMID: 32706516
- [Speech and language therapy for primary progressive aphasia across the UK: A survey of current practice.](#)
- Volkmer A, Spector A, Warren JD, Beeke S. Int J Lang Commun Disord. 2019 Nov;54(6):914-926. doi: 10.1111/1460-6984.12495. Epub 2019 Jul 30. PMID: 31364253
- [Speech and language therapy approaches to managing primary progressive aphasia.](#)
- Volkmer A, Rogalski E, Henry M, Taylor-Rubin C, Ruggero L, Khayum R, Kindell J, Gorno-Tempini ML, Warren JD, Rohrer JD. Pract Neurol. 2020 Apr;20(2):154-161. doi: 10.1136/practneurol-2018-001921. Epub 2019 Jul 29. PMID: 31358572 Review
- [Speech-Language Pathologists' Views About Aspiration Risk and Comfort Feeding in Advanced Dementia.](#)
- Berkman C, Ahronheim JC, Vitale CA. Am J Hosp Palliat Care. 2019 Nov;36(11):993-998. doi: 10.1177/1049909119849003. Epub 2019 May 14. PMID: 31088132
- [Assessment of Individuals with Primary Progressive Aphasia.](#)
- Henry ML, Grasso SM. Semin Speech Lang. 2018 Jul;39(3):231-241. doi: 10.1055/s-0038-1660782. Epub 2018 Jun 22. PMID: 29933490 Review.
- [Speech-Language Pathologist Interventions for Communication in Moderate-Severe Dementia: A Systematic Review.](#)
- Swan K, Hopper M, Wenke R, Jackson C, Till T, Conway E. Am J Speech Lang Pathol. 2018 May 3;27(2):836-852. doi: 10.1044/2017\_AJSLP-17-0043. PMID: 29554196
- [Communication disorders in palliative care: investigating the views, attitudes and beliefs of speech and language therapists.](#)
- Hawksley R, Ludlow F, Buttner H, Bloch S. Int J Palliat Nurs. 2017 Nov 2;23(11):543-551. doi: 10.12968/ijpn.2017.23.11.543. PMID: 29172889
- [Supporting communication for patients with neurodegenerative disease.](#)
- Fried-Oken M, Mooney A, Peters B. NeuroRehabilitation. 2015;37(1):69-87. doi: 10.3233/NRE-151241. PMID: 26409694 Review.
- [Tube feeding in patients with advanced dementia: knowledge and practice of speech-language pathologists.](#)
- Vitale CA, Berkman CS, Monteleoni C, Ahronheim JC. J Pain Symptom Manage. 2011 Sep;42(3):366-78. doi: 10.1016/j.jpainsymman.2010.11.017. Epub 2011 Mar 31. PMID: 21454044
- [Feeding tube placement in patients with advanced dementia: the beliefs and practice patterns of speech-language pathologists.](#)
- Sharp HM, Shega JW. Am J Speech Lang Pathol. 2009 Aug;18(3):222-30. doi: 10.1044/1058-0360(2008/08-0013). Epub 2008 Dec 23. PMID: 19106205
- [Speech-language interventions in Alzheimer's disease. A functional communication approach.](#)
- Glickstein JK, Neustadt GK. Clin Commun Disord. 1993 Winter;3(1):15-30. PMID: 8485510 Review.