

# **Communication and Swallowing in Parkinson's Disease**

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# Medical Disclaimer

The information, including but not limited to, text, graphics, images and other material contained in this presentation is for informational purposes only. No material in this presentation is intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health care provider with any questions you may have regarding a medical condition or treatment, and before undertaking a new healthcare regimen. Do not disregard professional medical advice or delay in seeking it because of something you have heard or seen in this presentation.

# Agenda

1. Common reports
2. Overview of the 5 main “Speech Therapy” areas
3. Deeper dive into Communication and Swallowing
4. Questions, concerns, and comments

# Let's interact!

Please feel free to ask questions as we move through this discussion together.

If I'm *about* to cover ground that you ask a question on, I'll just let you know the information is coming up!

# Common reports ...



Coughing or throat clearing, mucus in the throat



Difficulty remembering and processing information



Mumbled speech



Quiet voice



Social withdrawal



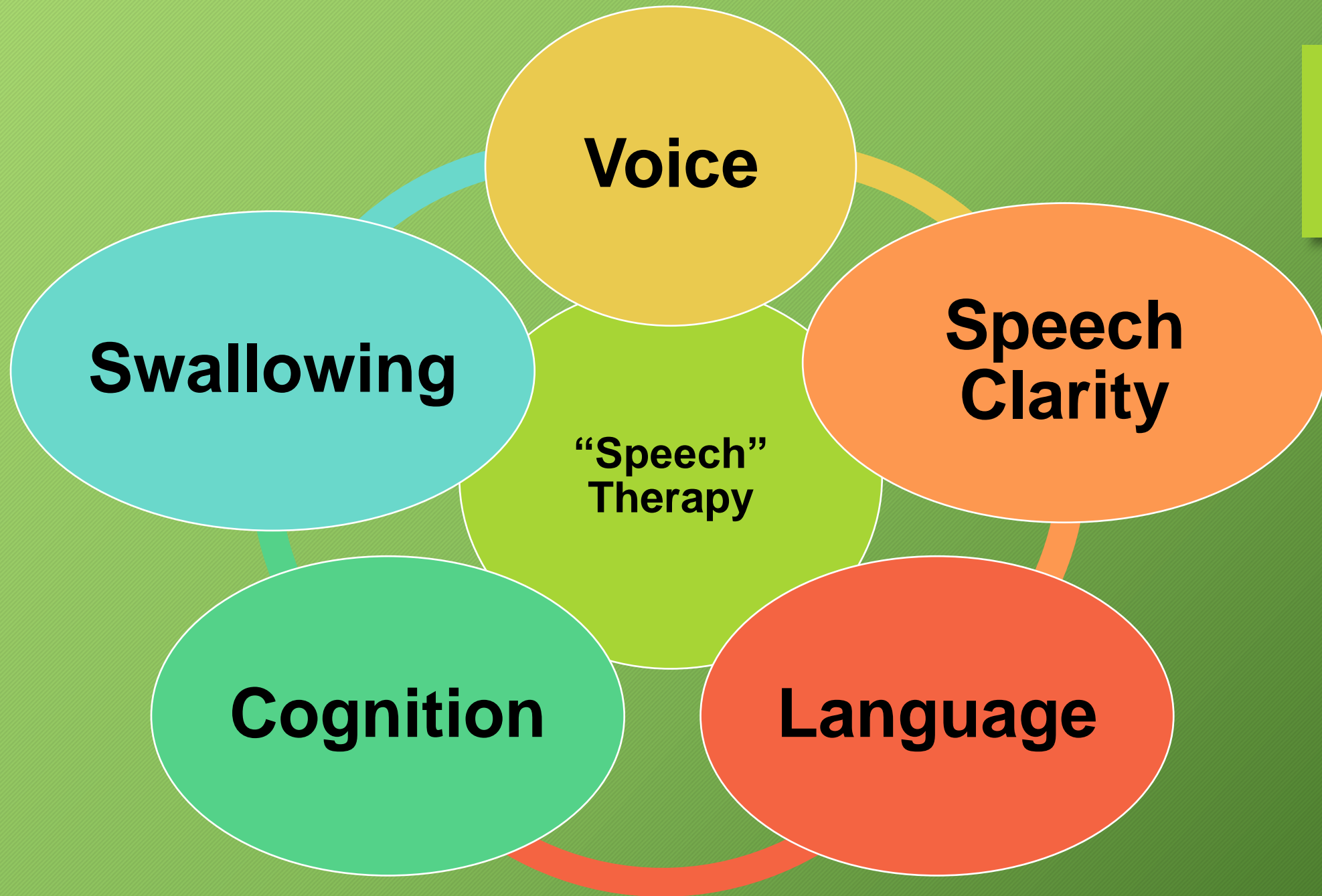
Coughing on liquids or foods



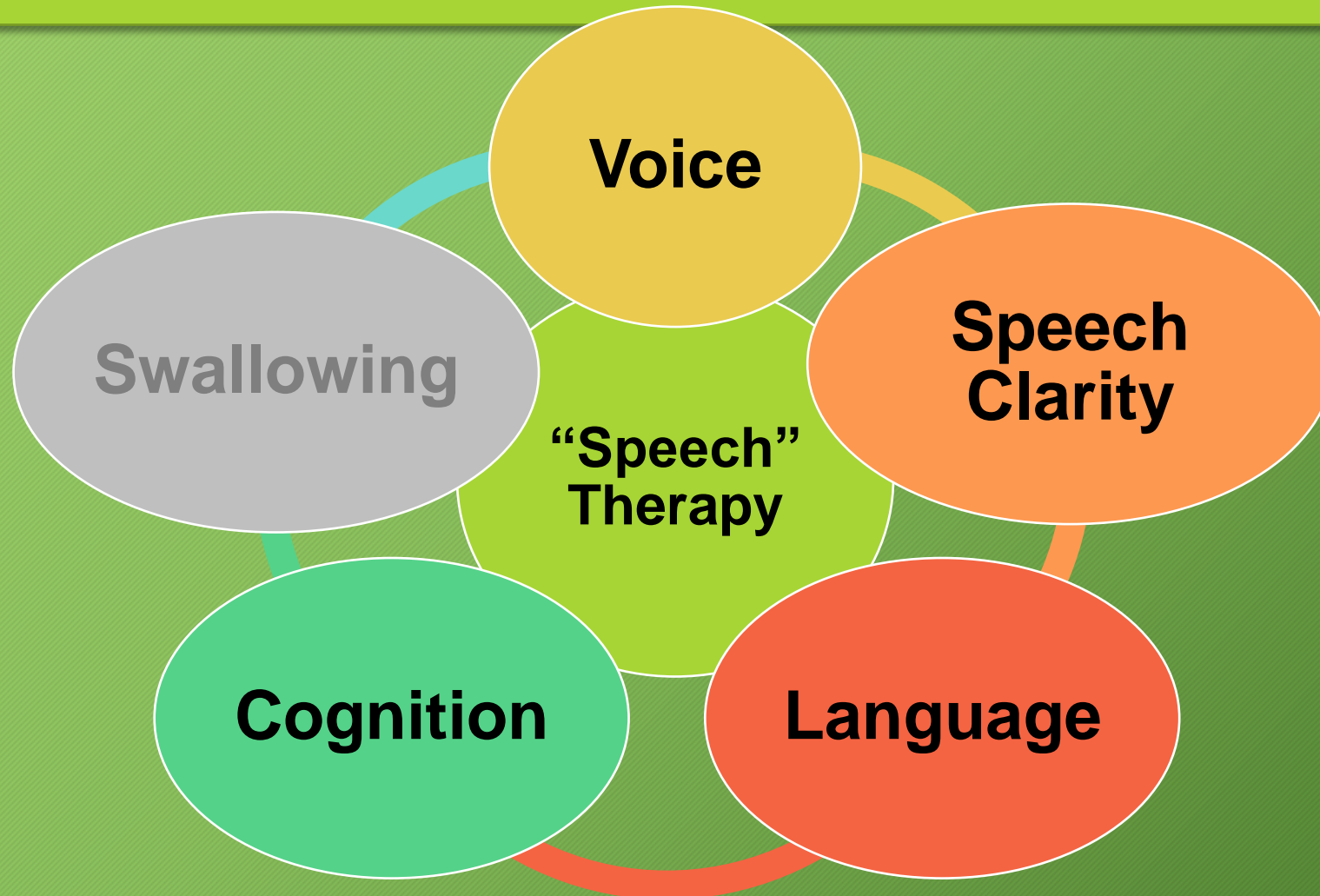
Drooling (asleep or awake)



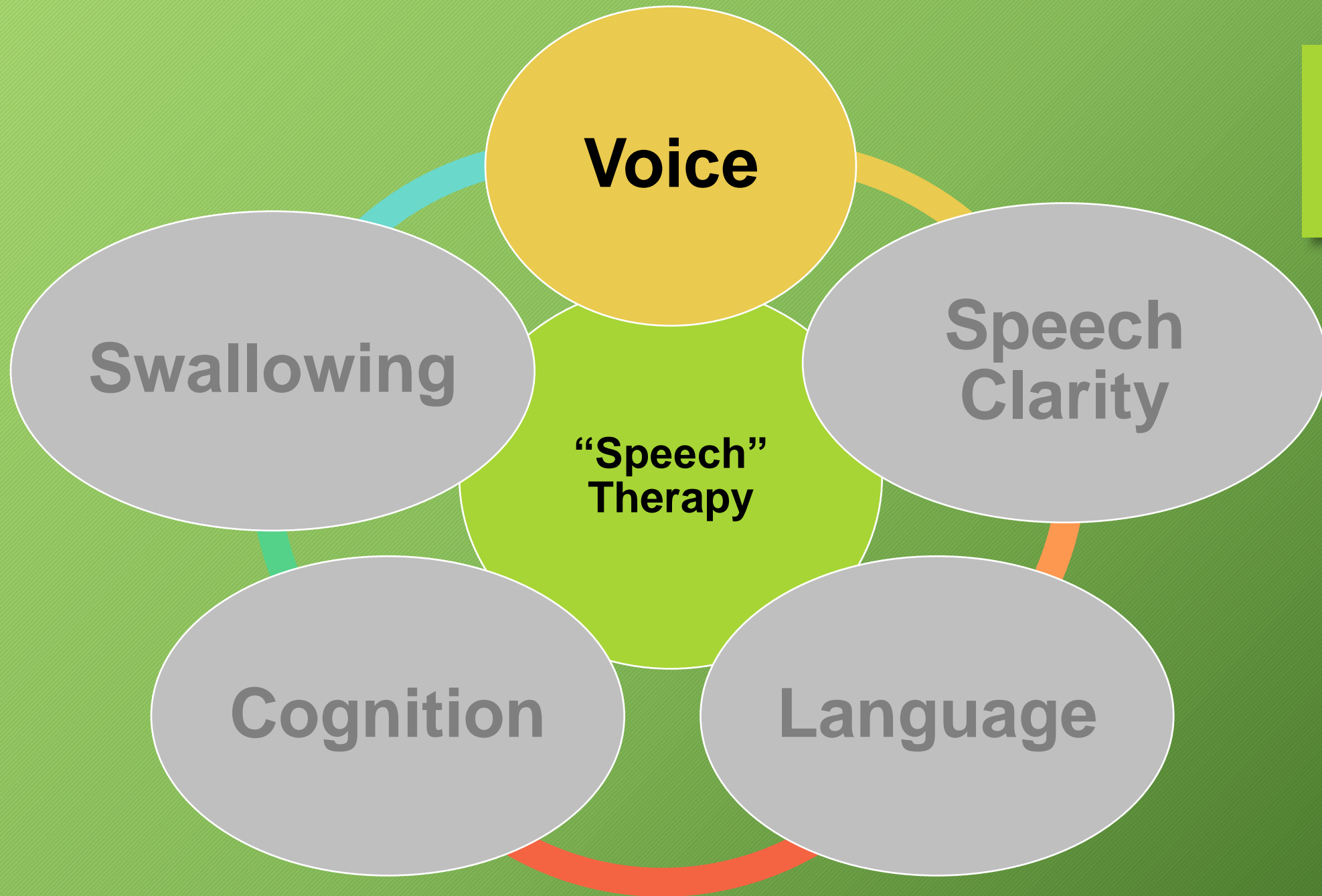
Trouble finding words



# Communication







# Voice

It's your spouse's hearing, right?

Actually, researchers estimate 89% of individuals living with Parkinson's Disease have or will develop voice and speech disorders.



# Voice

Hoarse

Gravelly

Dry

Monotone

Thin

Hollow

Quiet

Rough

Wet

Gurgly

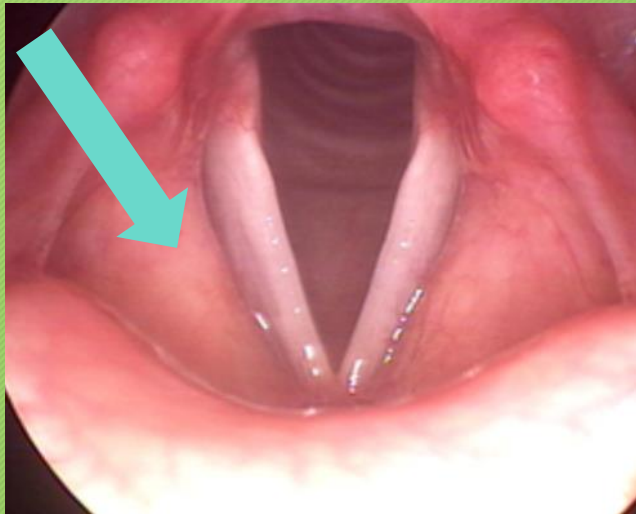
Lacking endurance

# Voice

What is happening?

Your voice is made up of many muscles. As with the rest of the body, when muscles are not used fully and consistently, they lose mass and mobility. *This is changeable!*

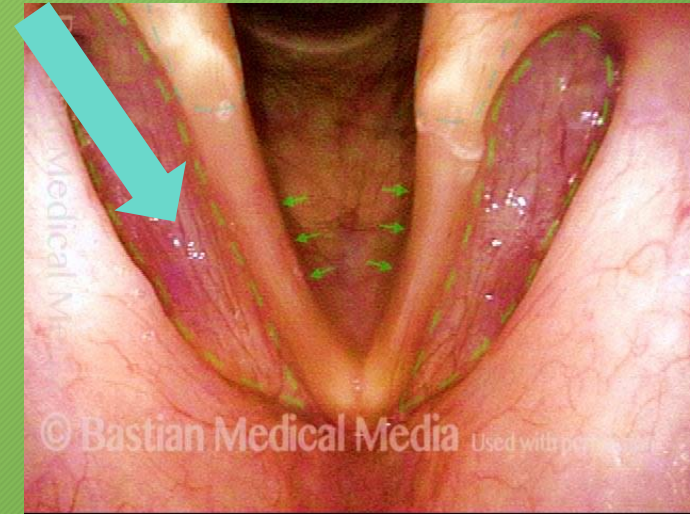
# Voice



Strong vocal cords:  
Breathing in/out

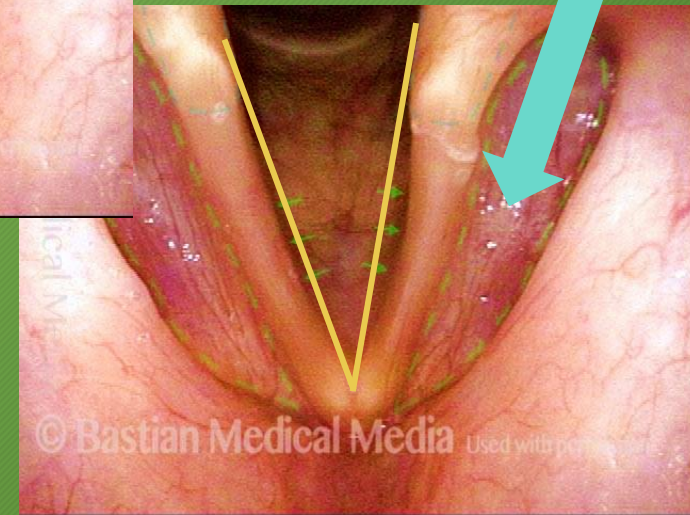


Strong vocal cords:  
voicing



Advancing Parkinson's  
Disease vocal cords:  
Breathing in/out

Advancing Parkinson's  
Disease vocal cords:  
visualize the gap  
during voicing



# Voice – Take Action

1

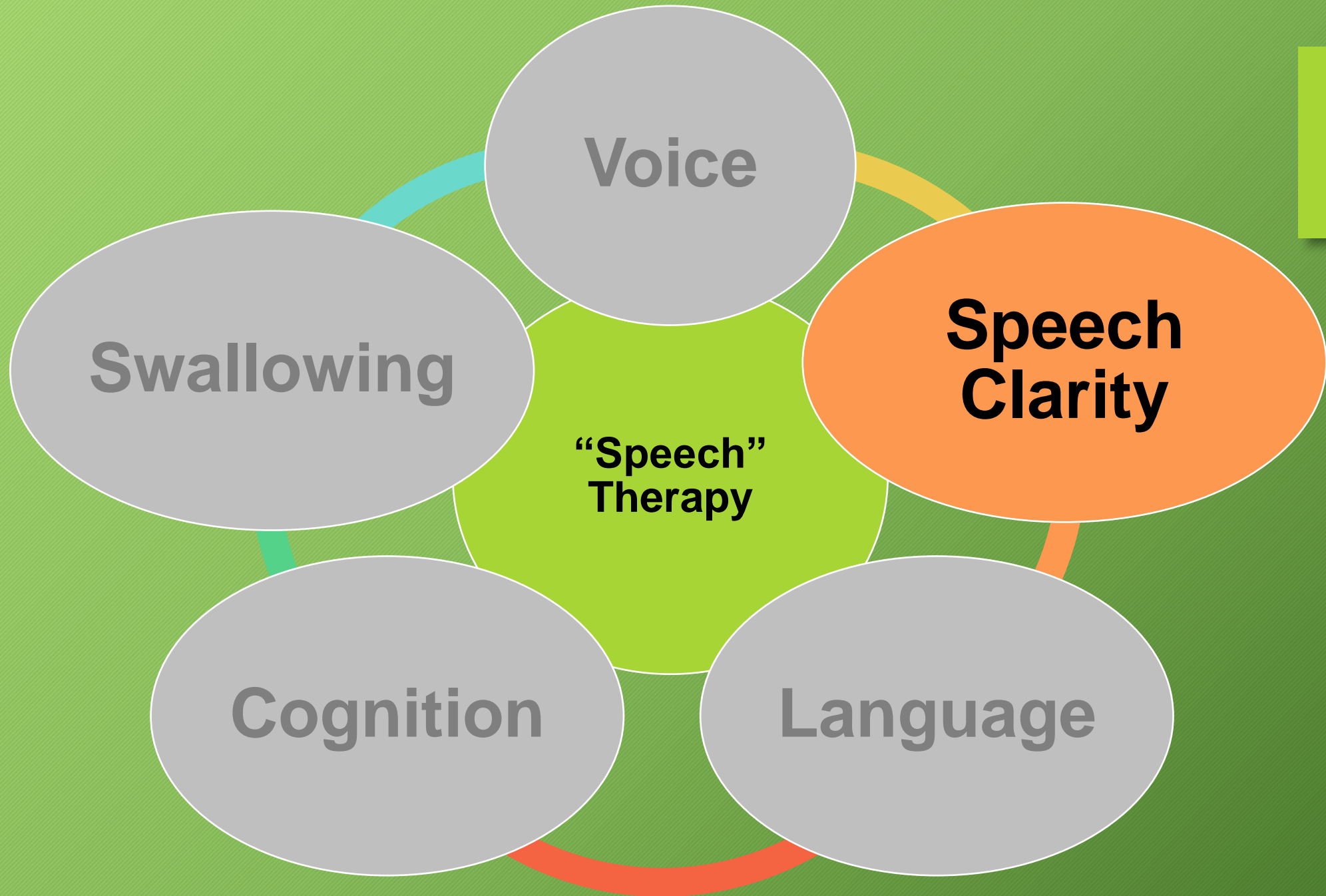
Practice deep, full breathing:  
1 set of 3 breaths, at least 3 times/day. Inhale as deeply as you can. Exhale ALL of the air out.

2

Take a deep breath and say, “Ahhhhhh” for as long as you can:  
1 set of 3 “Ah”s, at least 3 times/day.

3

When you need to repeat yourself, BE LOUD!  
Be louder than you think you need to be. Watch listener body language.



# Speech Clarity

Have you been accused of “mumbling”?

**Hypokinetic dysarthria** is very common in Parkinson's. Simply stated, it means your lips, tongue, and oral muscles that you use to form speech sounds may be weak and/or imprecise.



# Speech Clarity

Check yourself ...

Say: “puh-puh-puh-puh-puh”

Say: “ta-ta-ta-ta-ta”

Say: “ka-ka-ka-ka-ka”

And for the finale, say: “pattycake-pattycake-pattycake-pattycake-pattycake!”

# Speech Clarity

How did that go for you?

Chances are strong that you were able to make most or all of those sounds and sequences. You may be able to get your articulators in the correct locations, but they may not be strong and precise in connected, functional speech.

# Speech Clarity – Take Action

1

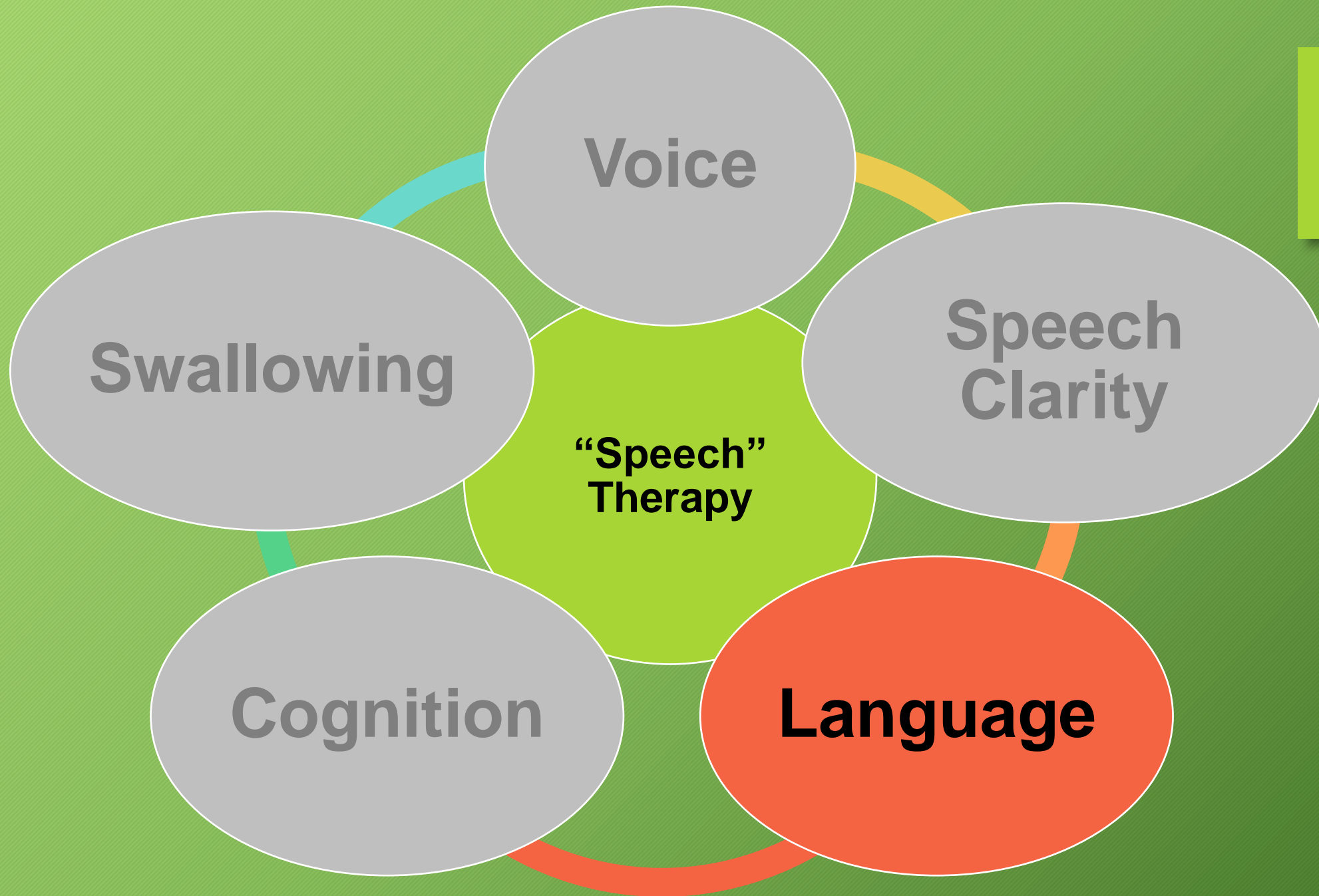
Speak in a LOUDER voice. This automatically corrects some of the speech slurring.

2

Speak in shorter phrases. Saying fewer words at a time allows you to focus on your output.

3

Tuck a piece of candy or gum in your mouth. Squirrel it away in your cheek when you talk; it makes your articulators work a little harder!



# Language

We think of language in two categories:

Expressive  
(talking)



Receptive  
(listening)

# Language

Let's further explore expressive language, as difficulty finding the words you want to say is a common report.

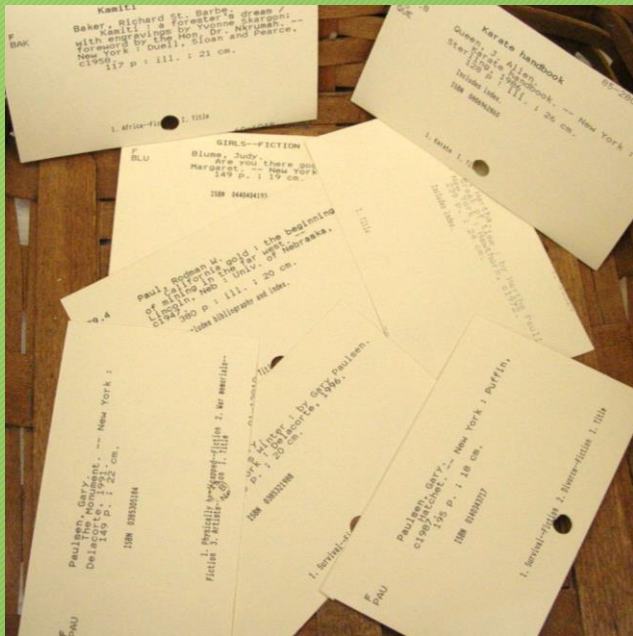
Do you remember when libraries used these?



# Language (Word-Finding)

Your vocabulary is like words on those cards.

When you struggle to find words, it can be a bit like someone came through and dumped the word cards onto the floor, then scooped them up willy-nilly and shoved them back in the drawers.



# Language (Word-Finding)

In most cases, you have not actually lost the word; it's just not where you expected it to be!

Your “hand” (mind) reached for the “card” (word), but it was not where you thought it was.

What do you do in that moment?





# Word-Finding - Take Action

1

INHALE.

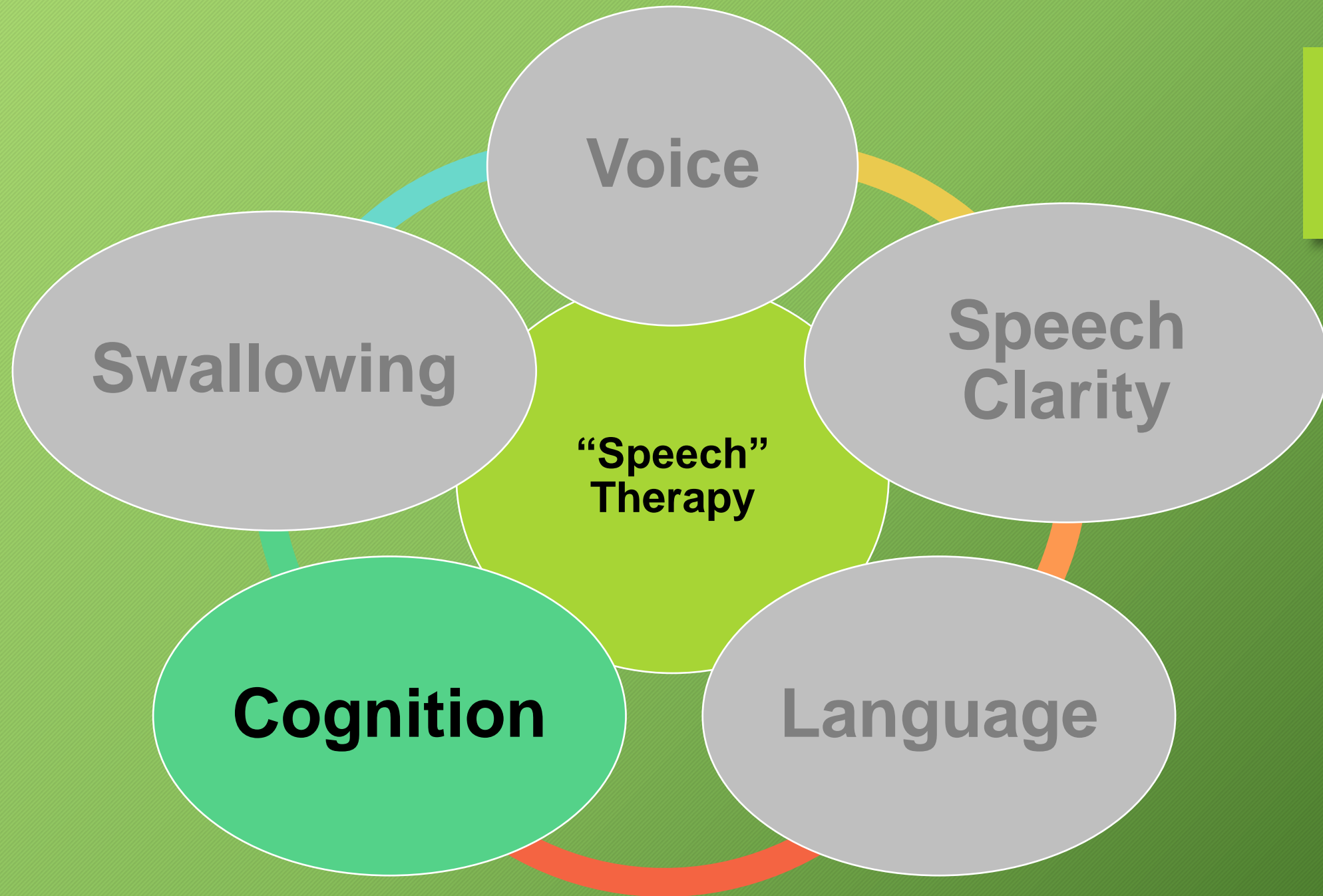
We tend to hold our breath when we are stuck. A simple breath may help get you UNstuck.

2

Find a substitute word that will work. It might not be your first choice, but it keeps the communication going.

3

Circumlocution. “Talk in a circle” Keep describing, and searching out loud. Your partner may land on it if you don’t!



# Cognition

Cognition plays a strong role in Communication.

Attention

Planning

Timing

Information  
Processing

Memory

Managing Social Pressure

# Cognition

## Bradyphrenia:

slowed thinking and processing of information



# Cognition – Take Action

1

Seek 1:1 conversations. When in a group, try to steer toward a single individual or a couple to have conversation.

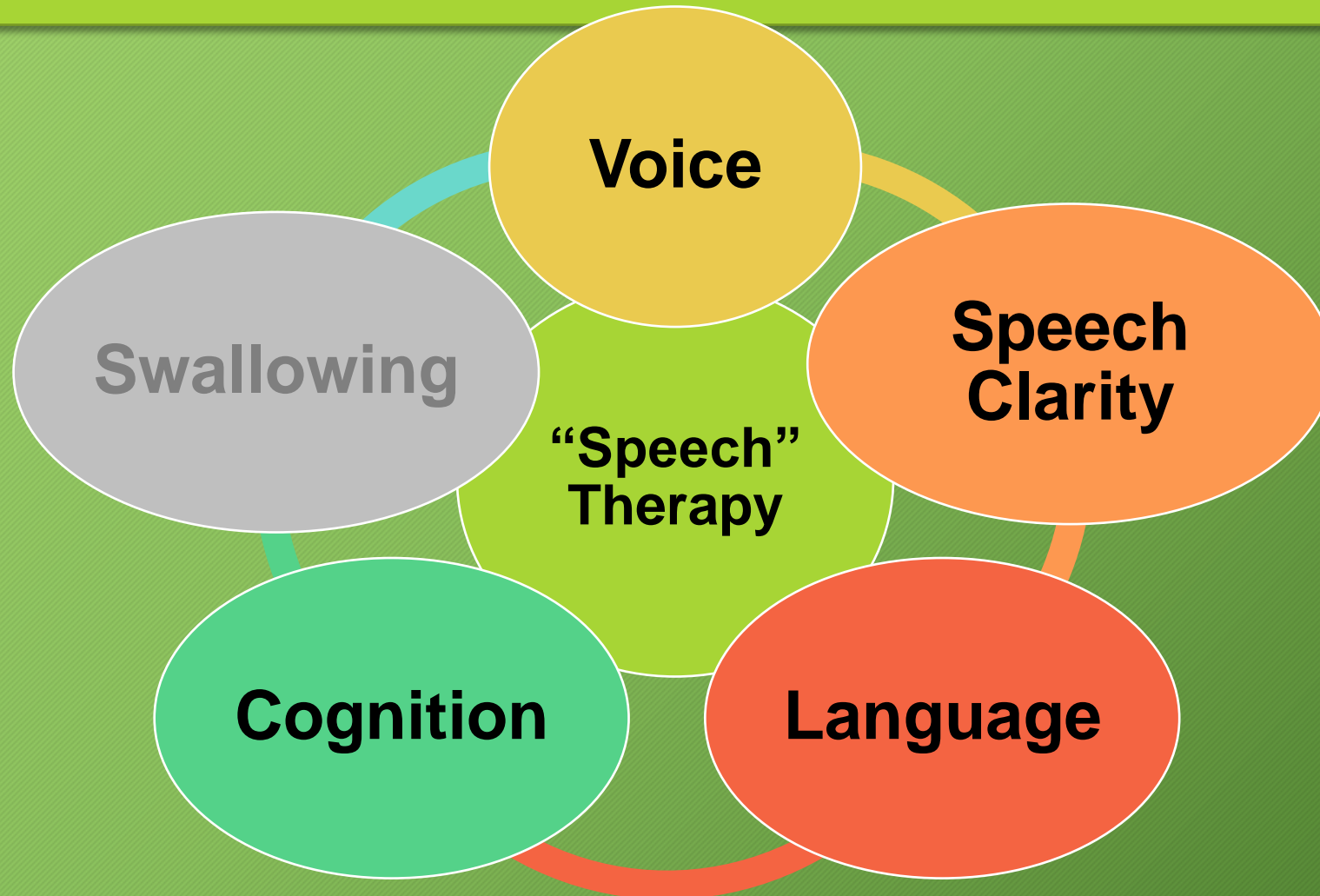
2

Reduce distractions. Find a quiet corner or another room. If in a restaurant, face **AWAY** from the action in the room.

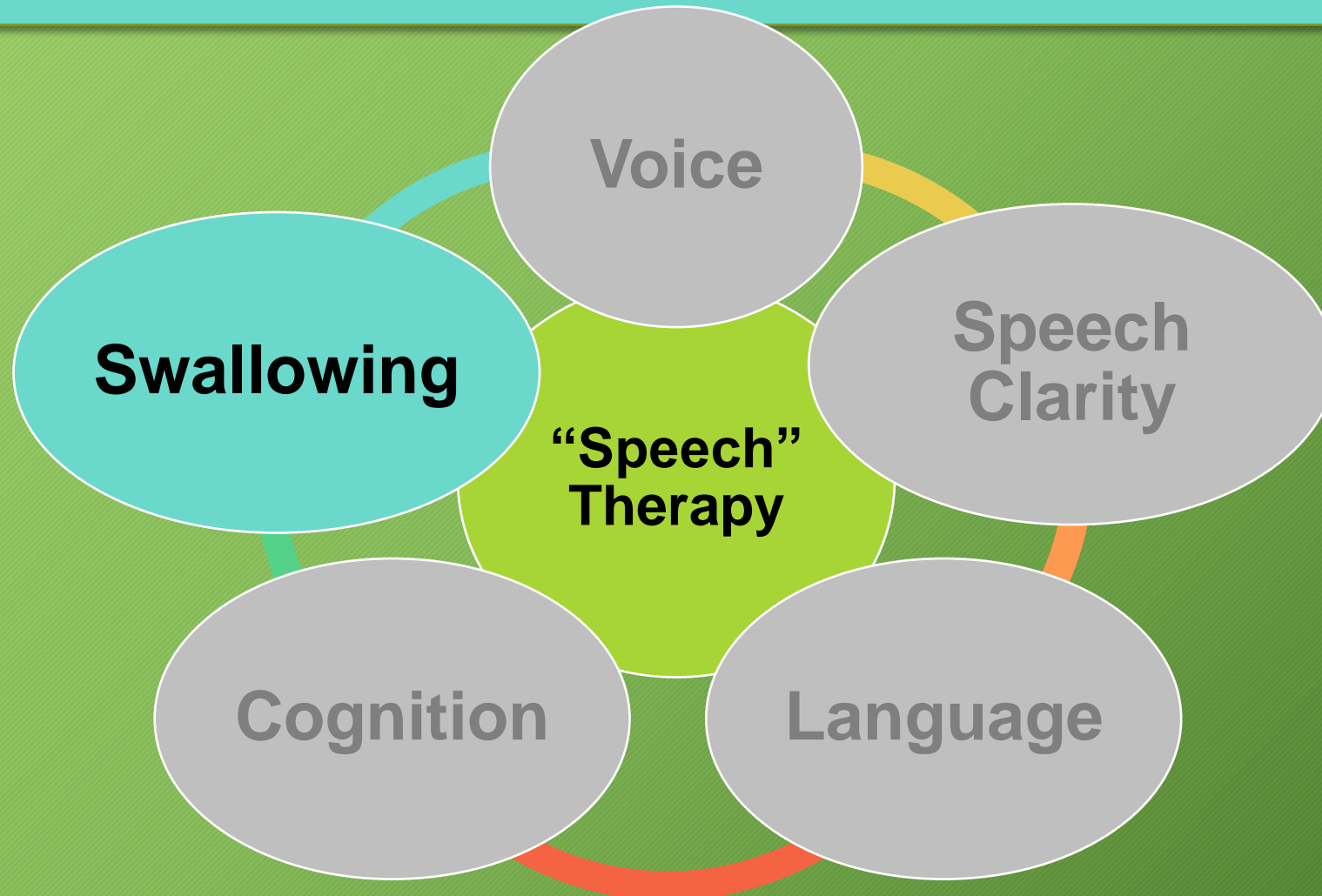
3

Slow your speaking rate. Use phrases. This allows you to “build as you go” with less pressure to have it **ALL** ready.

# Communication



# Swallowing



# Swallowing – Take Action

## Don't hesitate!

Get an evaluation with a Speech-Language Pathologist (SLP) who specializes in neurological diagnoses.

It is important to know what is happening in your swallow. You may receive recommendations, including exercises, that will help you with any problem areas.

Aspiration pneumonia is the **LEADING** cause of death in PD.



# Swallowing

**Dysphagia:** difficulty in swallowing  
(dys = abnormal, phagia = swallow)

More than 80% of people living with Parkinson's develop dysphagia, or difficulty swallowing, at some point.

# Swallowing

Many of the muscles used in swallowing are also used in producing a voice.

Swallowing can be improved by strengthening and coordinating the muscles you use to control saliva, clear your throat, cough productively, and swallow.

# Swallowing

Do you think you have trouble “swallowing”?  
Remember these folks?



Coughing or throat  
clearing, mucus in  
the throat



Drooling (asleep  
or awake)



Coughing on  
liquids or foods

# Swallowing

Those are a few common complaints. It is important to recognize that swallowing difficulty is **NOT** just choking. It also includes:

Saliva – “too much”, OR dry mouth

Having a wet/gurgly voice after eating or drinking

Difficulty chewing “enough”

Needing multiple swallows

Avoiding certain foods or liquids

Unplanned weight loss

Coughing while eating or drinking

# Swallowing - Saliva

## “Too much”

- More than you feel you can swallow
- Spills out, especially with concentration
- Occasionally causes a sudden cough

## “Dry mouth”

- Difficult to swallow at night, wakes you up
- Makes speech sounds hard to form, unclear speaking

# Saliva – Take Action

## “Too much”

- Suck on a lemon lozenge
- Keep a piece of chewing gum/candy in your mouth
- Swallow frequently
- Ask your provider about medications such as Atropine or Glycopyrrolate

## “Dry mouth”

- Suck on a lemon lozenge
- Keep a piece of chewing gum/candy in your mouth
- Consider an oral moisturizing gel such Biotene
- Consider Xylimealts at night

# Swallowing - Mucus

You may also feel at times that you have mucus in your throat that is difficult to clear out.

It may feel thick and sticky, and challenging to dislodge and clear out.

It may be worse in the mornings when you wake up, or in the evenings, when your swallowing muscles are more tired.

# Mucus – Take Action

1

Drink more water. Increasing your hydration will reduce the thickness and stickiness of the mucus.

2

Clear out the mucus whenever you feel it. Clear your throat or cough, THEN SWALLOW or SPIT.

3

Talk to your provider about taking guaifenesin (Mucinex or generic). This OTC product thins out thick, sticky mucus.



# Swallowing – Coughing

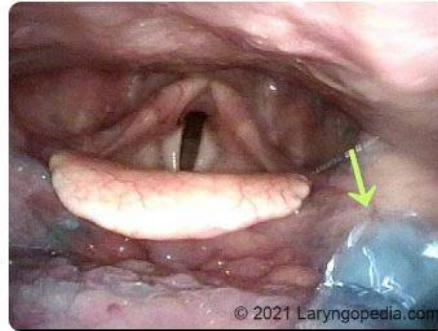
Do you ever feel like a drip of liquid goes down before you are ready to swallow? Or you need to swallow more than once to get it all down?

## All It Takes Is A Drip to Make You Cough: Series of 4 photos



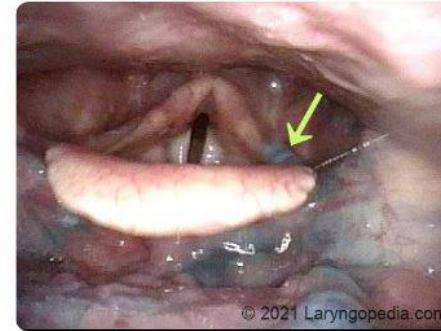
Coughing (1 of 4)

This patient is annoyed by occasional coughing when she sips liquids. She has had no pneumonias, weight loss, or increased time required to eat/drink. Here, the patient has just taken a sip of blue water and holds it in her mouth.



Coughing (2 of 4)

Just before swallowing, a tiny drip of blue water “gets away” and begins to trickle down into her throat. Vocal cords remain unsuspectingly open.



Coughing (3 of 4)

The drip (arrow) has now reached the left aryepiglottic fold, which is the “side of the boat” that keeps liquid out of the airway. The drip looks smaller than in photo 2 because it is farther away. She does not cough.



Coughing (4 of 4)

During a different swallow, if a much larger amount of water were to drip prematurely down into her throat, a part of it would enter the laryngeal entrance and provoke coughing. If coughed back up, there would be little risk of pneumonia.

# Liquids – Take Action

1

Check your liquid temperature. What is easiest/safest for you?

Ice cold

Room temperature

Warm

Hot

2

Check your method. What works best for you?

Cup edge

Straw

Water bottle

Nosey cup

3

Learn the Masako Swallow Maneuver with me. Practice this as often as you think of it.

# Swallowing - Coughing



What about trouble with foods?  
Common troublemakers:



# Swallowing - Coughing

Try these instead:



# Solids – Take Action

1

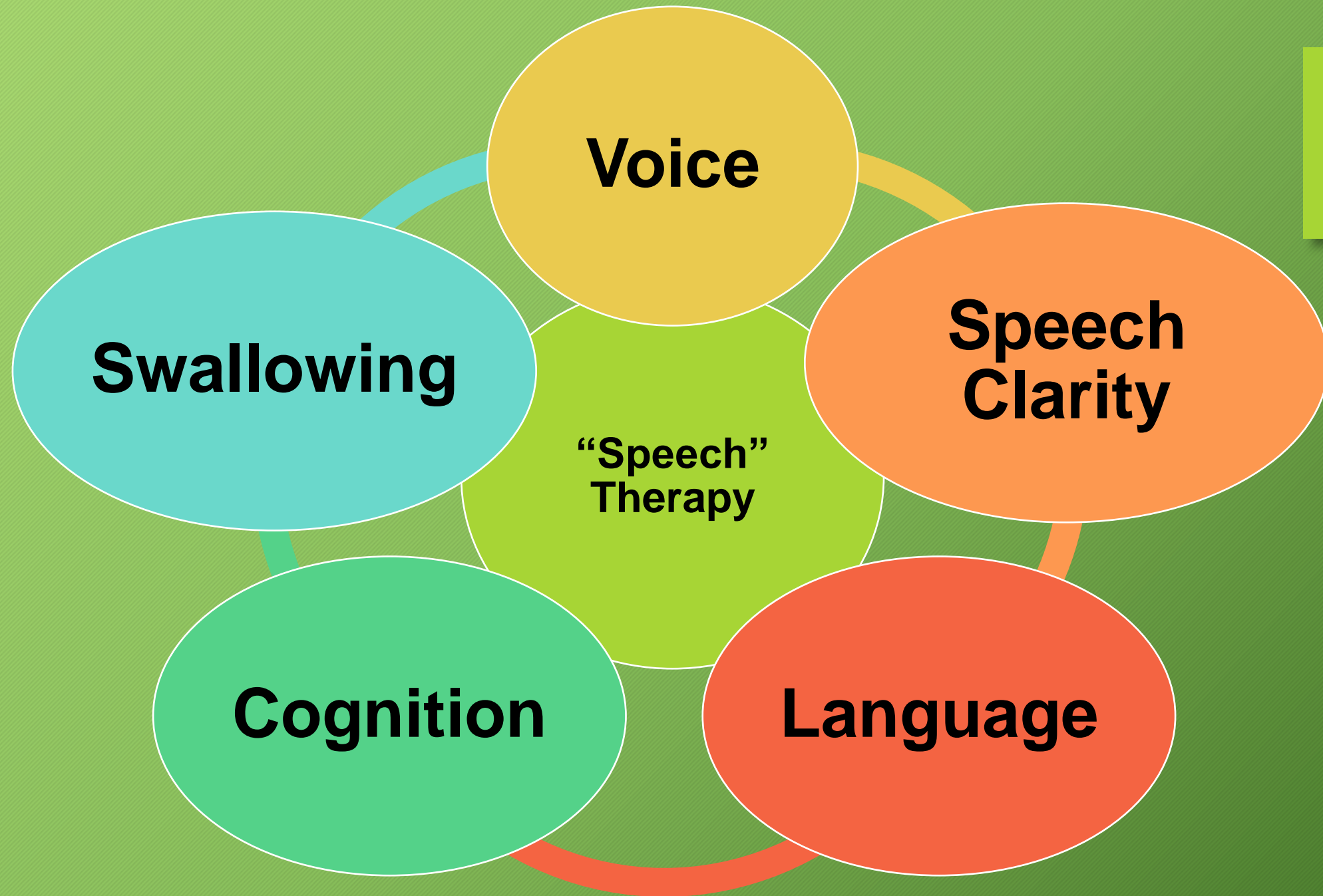
Add moisture to your foods. This helps you to chew, form a cohesive bolus, initiate a swallow, and propel the food down your throat.

2

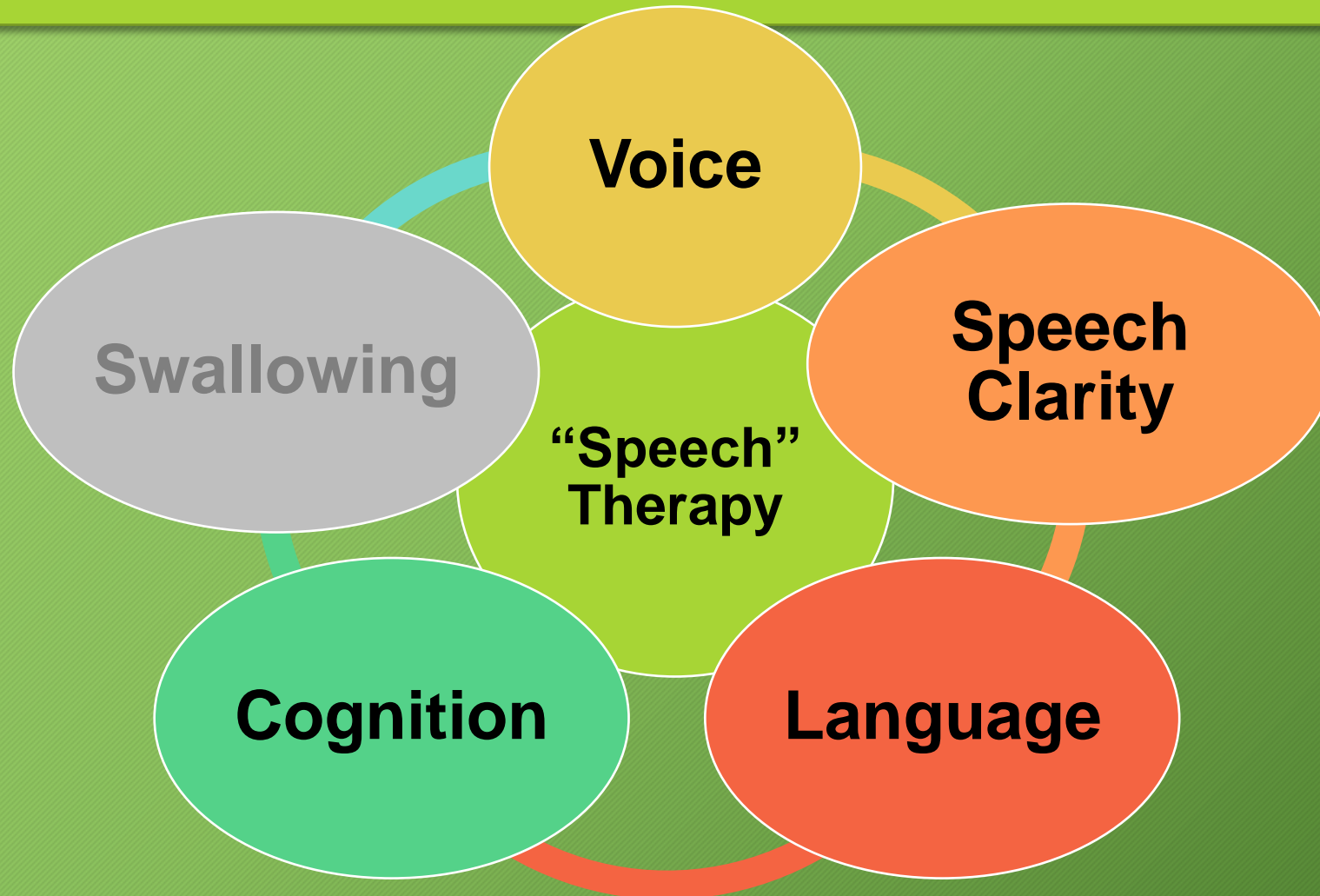
Alternate your solids and liquids. Take a bite of food; swallow. Take a sip of liquid; swallow. Alternate back and forth to promote clearance.

3

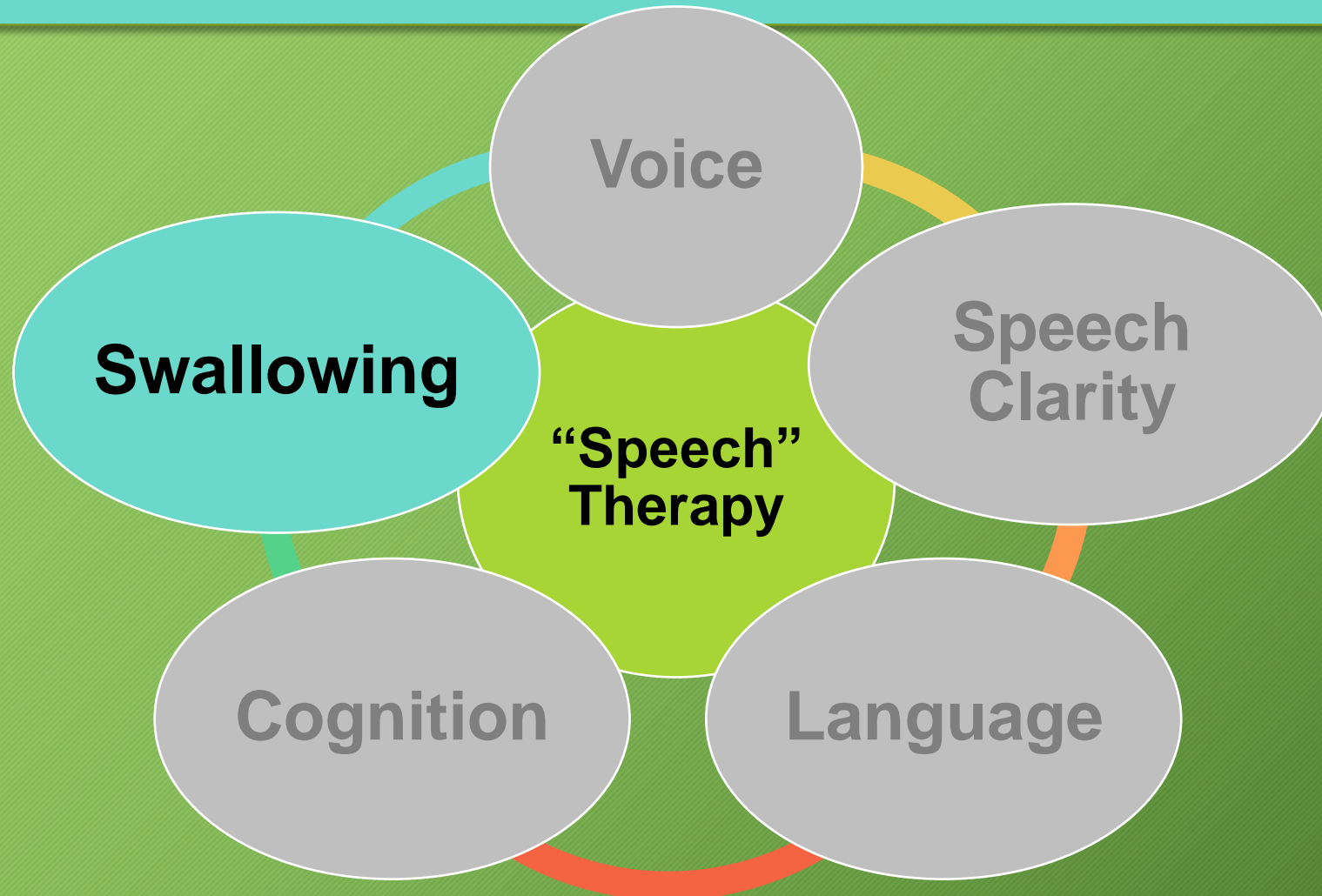
Learn the Effortful Swallow with me. Practice this as often as you can. This teaches the muscles to squeeze harder to clear the throat more thoroughly.



# Communication



# Swallowing





# Adding to your “Team”

If you feel it would be helpful to add a Speech-Language Pathologist (SLP) to your Care Team, how would you go about it?

# Adding to your “Team”

1. I strongly recommend visiting the LSVT Global website and using their “Find a Clinician Tool” to locate an SLP nearby who has undergone the additional, specialized training in Parkinson’s. You do not have to proceed with LSVT LOUD, however, just knowing the therapist has achieved advanced certification in Parkinson’s therapy ensures you will receive targeted techniques.

(<https://www.lsvtglobal.com/LSVTFindClinicians>)

# Adding to your “Team”

2. You can cross-reference your LSVT-certified therapists by finding SLPs who are also trained providers of SPEAK OUT!, another Parkinson’s –specific certification. If you find a therapist on BOTH lists, you have found someone with a strong interest (or even passion!) for working with folks who are living with Parkinson’s. (<https://parkinsonvoiceproject.org/program/find-a-provider/>)

# Other?

Questions?

Concerns?

Comments?

**Thank you!**