

Speech, Language and Swallowing in Elderly Persons

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Speech, Language and Swallowing in Elderly Persons

— Dr S P Goswami, Chaitra V & Khyathi G Jain

Ageing is a simple dynamic process of changes occurring in our entire system. On the same lines, Speech, Language, and Swallowing is refined as age advance from birth and stabilizes by puberty. However, after 50 years onwards several obvious physiological changes take place and keep changing as the decades of life increases. Some may become subtler other may become more obvious effecting the overall activity, participation and productivity of an individual. The changes can be in terms of speed as well in performance-based speech, language, swallowing and hearing tasks. One need to keep in mind that the speech, language, swallowing and hearing changes in some individual may be very slow and in others quite rapid. Slow changes are considered as age associated impairment which may not have much impact on the overall quality of life of an individual. However, rapid changes not only affect the quality of functioning of an elderly person but also adversely impact on other family members.

Speech in Elderly

A number of changes in the speech of normally aging adults have been observed. However, age-related changes in speech have received little attention.

Slowing down of rate of Speech

Speech is peripheral in nature and production of speech depends on the lung capacity of an individual and movement of various active articulators (tongue, soft palate, lips). This is quite evident after the age of 60 years however; one need not worry as it is normal physiological process.

- As age advances, the lung capacity reduces, resulting in decrease in the pace of speech production. i.e. the rate of speech may be slowed; number of words or sentences uttered per minute may come down.
- Problems in persons with respiratory issues such as asthma may be more evident.
- Speech flow in terms of pace results, in increase in pause duration, which is normal, however any blocks, hesitance affects the quality of verbal output are some of the red flags.

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Clarity of Speech

- Clarity of speech may get affected if, teeth are lost or using dentures which are uncomfortable. Speech sounds produced when tongue touches the teeth such as saying 'thirteen' may be affected if front teeth are lost.
- It will also be affected if there are mouth ulcers or any other issues in the oral cavity of an individual.
- If there are no issues with oral cavity and teeth, this could be due to some neurological disease, which requires immediate attention. In certain neurological conditions, speech becomes slurred and overall intelligibility of verbal output is affected.

Voice

As we age, changes will happen in the small sized voice box. This is due to changes in the structure of larynx where the muscles are weakened. In terms of voice,

- The voice of elderly person may become little breathy and strained.
- Reduced ability to change pitch and loudness
- Other changes include voice tremors, lump like feeling in the throat
- Very obvious can be roughness or hoarseness in voice.

Language in Elderly

Language abilities improve till middle age and starts to decline progressively. When older adults are asked to identify problems in their daily cognitive functioning, certain aspects of language production are at the top of their list and may involve one or all the domains of language. This change might be negligible to mere observers but when you compare over a period of time it would have made a tremendous change in the elderly person. Changes in language production in old age carry practical as well as theoretical significance, because language production is a critical component of interpersonal communication. If elderly persons have greater difficulty in understanding, then monitoring of their own language might be affected, letting them through more errors. If aging impairs production, this may disrupt interpersonal communication, contributing to social isolation.

Naming level

It is known fact that as we grow old our memory also becomes poor. Language and memory are related aspects.

- Older adults have difficulty with retrieving information from memory
- There could be decline in naming ability
- Older adults may have learned to compensate by initiating responses or avoiding items that might produce difficulty.
- Producing names of a specific category within a time period becomes poor as we old.

Sentence level

- Elderly individuals are less likely to start difficult sentences.
- Elderly individuals may avoid grammatical forms and syntactic structures that impose high memory demands.
- Limited use of complex structures that require storage of larger units for later processing.
- Elderly individuals may use shorter length of sentences.

Swallowing

Swallowing is an important aspect of our daily routine. Eating is a social function as well as a nutritional necessity. There are many aspects resulting in variety of changes that worsen the swallowing function with ageing. Even the minor changes in the swallow function are to be noticed by us. The prevalence of swallowing difficulties i.e., dysphagia increases with advancing age such that 10–20% of individuals older than 65 years are estimated to have swallowing difficulties. These difficulties can be as a part of ageing or secondary to various disorders like stroke, cancer, dementia and many more other disorders related to senility.

How do I know if I have swallowing problem?

Swallowing is not as simple as it looks so to us. It involves three phases. Change can be in any phase and may go unnoticed to the person. Person may ignore thinking it is usual in old and not to worry or do anything about it unless and until it is risk to life. Even the slightest change can make a greater impact in long term, affecting health. Hence, it is necessary to look into the various signs that can help you to know if you have swallowing difficulties.

How does age affect on one's swallowing ability?

When the intake of food is reduced due to various issues there will be undoubtedly a lower level of physical activity leading to loss of strength and energy to do anything. Once, the activity has reduced, greater decline in functional status will be observed. Thus the chances of admission to hospital will be higher leading to a poor quality of life. See table

- ✓ *Incomplete airway closure leading to aspiration of food*
- ✓ *Consistency of food might have to be changed*
- ✓ *Pre mature spilling of food down the throat*
- ✓ *Increase in acidity levels leading to gastric reflux problems*
- ✓ *Reduction in mass and strength of muscles of chewing*
- ✓ *Changes in taste, moisture and smell acuity of food*
- ✓ *Elevated risk of malnourishment and nutritional deficit*
- ✓ *Susceptible to pneumonia due to long standing dysphagia*
- ✓ *Range of motion of all the structures of oral musculature are reduced*
- ✓ *Fatigue on chewing*
- ✓ *Multiple swallows to clear the oral cavity*

What to do now?

One or many of the above listed changes are indication for you to consult a professional. Dysphagia management becomes very important because of the impact it has on various aspects of an individual's life. It jeopardizes the health status of elderly individuals to a great extent. Dysphagia management is a 'team event'. Many professionals like neurologist, physiotherapist, dietician, psychologist, radiologist may contribute to the management of dysphagia symptoms in a given patient. Concerning behavioral management and therapy, speech-language pathologists (SLP) play a central role in the management of patients with dysphagia and related morbidities. Furthermore, no single strategy is appropriate for all elderly patients with dysphagia. Depending on the type and severity of your problem, your speech language pathologist will suggest the most appropriate management, which will help you with your everyday swallowing needs. Compensations are viewed as short-term adjustments to the patient, food and/or liquid, or environment, with the goal of maintaining nutrition and hydration needs until the patient can do so by

themselves. Other patients require more direct, intense rehabilitation strategies to improve impaired swallow functions.

Hence, it is advisable that even the slightest change you observe in the swallowing consult a nearest speech language pathologist or get referred to one from your general physician immediately.

TAKE HOME MESSAGE

Old age is not a synonym for the disease, disability and dependence on others. Ageing is a very normal process, which everyone has to undergo, and there is no escape from it. Individuals who maintain a healthy life style and have regular opportunities to communicate are more likely to delay/avoid the appearance of “old speech”. Quality of life is often compromised by advancing age and illness. Some socio-economic-emotional factors like loss of loved ones, lack of independence, reduced income, poor support from family and environmental isolation can be linked to poorer communication.

However, ageing can be made happier and healthier which is totally in our hands. Just few modifications in the lifestyle and habits can make life simpler and contented. Best way is that the older population can be involved with the younger population, as it can be of great help for all. They can transfer their skills, knowledge and professional & life experience to younger generations and peers, thus making it a fruitful living for the people of all generations.

However, sometimes there are changes, which might happen in terms of speech, language, and swallowing as mentioned above. The speech language pathologist is the right professional to approach as your one stop solution for all the problems that may occur for your speech, language, and swallowing.

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