1. Autonomy-supportive treatment for acquired apraxia of speech: feasibility and therapeutic effect

Author(s): Haley K.L.; Cunningham K.T.; Kim I.; Shafer J.S.

Source: Aphasiology; 2019

Publication Date: 2019

Publication Type(s): Article

Abstract: Background: Most treatments for acquired apraxia of speech (AOS) rely on clinician-controlled practice conditions and repeated exposure to unimpaired speaker models. Recent motor learning research indicates that autonomy-support, expectation of competence, and external attentional focus may be more beneficial for motivation and skill learning. Aim(s): We evaluated the feasibility and basic therapeutic effect for the initial phase of a new speech production treatment program, ActionSC, that uses self-modeling and clinician coaching to help learners with AOS build their own practice program. Methods and Procedures: The single participant was a woman with moderate AOS and nonfluent aphasia. She met with project staff twice per week to review practice strategies, develop and adjust self-modeled video cues, work on her speech, and monitor progress. The program was structured around a custom app installed on a tablet computer. Most practice was directed by the participant based on options provided by the treating clinician. We used a multiple baseline across behavior design to evaluate the relationship between this treatment and oral reading probe performance for 30 conversational phrases the participant wanted to learn to say. Outcomes and Results: Experimental control was demonstrated, with target phrases remaining at baseline levels, then improving at the time treatment was introduced sequentially across three conversation topics. Effect sizes were moderate to large after 9-12 therapy sessions plus independent home practice. The participant assumed an active role in evaluating her own performance, administering and adjusting cues, and organizing her home practice. Conclusion(s): An autonomy-supportive and confidence-building format for speech practice can be feasible and effective for people with AOS. Fixed cueing hierarchies, augmented feedback, and attentional focus on speech movements may be less important in AOS treatment than previously thought. In addition to replicating our preliminary results with other participants and circumstances, there is a need to extend treatment development to later learning phases in order to promote positive change in real-life settings. Copyright © 2019, © 2019 Informa UK Limited, trading as Taylor & Francis Group.

Database: EMBASE

2. Group-based voice and physical therapy for persons with Parkinson's disease - an action research study

Author(s): Jensen L.H.; Eklund M.L.; Husebo H.K.; Nickelsen H.; Zahl A.-G.

Source: Journal of Parkinson's Disease; 2019; vol. 9 (no. 1); p. 137-138

Publication Date: 2019

Publication Type(s): Conference Abstract
Available at Journal of Parkinson's disease - from Unpaywall

Abstract: Background: Sociographic changes and shorter hospital stays make new demands for the development of health services in the municipalities, close to where people live. Objective(s): Develop, test and evaluate a Parkinson's disease (PD) specific group-based voice and physical exercise program to strengthen persons with PD's health and function in everyday life. Develop knowledge about PD-specific group-based voice and physical training together with users and, physical- and speech therapists within municipal health care services. Method(s): The study has a participatory action research design with three action circles: 1) collecting knowledge and evidence for the program, 2) testing and, 3) evaluation of the program together with users. The design is characterized by democratic cooperation were activities/measures and data collection and analysis are performed in parallel. Completed in 2016-18. Inclusion criteria: Persons with PD living at home, Hoehn and Jahr 1-4. Intervention(s): one-hour group-based physical therapy x2/week, one-hour group-based voice therapy x1/week. Multivariate data and analysis at entry, after six- and twelve-months group-based training: Qualitative interviews, Parkinson's disease Questionnaire (PDQ-39), Mini Nutrition Assessment (MNA), Timed Up and Go (TUG), 8 meter walk test (8MWT), Step test (ST), Five Times Sit to Stand test (5xSST), Six Minute Walk test (6MWT), The Borg Scale of Perceived Exertion (Borg 6-20), Voice Handicap Index (VHI), Radbound Oral Motor Inventory for PD (ROMP), Voice Analyst (electronic assessment of pitch and volume). Result(s): The voice and physical therapy program were developed with local therapists and researchers, based on recognized research, international guidelines for physical therapy, voice training, and nutrition in neurology. Becky Farley, USA, certificated the physical therapists at Parkinson Wellness Recovery (PWR 4 life). The Voice therapist was LSTV-LOUD certificated. 39 participants, 52-91 years, 11 female, 28 men with PD were included; 3 persons had only voice training. The poster presentation with analysis includes participants who get better, the stable and, the worse. Conclusion(s): Group-based voice and physical therapy strengthens exercise motivation, contributes to community and support, despite different physical and mental functions. But, the group-based therapy is demanding for the therapists who must provide individual support to those who need it.

Database: EMBASE

3. World's largest Parkinson's chorus

Author(s): Cody J.; Elandary S.

Source: Journal of Parkinson's Disease; 2019; vol. 9 (no. 1); p. 133

Publication Date: 2019

Publication Type(s): Conference Abstract

Available at Journal of Parkinson's disease - from Unpaywall

Abstract: Up to 90% of individuals diagnosed with Parkinson's disease are likely to develop speech disorders during the course of their illness, and aspiration pneumonia (caused by swallowing difficulty) has been reported as the most frequent cause of death in PD patients, accounting for 70% of the mortality rate. While these statistics can be frightening, hope may be found in singing programs for people with Parkinson's. In Richardson, Texas (USA), a group of nearly 100 singers find strength and support through their participation in the world's largest Parkinson's chorus, sponsored by Parkinson Voice Project, a nonprofit organization. Research suggests that singing may be a viable option to improve loudness, speech clarity, respiratory support, and prosody. While the impact of singing on swallowing has not been studied, there is some evidence that therapy programs focusing on strengthening the speech musculature may also improve swallowing function. In addition, group-based approaches like singing can help reduce social isolation. In general, singing programs should be treated as one part of a larger rehabilitative program; people with Parkinson's will likely need individualized speech therapy, as well. At Parkinson Voice Project, individuals with Parkinson’s
receive individual speech therapy (SPEAK OUT!) followed by group speech therapy (The LOUD Crowd) along with an opportunity to participate in a singing program. Each summer, this group participates in over 25 rehearsals to prepare for the annual SING OUT! performance. Over 1,600 supporters attend the concert either in person in Richardson, Texas or online via live stream. Parkinson Voice Project’s singing program is unique in several ways. Every member of the chorus must first complete individual speech therapy (SPEAK OUT!) before joining the singing group. In addition, this singing group is comprised entirely of people with Parkinson’s. While other Parkinson’s choruses invite family members and friends to join, Parkinson Voice Project’s singing program adapts the music, materials, and instructional techniques to involve singers of all levels as independently as possible. This presentation will describe this singing program and how it has been designed to maximize participation for people with Parkinson’s with all levels of musical experience, cognitive function, and physical ability.

Database: EMBASE

4. Outcome of SPEAK OUT! for adults with Parkinson’s disease

Author(s): Behrman A.; Cody J.; Madsen C.

Source: Journal of Parkinson’s Disease; 2019; vol. 9 (no. 1); p. 133

Publication Date: 2019

Publication Type(s): Conference Abstract

Available at Journal of Parkinson's disease - from Unpaywall

Abstract: Interventions that focus on scaling up speech effort have been shown to effect significant improvement in communicative function for Parkinson's disease. SPEAK OUT! therapy is a rehabilitative program developed in 2010 by Parkinson Voice Project, a nonprofit organization that conducts speech treatment of individuals with Parkinson’s-related disorders. The focus of this approach is for patients to scale up their speech effort by prompting patients to speak with "intent," defined and modeled as a purposeful cognitive focus on increasing vocal loudness and intonation variability during speech. Typically administered in 40-minute sessions three times per week for 12 weeks, each session consists of a hierarchy of exercises: warm-up vocalization, sustained vowel production, pitch glides, counting, reading, and cognitive exercises. Conversational speech tasks are interwoven throughout each session to facilitate transfer of intentional speech to communication in daily life. The patient is asked to consciously and purposefully elicit that sensation every time they speak. The present study assesses the outcome of SPEAK OUT! in adults diagnosed with idiopathic PD. This presentation focuses on data collected from the first 20 subjects of a larger study in which recruitment is ongoing. Mean SPL change and speech timing values from pre- to post-intervention and at six-week follow-up will be reported. Patient enrollment criteria specify fluency in English, cognitive abilities sufficient to participate in all therapy activities, lack of Deep Brain Stimulation surgery, no history of speech therapy within the prior two years, and commitment to participate in the full therapy program. Participants are assessed three times at baseline and twice posttherapy. The baseline assessments capture within-patient variability from which to compare outcomes. The two post-therapy assessments occur approximately one and six weeks after therapy completion. Speech assessments consist of sustained vowel phonation, a oneminute monologue, and oral reading. Participants are recorded with a digital audio recorder using a 44.1 kHz sampling rate and 16-bit resolution with a built-in unidirectional voice-quality condenser microphone. The recorder is positioned at a constant distance from each patient's mouth. A 1kHz calibration tone of known intensity is recorded in parallel, corresponding to the mouth-to-microphone distance, for each speech task.

Database: EMBASE
5. 'Better Conversations with Primary Progressive Aphasia (BCPPA)' program for people with PPA (Primary Progressive Aphasia): Protocol for a randomised controlled pilot study

Author(s): Volkmer A.; Beeke S.; Spector A.; Warren J.D.

Source: Pilot and Feasibility Studies; Apr 2018; vol. 4 (no. 1)

Publication Date: Apr 2018

Publication Type(s): Article

Available at Pilot and feasibility studies - from BioMed Central

Available at Pilot and feasibility studies - from Europe PubMed Central - Open Access

Available at Pilot and feasibility studies - from ProQuest (Health Research Premium) - NHS Version

Available at Pilot and feasibility studies - from Unpaywall

Abstract: Background: Primary progressive aphasia is a language-led dementia, often associated with frontotemporal dementia. It presents as insidious deterioration of language skills (e.g. naming objects and understanding complex sentences), with relative sparing of cognitive skills initially. There is little research examining the effectiveness of communication skills training for primary progressive aphasia, yet speech and language therapists (SLTs) report regularly using this in clinical practice. ‘Better Conversations with Primary Progressive Aphasia’ has potential to reduce barriers and increase facilitators to conversation and consequently improve confidence in communication and quality of life for people living with primary progressive aphasia and their conversation partners. The aim of this pilot study is to examine the feasibility of running a trial of the ‘Better Conversations with Primary Progressive Aphasia’ intervention. Method(s): A single blind, randomised controlled pilot study will recruit 42 participants with primary progressive aphasia and their conversation partners across seven UK National Health Service Trusts. Participants will be randomised on a 1:1 basis, stratified by site, to receive either the ‘Better Conversations with Primary Progressive Aphasia’ intervention (21 couples) or no speech and language therapy treatment (21 couples). Participants are recruited by SLTs who will conduct pre-intervention assessment (week 1) and deliver the intervention (weeks 2 to 5). Junior researchers, who are blinded to allocation, will complete post-intervention measures (week 6). SLTs complete 9 h of training to prepare them to deliver the intervention. The primary objective of the study is to establish for a phase III effectiveness study whether the program can be delivered as intended in a UK National Health Service setting. Specifically, it will establish (1) the acceptability of randomisation, (2) an assessment of treatment fidelity to determine necessary levels of SLT training, (3) the most appropriate primary outcome measure, (4) sample size requirements, (5) predicted patient recruitment and retention rates and (6) refined inclusion criteria. Discussion(s): Insights from this study will be of relevance to guide development of future research and in particular, trials of therapeutic interventions in PPA, as well as for clinical care for this population. Trial registration: Retrospectively registered 28/02/2018 ISRCTN10148247. Copyright © The Author(s). 2018.

Database: EMBASE