Multiple Sclerosis Trust

MS

Multiple sclerosis information

for health and social care professionals

Fourth Edition

Communication and swallowing

Many people with multiple sclerosis experience communication or swallowing difficulties. Early referral to a speech and language therapist is important to ensure that problems are fully investigated and appropriate intervention and support provided. The therapist will provide advice that aims to improve or maintain communication and swallowing abilities, or will suggest strategies to adapt to the effects of changes in normal function. This will involve working with the person with MS as well as family members where appropriate. Speech and language therapy is ongoing throughout the course of the disease.

Communication

Communication is central to quality of life and integral to maintaining relationships. Changes in the ability to communicate can impact on social participation and emotional wellbeing.

At a physical level, MS can affect the production of speech, usually by delays in messages passing through affected nerve pathways to the muscles involved in speech production. The term used to describe this problem is dysarthria. Very precise control and coordination of a range of muscles is required for speech and anything affecting the muscles of breathing, larynx, tongue, lips or jaw can result in alterations in speech intelligibility.

Darley[1] studied 168 people with MS and found 41% displayed dysarthric speech. Hartelius[2] found that 62% of their MS sample reported speech and voice impairments. Symptoms are variable with some people experiencing a mild reduction in volume when tired or a slight slurring of speech at the end of the day. In more severe cases speech can be totally unintelligible.

There has been very little research into the effects of speech therapy on people with MS. Work reported so far does indicate that therapy can be beneficial[3]. General advice may include reducing background noise before speaking, saying half words on each breath, speaking slowly and facing listeners when speaking. Speech exercises may be beneficial if the problem is mild (eg to assist breath control for volume). Developments in technology mean that there are a range communication aids which can assist some people with very dysarthric speech.

A small number of people with MS develop dysphasia, or impairment of language function, but this is unusual. Associated problems include difficulty understanding and producing written and /or spoken words. Together with physical speech difficulties, cognitive problems can also impact on daily life[4]. A strong association between dysarthria and cognitive-linguistic deficit, in people with chronic progressive type multiple sclerosis has recently been reported[5]. The main deficits relate to attention, memory and speed of processing information, so that difficulties in retrieving the name of something or being unable to concentrate in a noisy environment are often experienced.

The most effective help is based on explanation, understanding and sharing of ideas. If the speech and language therapist can build up a trusting relationship with the person with MS and their family, then problems relating to speech and communication can be discussed and solutions explored.

Swallowing

Dysphagia (difficulty in swallowing) is present in around 30% of people who have MS[6,7] and can increase to over 60% in people who have advanced MS[8]. It is particularly prevalent in individuals whose MS includes involvement of the brainstem.

Swallowing difficulties can affect all four stages of swallowing (oral preparatory, oral, pharyngeal and oesophageal), and can include difficulty chewing, pocketing food in the cheek, fluids escaping from between the lips, residue in the pharynx after the pharyngeal swallowing, and episodes of coughing/choking when eating or drinking. These difficulties can be caused by weakness, impaired coordination and spasticitiy, or some combination of each. Severity of dysphagia is variable.

A speech and language therapist will assess safety and efficiency of swallowing through clinical (eg history from the individual, oro-motor examination, observation of eating and drinking, questionnaires) and possibly instrumental assessment (videofluoroscopy or fibro-optic endoscopic evaluation). Following assessment, rehabilitation can be undertaken, where the therapist will engage with the individual and, if appropriate, the family, and advise on posture, possible exercises, manoeuvres, consistencies of food and drink, and the eating environment.

If swallowing is considered unsafe (eg the person is experiencing recurrent chest infections), inefficient

(eg the person takes a long time to eat or drink, or is unable to maintain their weight through their oral intake), or is having an effect on quality of life, alternative ways of obtaining nutritional intake may be recommended. This is most likely to be percutaneous endoscopic gastrostomy (PEG) feeding. A PEG can be used alongside oral intake so that the person can eat and drink for pleasure while the PEG provides the required nutrients and calories. It is important that the decision to fit a PEG is fully discussed and is carefully considered by the person with MS and their family.

Ultimately, the most effective management of communication and swallowing in MS results from close collaboration between the person with MS, the speech and language therapist and other professionals and carers.

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Further resources

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We hope you find the information in this book helpful. If you would like to speak with someone about any aspect of MS, contact the MS Trust information team and they will help find answers to your questions.

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