



General Tips

- Cut down on background noise
- Try to keep your head upright and look at the person you are speaking to
- Take a deep breath before speaking so that there is enough breath for speech
- Speak slowly, loudly and pause frequently
- Open your mouth wider and emphasise the sounds, especially at the end of words
- If the person you are talking to does not understand a particular word, try to use another word that means the same thing
- You may find that your speech becomes less clear when you are tired or unwell. Take a rest and try again later
- You may find it useful to show this leaflet to family and friends

Name: _____

SLT: _____

Ph: _____

The information contained in this leaflet is designed as a resource for people with dysarthria and is to be used as a guide only. Please contact your speech and language therapist with any specific concerns and feel free to ask for further information.



Produced by Tallaght University
Hospital SLT Department

MPSLT009-01



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PATIENT
INFORMATION
LEAFLET

Living with Dysarthria



What is Dysarthria?



Dysarthria is the name of a speech disorder resulting from weakness of the muscles used for speech, caused by damage to the brain or the nerves.

Muscles of the face, lips, tongue, voice or breathing can be affected, resulting in poor control of speech. Each person with Dysarthria is different.

Difficulties can be noticed with:

- Lip closure – for speech sounds/ during eating or drinking
- Articulation – of speech sounds especially in sequence
- Voice quality – affecting pitch and/ or tone
- Vocal sound – voice may be hoarse, breathy or strained
- Nasality – poor movement of the muscles in the roof of the mouth can cause speech to sound nasal (as if speaking with a cold)

Symptoms

- Speech that is slurred, jerky, or garbled and difficult to understand
- Problems controlling pitch loudness or rhythm when speaking
- Slow speech or rapid, mumbled speech
- Speaking softly or barely able to whisper
- Limited ability to move the tongue, lips jaw or cheeks
- Changes in voice quality, i.e. nasal, hoarse or stuffy sounding voice
- Speech may become monotone
- Chewing and swallowing problems
- Drooling or poor control of saliva

Diagnosing Dysarthria

The identification of Dysarthria is usually made in a team approach. Speech and Language Therapists (SLTs) work closely with other healthcare professionals when diagnosing and rehabilitating people with Dysarthria.

The assessment is made based on the person's symptoms and possible underlying causes. The SLT will examine motor function by asking the person to perform certain tasks such as smiling or blowing and sticking out the tongue and moving it from side to side. This determines muscle strength, accuracy and motion.

Asking the person to say and repeat words and sentences enables the therapist to examine articulation, breathiness and slow or slurred speech.

Causes

Dysarthria may be caused by a stroke, head injury and some conditions such as Parkinson's Disease, Multiple Sclerosis and Motor Neuron Disease.