| POCKET GUIDE FOR HUNTINGTON'S DISEASE SPEECH THERAPY REFERRAL | | |
|---|---|---|
| **Neurologic history/Exam** | **How can SLP help** | **Based on available evidence** |
| Initial diagnosis or gene positive test with potential for decline | Provide education and counseling regarding the effects of HD on speech, voice, cognition, and swallowing at various stages of the disease | Speech Language Pathologists (SLPs) should screen speech, swallowing and cognition.<br><br>SLPs should use patient reported outcomes during assessments when able.<br>• Examples include: Dysphagia Handicap Index, Voice handicap Index; HDQ Life Speech and Swallow; EAT-10; Communication Participation Item Bank [1] |
| **SPEECH/VOICE**<br>Patient or caregiver c/o:<br>• Shortness of breath while speaking<br>• Change in voice such as weak or soft voice<br>• Slurred speech<br>• Nasal speech<br>• Losing ability to speak | Evaluate and treat speech and voice deficits to maintain communication function. | SLPs should provide an individualized education and management plan.<br><br>Therapy may include:<br>• behavioral speech/voice strategies (i.e. LSVT, resonance; breath support, etc.)<br>• compensatory speech/voice strategies (i.e., breath phrasing)<br>• respiratory muscle strength training. [1,4]<br><br>SLPs may provide regular breathing exercises, including inspiratory and expiratory training, to improve respiratory muscle strength and cough effectiveness. [4]<br><br>**Referral to Respiratory Therapist may be beneficial** |
| **LANGUAGE**<br>Patient or caregiver c/o<br>• Word finding difficulty<br>• Difficulty communicating clearly<br>• Difficulty understanding others | Evaluate and treat cognitive-communication deficits.<br><br>Develop individualized compensatory strategies and provide counseling. | SLPs individualize a treatment plan which may include low/high tech augmentative and alternative communication (AAC) and caregiver training [1]<br><br>SLP should facilitate opportunities for communication and educate caregivers to structure conversations and control the environment to facilitate communication [5] |
| **SWALLOWING**<br>Patient or caregiver c/o<br>• Coughing during or after meals<br>• Difficulty managing secretions<br>• Difficulty breathing<br>• Cough is weak<br>• Unable to swallow<br>• Recent aspiration PNAs | Assess and implement strategies to promote safe and efficient swallowing function.<br><br>Provide education to patients and caregivers on choking and aspiration risk as well as compensatory strategies. | SLPs may screen and assess swallowing disorders including patient reported outcomes when able; provide education, and a dysphagia management plan. [1,3]<br><br>Instrumental assessment of dysphagia may include use of fiberoptic endoscopic evaluation of swallow (FEES), modified barium swallowing study (MBS), or manometry.[1]<br><br>Dysphagia management plan may consist of diet modification, alternating solids and liquids; visual cues, increased supervision and/or respiratory muscle training. [1,2,3,4] |
| **COGNITION**<br>Patient or caregiver c/o<br>• Losing train of thought while speaking<br>• Memory changes<br>• Difficulty remembering conversations<br>• Repeats conversations | Evaluate and treat cognitive deficits. Develop individualized compensatory strategies and provide counseling. | SLPs can help with cognitive stimulation including verbal planning, memory, and problem-solving exercises designed to enhance cognition and executive function.<br><br>**Referral to Occupational therapist may also be beneficial. [6,7]** |

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