

SLT awareness week Q and A

Invercargill Hospital:

Does nasogastric cause food aversion?

A nasogastric tube shouldn't cause food aversion if the patient has the right support and in fact often should help prevent one.

What does cause food aversion?

Food aversions can be caused by a number of factors, including medical factors (e.g. gastrointestinal issues, etc.) or psychological factors.

At what age can children be referred to speech language therapy (for speech)?

I would say any age. Depending on the child's risk factors the SLT may start with monitoring. However, if a child is not babbling by around 12 months of age it can be useful to see them early and provide parents with strategies to support speech development.

Why and at what age do you introduce sign language to children/families?

Sign can be introduced from birth. Sign is an alternative form of communication. It can support both comprehension and expressive language. As a visual gesture, it remains present for longer than spoken language thus supporting comprehension. Many children find it easier to imitate and use gestures than sign, meaning they can use signs as an alternative form of communication. Learning sign is reliant on others modelling and using this, so the children learn that sign is a meaningful and valid form of communication. Remember, we talk to children for around 1-year before they start using words so we can't expect them to start signing immediately if we have not modelled and used this ourselves for a prolonged period of time.

How does language diversity occur?

Environmental Experiences

Opportunities to engage in meaningful reciprocal interactions.

Dunedin Public Hospital:

What are the different diet textures? Why aren't they the same here as other hospitals and rest homes?

In Dunedin hospital we have three different fluid consistencies; normal, mildly thick and moderately thick. We have five different diet textures, puree, minced-moist, soft dysphagic, soft mechanical and normal. Recently the international dysphagia diet standards initiative (IDDSI) has provided guidelines for diet textures to be standardised around the world. Southland hospital textures do not yet align with the IDDSI diet textures, this is a work in progress. Hospitals and rest home facilities nationally are also in the process of moving towards this model. Our pre-packaged thickened fluids are already coded with the IDDSI codes – keep an eye out for the codes e.g 'level 2 for mildly thick and level 3 for moderately'. More information is available on the IDDSI app through google play or the istore if you are interested in testing methods for preparing these fluids and diet textures.

https://play.google.com/store/apps/details?id=com.appdataroom.iddsi&hl=en_US&gl=US

<https://apps.apple.com/ca/app/iddsi/id1145593063>

Are thickened fluids always safer?

The utility of thickened fluids is hotly debated and the short answer is NO, they are not always safer.

The use of thickened fluids is usually a last resort (in the absence of effective management/compensatory strategies) and should be determined by SLT evaluation +/- an instrumental assessment. Incorrect use of thickened fluids can lead to an increased risk of aspiration pneumonia/lung injury (compared with water alone), dehydration (risking AKI, low blood pressure, disorientation, increased falls), poor patient satisfaction and reduced bioavailability of medication.
https://pubs.asha.org/doi/abs/10.1044/2020_PERSP-19-00111

Why do some people have normal fluids but modified diets?

It depends on what type of swallowing disorder a patient has. Swallowing difficulties may occur during the oral, oro-pharyngeal transit, pharyngeal or oesophageal phase. These difficulties may be due to weakness, in-coordination, loss of sensation, timing, or structural/anatomical issues. A patient may for example tolerate normal fluids but need a modified diet because reduced jaw strength or tongue co-ordination makes it difficult for them to chew and prepare a solid bolus.

What assessments do you do to identify swallowing problems?

There are a range of different assessments we could use but SLTs usually start with a thorough case review and liaison with the MDT to identify risk factors/predictors of dysphagia and develop a hypothesis. We then gather a patient report (and can use questionnaires such as the EAT-10), and do a clinical bedside swallowing evaluation where we observe the patient for any signs of dysphagia on a range of different textures. If more information is needed we could then use a VFSS (videofluoroscopic swallow study) or a FEES (a fiberoptic endoscopic evaluation of swallowing). We then monitor the patients and may follow up with a meal observation to capture the whole picture. (Note that we do not currently have a FEES service in Southland but this is a work in progress).

Wakari Hospital:

Can you do a speech language assessment in sign language? Is it the same but with a translator or as its non- verbal does the process differ? (or maybe more affected by motor deficits also?)

Thanks!

Great question! Interestingly sign language is processed in similar areas of the brain as oral speech, and people can acquire language disorders (e.g. aphasia) in sign language. Because the structure of the language is very different from English a translation of our English-language aphasia assessments would not give an accurate representation of their language abilities. There are, however, specialised language assessments for American Sign Language. As far as we are aware, specific tests have not yet been developed for NZ Sign Language. An assessment would likely be a careful adaptation of the tests we do have with the help of an interpreter. Motor deficits can equally impact the use of sign language and would be classed as a dysarthria (motor speech disorder).

How on earth did they teach Helen Keller to communicate?

Helen Keller learned to read braille and speak American Sign Language by touch. She was initially taught to finger-spell words and associate these with objects. Later, she was taught a method called 'Tad-oma'. 'Listening' involved putting hands on people's faces to feel the position of the lips, throat, jaw and nose to feel the vibrations and movements. Helen also learned to imitate the position of people's lips and tongue to imitate speech. Amazingly, she learned to speak English, German, French and Latin in this way.

Why are you so awesome?

It's a pre-requisite to be accepted into SLT courses. We all have to take thorough awesomeness tests before starting as SLTs.

What's the difference between laryngeal penetration and aspiration?

Laryngeal penetration is where food and/or fluid enters the laryngeal vestibule (area between the laryngeal inlet and vocal cords) but does not track down to the vocal folds or below. Aspiration is when food or fluid enters the subglottic space (area below the vocal folds).

Clinical signs of aspiration or penetration (e.g coughing, throat clearing, wet/gurgly voice, shortness of breath) can be observed at bedside/in a clinical assessment, but some people do not show any clinical signs of aspiration/penetration. The only way to definitively know if someone is aspirating/penetrating is to complete an instrumental assessment (e.g. videofluoroscopy).

At what age should I be concerned with my baby's speech? When should they start talking/making sounds?

Each child is different, but in general babies start 'babbling' at 6-12 months and first words around 1 year. At two years babies often have a vocabulary of approximately 50 words and are using 2 word phrases. If you have concerns it is best to ask your doctor for advice and a potential referral to SLT.

Pediatric Milestones - Speech/Language

Age	Milestone Trick	Speech/Language	Hearing/Understanding
3 Months	3 Letter Word = "Coo"	Coos and smiles Cries differently for different needs	Recognizes your voice May stay quiet/smile when spoken to
6 Months	6 Letter Word = "Babble"	Babbles; Laughs and giggles more Vocalizes excitement and displeasure	Notices sound, music, changes in tone of voice; Moves eyes toward sound
9 Months	9 Letter Word = "Imitation"	Imitates speech/non-speech sounds Babbles longer strings of sounds	Imitates actions and gestures Looks at objects when talked about
12 Months	1-2 Words	1-2 word vocabulary Meaningful use of "mama" and "dada"	Understands simple phrases Recognizes words for common items
18 Months	18 Words	Vocabulary of 18 words (10-20 words) Repeats words overheard in convo	Follows simple commands/questions Points to pictures/objects in book
2 Years	2 Word Phrases	Uses 2 word phrases Vocabulary of 50 words or more	Follows 2 step directions Uses gestures during pretend play
3 Years	3 Word Phrases	Uses 3 word phrases Vocabulary of 200 words or more	Understands spatial/time concepts Understands pronouns/plurals
4 Years	4 or More Word Sentences	Uses 4 or more word sentences Uses 4 or more sentences to tell story	Understands how/why questions Groups objects; Identifies colors

*Milestones may occur sooner or later than shown