



COLUMBIA UNIVERSITY
IRVING MEDICAL CENTER

PARKINSON NEWSLETTER

Winter 2018

Swallowing Issues in Parkinsonian Disorders

By Zeina Seikaly, MA/CF-SLP and Michelle Troche, PhD/CCC-SLP

Just as Parkinson's disease and other Parkinsonian disorders can cause problems with the movement of arms and legs, these conditions can also lead to movement abnormalities of the throat, and breathing muscles. These specific changes can then result in disorders of speaking and swallowing. Disorders of swallowing (*dysphagia*) can have an especially devastating impact on health and quality of life. When a person develops dysphagia, food or liquid 'goes down the wrong pipe' into the airway, and is often not ejected with a strong cough. In fact, many individuals with Parkinsonian diseases may not even feel when things are going down the 'wrong pipe' (airway). Thus food and liquid can then settle in the lungs and contribute to the risk of developing a pulmonary infection, such as aspiration pneumonia. Aspiration pneumonia can be life threatening.

Swallowing and cough disorders also affect people's quality of life. If you begin to think about the many ways that we socialize with our loved ones, you will start to realize that many of our favorite traditions – holiday meals, coffee breaks, happy hour – incorporate the act of sharing meals and drinks with family and friends. If a person is restricted from participating in these activities because of difficulty swallowing, it can be a burden on their social and emotional well-being and that of their families as well.

Speech-language pathologists and researchers in the field understand that swallowing and cough disorders present a unique challenge to the overall welfare of individuals with Parkinsonian disorders, and are committed to developing preventative and rehabilitative methods for individuals living with disorders of swallowing and cough. Speech-language pathologists with specialized training in cough and swallowing can provide unique therapies to improve health and overall well-being of patients with Parkinsonian disorders.

The Speech-Language Pathologists in the Laboratory for the Study of Upper Airway Dysfunction, at Columbia University in Manhattan, are a group of clinicians and researchers dedicated to the prevention and treatment of swallowing, cough and speech disorders in Parkinsonian patients. They work closely with the Neurologists in the Columbia University Movement Disorders Center and have several active studies testing novel treatments to improve swallowing, and speech issues, particularly in cases of Parkinson's disease, progressive supranuclear palsy, and ataxia. If you are experiencing changes to your swallowing or cough function, suspect there may be changes, or are curious about your speech and swallowing function – you can mention the changes to your Neurologist or contact the clinical-research lab directly to schedule an evaluation.

Laboratory for the Study of Upper Airway Dysfunction

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Support Groups!

The Department of Neurology currently hosts two support groups:
PD Patient Support Group. Meets the last Tuesday of every month. For more information and to register please contact Elizabeth Delaney, LMSW at 212-305-5779.

Deep Brain Stimulation (DBS) support group. For information regarding the next DBS meeting, please contact Linda Winfield, RN at 212-305-1303.

Spotlight on Parkinson's Disease: Healthy Minds, Addressing your Mental Health



Join this webinar for expert perspectives to help you better understand mental health in Parkinson's disease (PD).
Tuesday, 12/18/2018
1:00PM-2:00PM ET

Register online here:

<https://engage.vevent.com/index.jsp?eid=7988&seid=321>

Center Spotlight! : Genetics Based Clinical Trial

What is this study about?

The aim of this study is to determine the safety, tolerability, and efficacy of GZ/SAR402671 administered orally, as compared to placebo in patients with early-stage Parkinson's disease (PD) carrying a GBA mutation or other pre-specified variants.

What is involved?

Total study duration per subject in Part 2 will be approximately 168 weeks that will consist of 6.5 weeks of screening period, 52 weeks of treatment period, 104 weeks of follow up, and 6 weeks of post treatment observation. Part 1 maximal treatment duration will be up to 36 weeks.

Who is the Study Sponsor?

Sanofi

Who can participate?

An individual may be able to take part in the trial if he or she:

- Has been diagnosed with PD and are a heterozygous carrier of a GBA mutation associated with PD
- Have rapid eye movement (REM) sleep behavior disorder (RBD)
- Ages 18 to 70 years old at time of consenting
- PD symptoms for at least 2 years
- Hoehn and Yahr (H an Y) stage 2 or lower at baseline
- Stable medication regimen of PD drugs for at least 30 days

For more information, contact:

Amber Ratel (coordinator)

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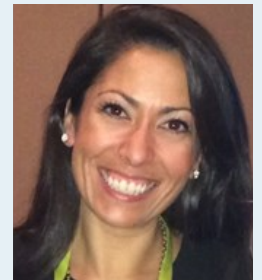
Should you be interested in discussing how you can help support our clinical, research, and patient care activities, please contact Matt Reals, Senior Director of Development, at 212-304-7203 or mr3134@columbia.edu

The Doctor Is In

Q&A with CU Speech-Language Pathologist

Michelle S. Troche, PhD/CCC-SLP

Director and Principal Investigator, Laboratory for the Study of Upper Airway Dysfunction, Associate Professor in the Communication Sciences and Disorders Program, Department of Biobehavioral Sciences at Teachers College, Columbia University



Q: What are some key signs that I should seek an evaluation and/or treatment from a speech pathologist?

A: Speech-language pathologists (SLP) are qualified to assess and treat disorders of swallowing, speech, voice and language. Here are just a few key signs that you might be developing some trouble in these areas and should make an appointment with an SLP:

1. Swallowing – you are coughing/choking when eating and drinking, you are taking a long time to eat, you have had recent weight loss or unexplained chest infections, you are drooling
2. Speech – you or your family/friends start to notice your speech is softer or less crisp (i.e., 'slurred'), people constantly ask you to 'speak up'
3. Voice – your voice is more hoarse than usual or you 'lose your voice'

If you have a question regarding Parkinson's and its treatment that you would like featured in the next newsletter, please e-mail your question to Elizabeth Delaney, LMSW at movementdisorders@columbia.edu

The information published in this newsletter is not intended to replace, and should not be interpreted or relied upon, as professional advice, whether medical or otherwise. Please refer to your own professional for all advice concerning legal, medical, or other matters published in connection with this article.

"Don't count the days, make the days count."

-Muhammad Ali, diagnosed with PD in 1984