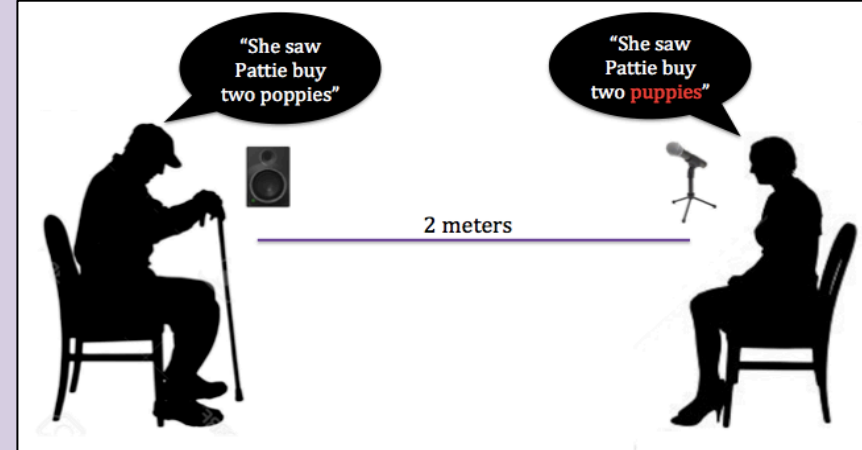


## Background

- Parkinson's disease (PD)**: neurodegenerative movement disorder that affects approximately 3% of individuals over 60 (Nussbaum & Ellis, 2003).
- 70 – 90% of people with PD will eventually develop a speech disorder (Logemann et al., 1978).
- Hypophonia**, or reduced vocal loudness, is one of the most prevalent speech symptoms associated with PD (Adams & Dykstra, 2009).
- While behavioral interventions are a promising solution for many individuals with PD and hypophonia, many others have great **difficulty transferring** increased loudness in their day-to-day lives due to cognitive and sensorimotor deficits associated with PD (Adams & Dykstra, 2009; Sapir 2014).
- Voice amplification devices**, which increase the loudness of a person's natural voice, offer an alternative solution for many individuals. However, despite their availability, little research has been done on device options and efficacy (Bertrand, 2009; Andreetta et al., 2016).

**Purpose:** To compare the performance of three devices used to amplify vocal loudness of people with hypophonia

## Methods

Participants	<ul style="list-style-type: none"> <li>15 individuals with hypophonia and their primary communication partner participated</li> <li>Hypophonia secondary to PD or parkinsonism in 14 individuals; secondary to MSA-C in 1</li> </ul>	 <p><b>Outcome measures</b></p> <ul style="list-style-type: none"> <li><b>Partner speech intelligibility:</b> % words correctly repeated</li> <li><b>Speech-to-noise ratio:</b> How loud was the individual relative to the background noise levels?</li> <li><b>Final device decision:</b> Did they want to continue using a device at the end?</li> </ul>
Phase 1: In Lab	<ul style="list-style-type: none"> <li>Participant with PD read aloud sentences in four device conditions (<b>No Device, Devices A, B, C</b>) and two noise conditions (<b>No Noise, 65dB Multitalker Noise</b>)</li> <li>Communication partner, seated 2 meters away from person with PD, repeated sentences back aloud</li> <li>At end of visit, couple took home one device to trial for a week</li> </ul>	
Phase 2: 1-week Trials	<ul style="list-style-type: none"> <li>One-week trial periods with each device, each followed by a visit with the first author</li> <li>At end of trial week, participant dyads completed questionnaires related to device impressions and communication</li> <li>At final visit, participant dyads elected whether or not to continue using a device</li> </ul>	

## Devices



**Device A:**  
Wired belt pack amplifier

- Chattervox*
- Headset microphone
  - Amplifier worn around waist



**Device B:**  
Stationary wireless amplifier

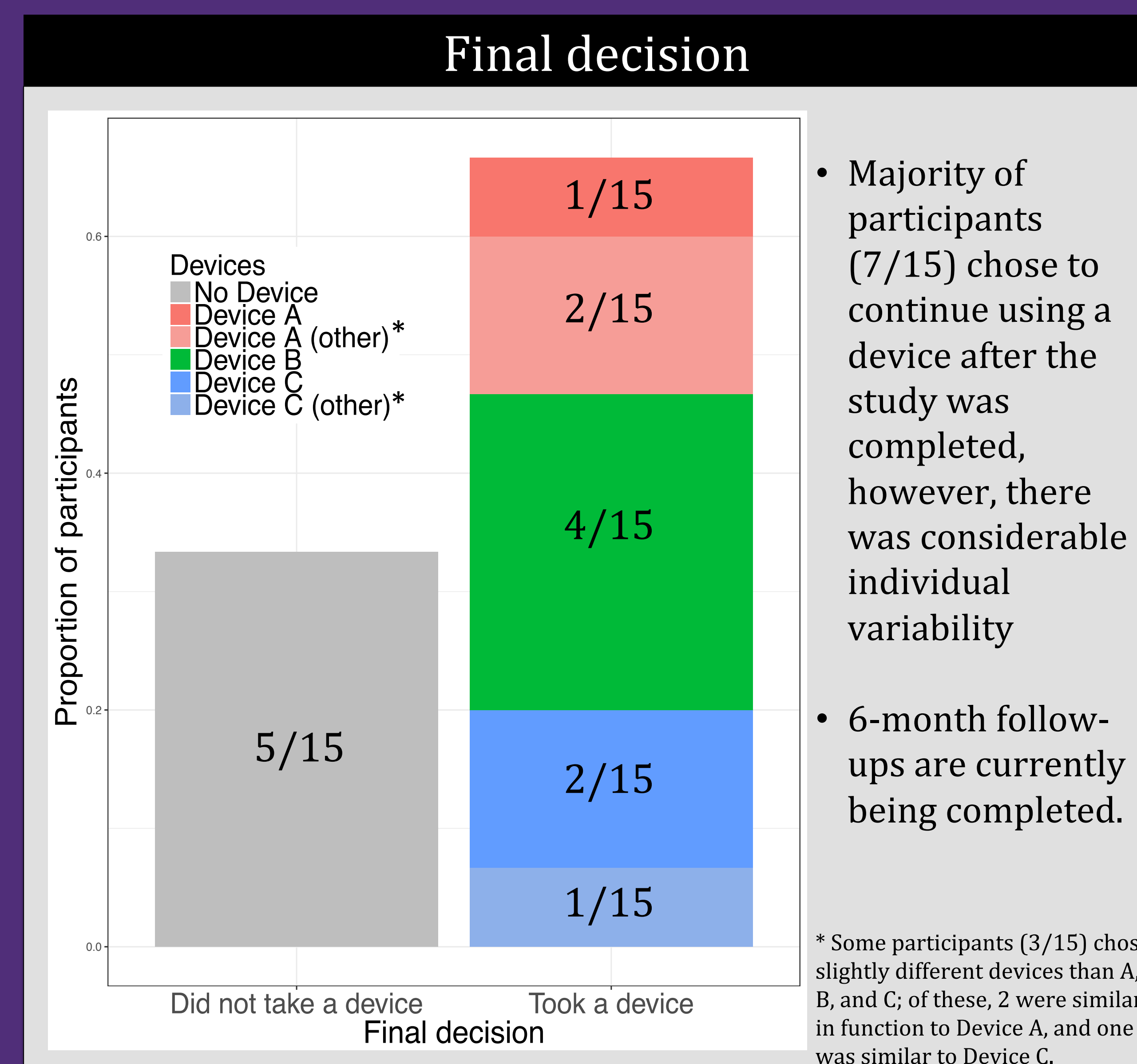
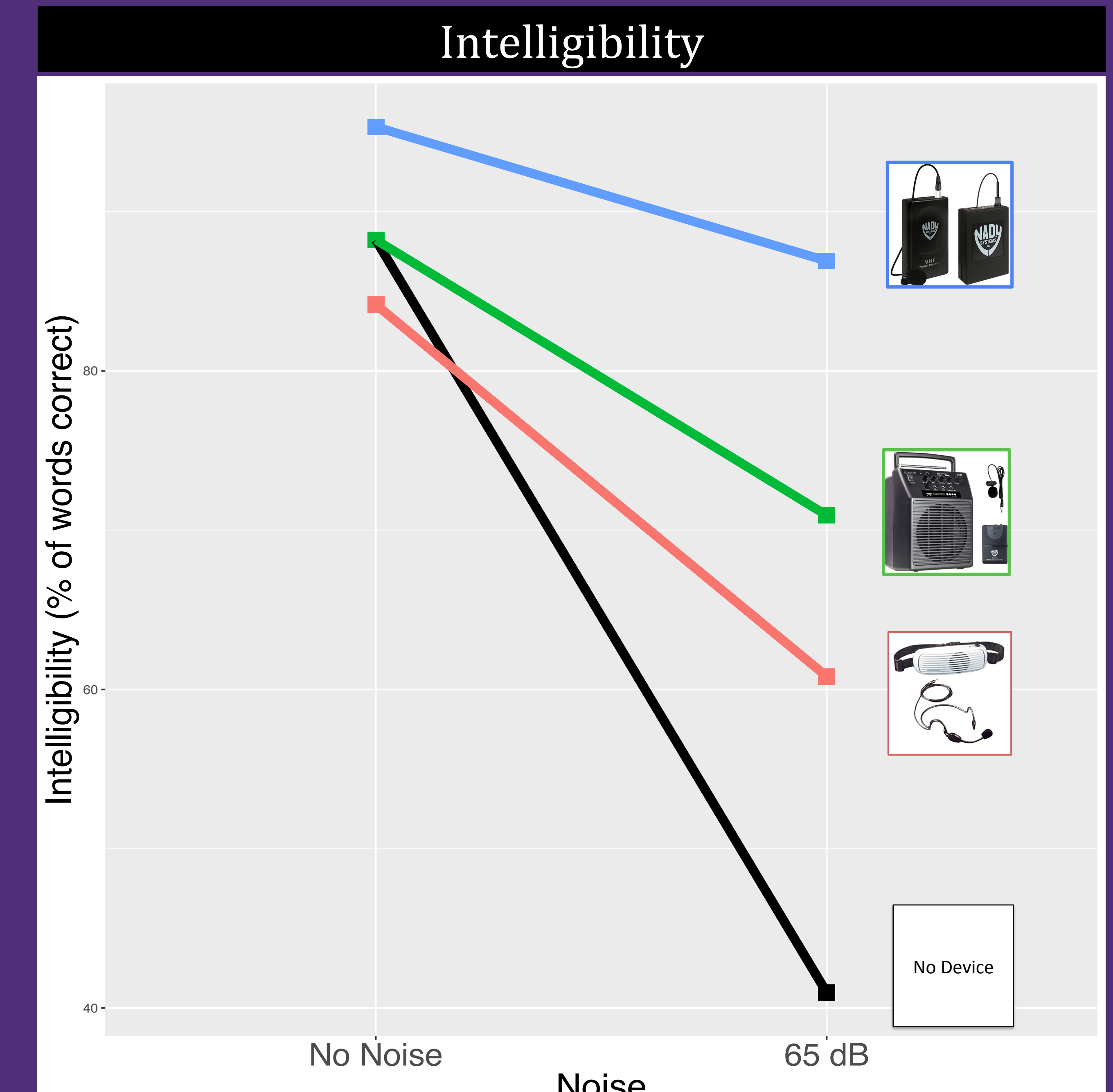
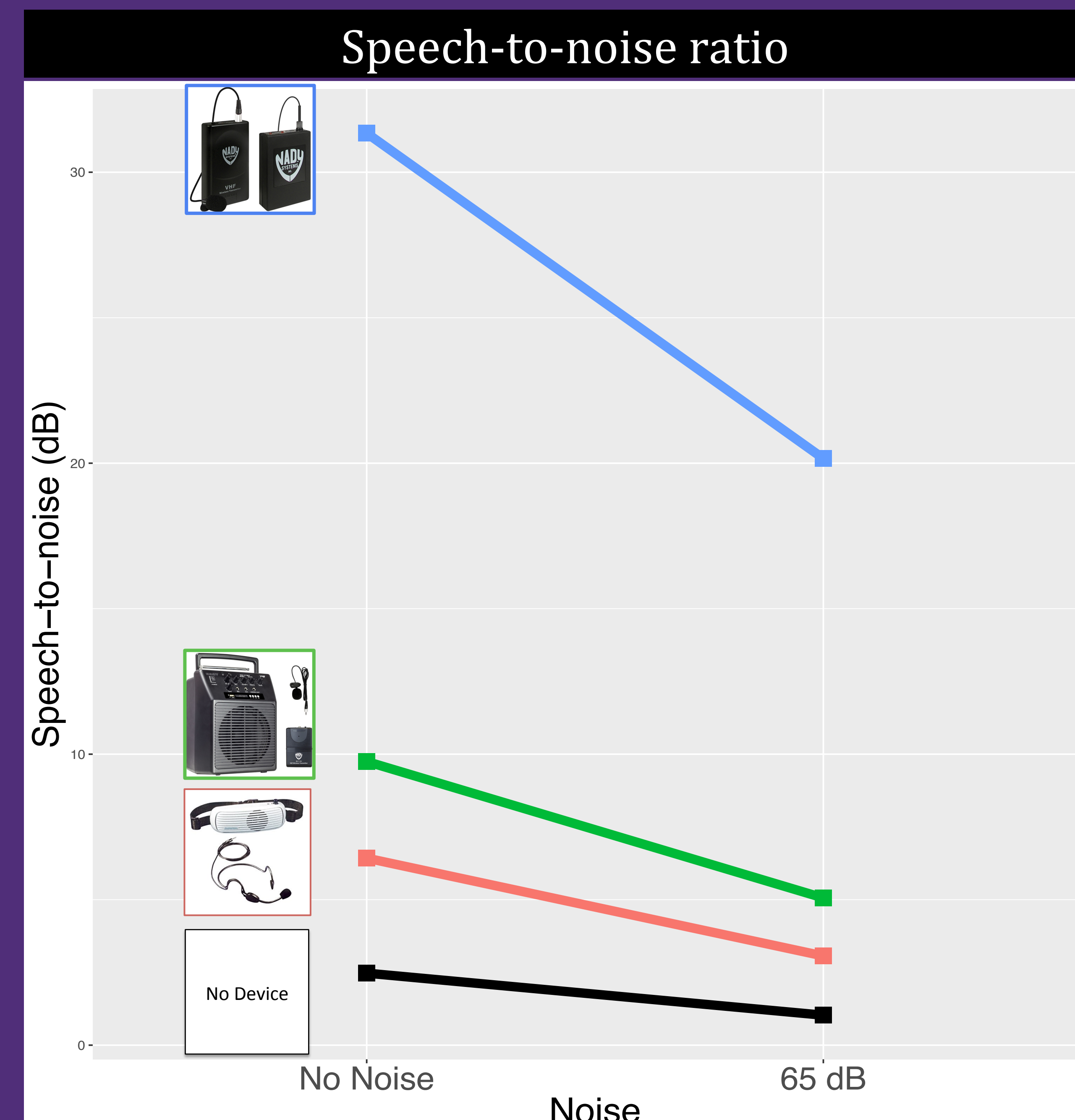
- Nady WA120 BT*
- Headset microphone
  - Pocket-sized transmitter worn on belt/pocket
  - Large stereo amplifier to be placed in one location



**Device C:**  
Personal communication system


- Nady 351VR*
- Headset microphone
  - Pocket-sized transmitter worn on belt/pocket
  - Pocket-sized receiver connected to headphones worn by listener
  - One-on-one communication

## Results



- Majority of participants (7/15) chose to continue using a device after the study was completed, however, there was considerable individual variability
- 6-month follow-ups are currently being completed.

## Discussion

- Clear device hierarchy for speech intelligibility and speech-to-noise ratio:  

- Majority of individuals elected to continue using a device, *however...*
- Individual preferences did not necessarily align with hierarchy observed in laboratory speech tasks
- Discrepancy exists between device performance measures and final preferences
- Results indicate the promise of speech amplification and communication device use for hypophonia, but highlight a need to explore factors that influence preference and long-term use

*For references, please take handout*



## References

- Adams, S. G. & Dykstra, A. D. (2009). Hypokinetic dysarthria. In M. R. McNeil (Ed.), *Clinical management of sensorimotor speech disorders*. New York: Thieme Publishing Group.
- Bertrand, A. N. (2009). *Speech-language pathologists decision making pertaining to speech amplification devices: a survey* (Master's thesis, Texas A&M University-Kingsville).
- Logemann, J. A., Fisher, H. B., Boshes, B., & Blonsky, E. R. (1978, February). Frequency and cooccurrence of vocal tract dysfunctions in the speech of a large sample of Parkinson patients. *The Journal of Speech and Hearing Disorders*, 43(1), 47–57. posterior tongue involvement. doi:10.1044/jshd.4301.47
- Nussbaum, R. L. & Ellis, C. E. (2003). Alzheimer's disease and Parkinson's disease. *New England Journal of Medicine*, 348(14), 1356–1364. General PD. doi:10.1056/nejm2003ra020003
- Sapir, S. (2014). Multiple factors are involved in the dysarthria associated with Parkinson's disease: a review with implications for clinical practice and research. *Journal of Speech, Language, and Hearing Research*, 57(4), 1330–1343.