

COPD: A Speech Language Pathologist's Role

September, 2020

Overview

- What is a Speech Language Pathologist?
- What is COPD?
- Why a Speech Language Pathologist?
- COPD and Swallowing
- Respiratory Muscle Strength Training
- Patient Motivation and Cognitive Impairment

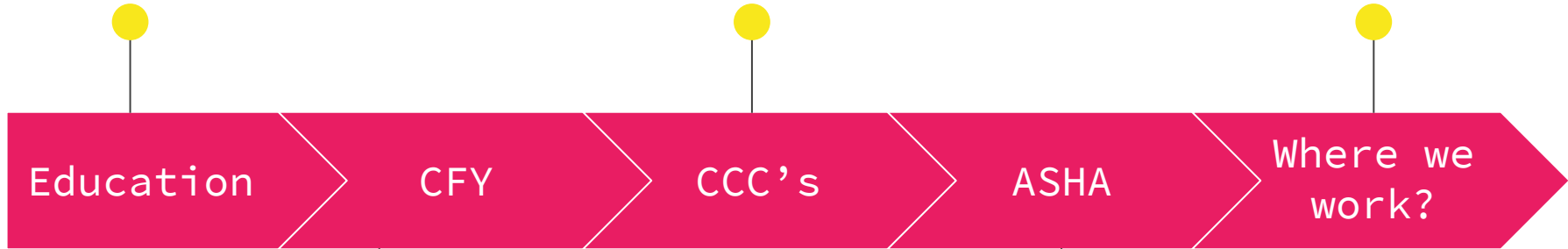


Speech Language Pathology

Certificate of Clinical Competence. Provided after CFY completed. Now able to work Independently.

Healthcare, Schools and Universities, Private Practice, Teletherapy

Requires Masters Degree or higher.



After graduation, Clinical Fellowship Year. Supervised 1,260 hours **and** a minimum of 36 weeks of experience.

Certified by The **American Speech-Language-Hearing Association.** www.asha.org

definition. Speech Therapist

A Speech Language Pathologist (SLP) is trained to assess and treat disorders that may impact a person's ability to communicate, think, breathe and swallow.

The Speech Therapist is frequently the person best suited to help a patient learn strategies that improve their symptoms, especially when the individual with COPD is also experiencing cognitive impairment and memory loss.

COPD: Chronic Obstructive Pulmonary Disease

What to know:

Chronic obstructive pulmonary disease (COPD), which includes **chronic bronchitis** and **emphysema**, is a **long-term lung disease** that makes it **hard to breathe**.

★ The disease affects millions of Americans

★ COPD is the third leading cause of disease-related death in the U.S.

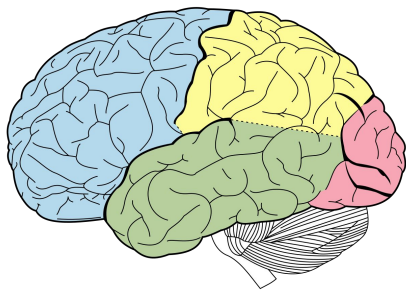
★ The good news is **COPD is often preventable and treatable**.

With **COPD**, the **airways in your lungs become inflamed and thicken**, and the **tissue** where oxygen is exchanged is **damaged**. The **flow of air** in and out of your lungs **decreases**. When that happens, **less oxygen** gets into your body tissues, and it becomes **harder to get rid of the waste gas carbon dioxide**. As the disease gets worse, **shortness of breath makes it harder to remain active**.

(American Lung Association)

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Why a Speech Therapist?



COMPREHENSION

Organization and selection of facts and ideas

Re-tell _____ in your own words.

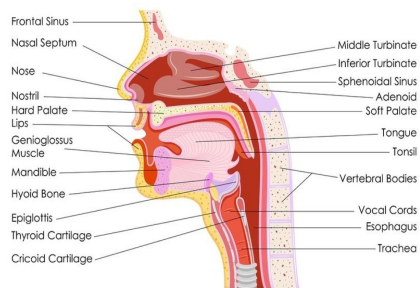
What is the main idea of _____?

What differences exist between _____?

Can you write a brief outline?

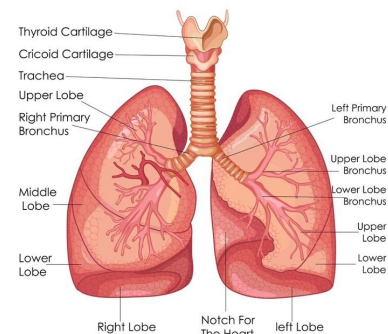


SLPs have the knowledge and skills to assess cognitive deficits and know strategies to help patients learn new information. If the patient is impacted by a mood disorder or anxiety, memory loss, impaired attention, thinking or reading comprehension, the SLP can explain information to the patient in the most effective way. (ASHA)



THROAT

Lungs Diagram



speech pathology. Where cognition intersects with breathing, swallowing, voice and doing.

Patients who cannot adhere to medical recommendations on their own need a partner to help them improve their situation and quality of life.

COPD and Dysphagia (swallowing trouble)

— — —

Breathing is an important bodily function. It also plays an important role in swallowing. In order to swallow correctly, the airway must be covered for protection and breathing must stop for a brief moment to allow food to pass into the esophagus. If a person cannot handle that pause in breathing (common in individuals with COPD), it becomes increasingly difficult to coordinate breathing and swallowing. This puts the individual at risk for inhaling food and liquid while swallowing. Shortness of breath at meals is a common difficulty with COPD and can get worse as the disease progresses.

Shortness of Breath can lead to less moving, exercising and doing. Less moving can lead to muscle atrophy, wt gain, more SOB, changes in swallow function and respiratory infection.

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Call the Speech Therapist.

Cognitive Therapy

+

Respiratory Muscle Strength Training

1. Symptom management
2. Muscle strength
3. Breathing strategies
4. Compliance with medication and diet
5. Bringing it all together at home
