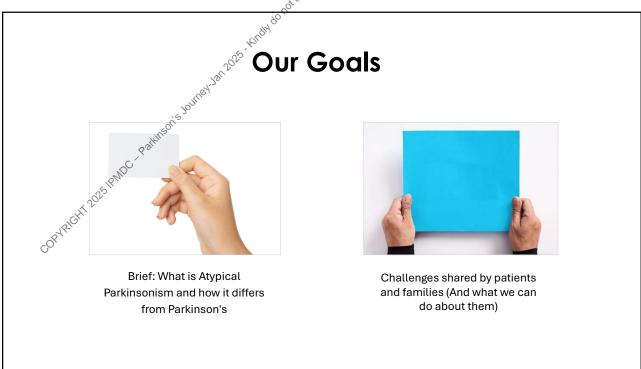
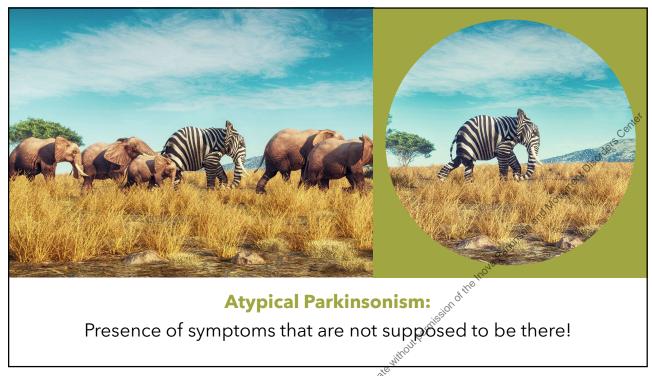
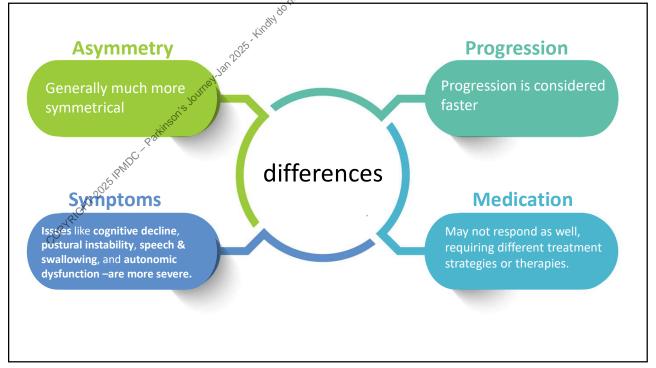
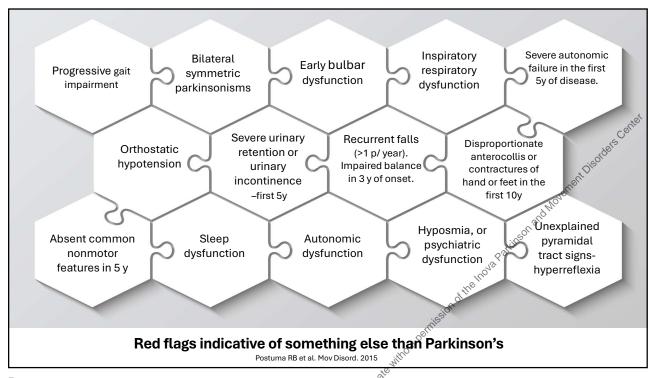


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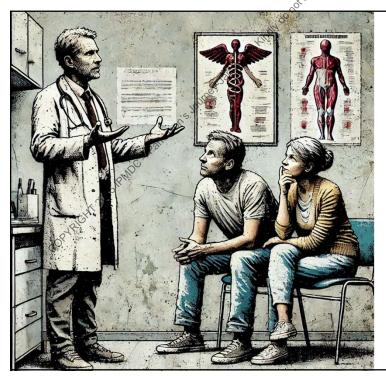






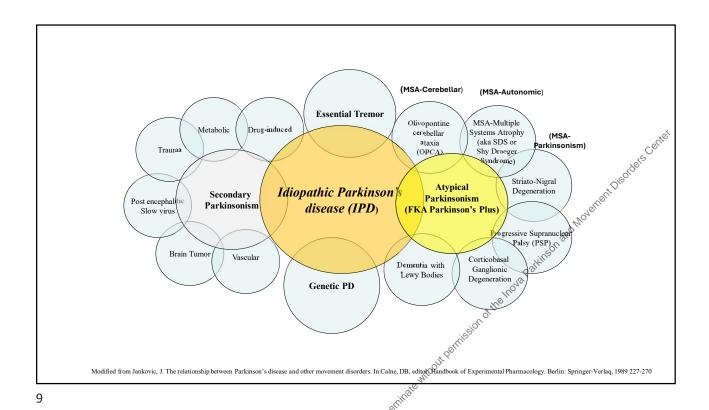






Why don't people know more about these diseases?

• Rarity of these conditions



Progressive
Suprainuclear
Patsy (PSP)

Multiple system atrophy (MSA-P | MSA-C |...)

Progressive supranuclear palsy (PSP)

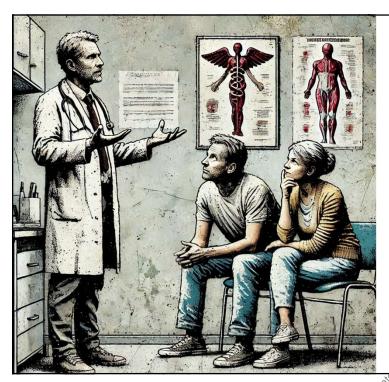
Corticobasal degeneration (CBD)

Diffuse Lewy body disease

Frontotemporal dementia with parkinsonism

Pallidal degenerations

Spinocerebellar ataxias (types 2,3,17)



Why don't people know more about these diseases?

- Rarity of these conditions:
  - · Limited training in medical education
  - Limited evidence, specifically on practical treatment issues
- Difficulties:

  - In timely diagnosis Accessing professionals with expertise expertise

11

# Challenges of diagnosis:



Diagnostic delays and confusion. 5

(Hesitation among doctors to deliver a diagnosis until certain).



The shock of shifting from a PD diagnosis to an atypical parkinsonism diagnosis.



Limited resources or guidance during the diagnostic process.

"It is mind boggling and honestly, I'd never even heard of PSP when it was first mentioned. I started to research as much as I could after the neurologist mentioned this might be what he had. I believe it was a NIH site that described PSP as a relentless neurodegenerative disease".

- Care partner for person living with PSP, 2025

"As for the hospice staff, none of them has ever worked with an individual with a PSP diagnosis. In fact, I'm not sure if they'd ever heard of it, but that is not surprising. I have yet to meet anyone who has heard of this".

- care partner for person living with PSP

"It's so frustrating to see that many therapists seem unfamiliar with my condition. They want me to do activities over and over and I get so tired for the & rest of the day. It makes an already challengings situation even harder."

– person living with MSA

13

Direct attention to disease-specific interventions.
Increase capacity:

Increase capacity to quickly

- Favor patient and family adherence to treatments.
- Adjust or set realistic appropriate goals
- Better communication with other health professionals





Number 2
Limited access to information and educational resources





Multiple System Atrophy

Multiple System Atrophy (MSA) is a neurodegenerative discrete that affects various organ systems in the body. These systems are involved in controlling movement, balance, and coordination, while others regulate blood pressure, bladder function, and several function. MSA affects both men and women, typically between the ages of 50 and 60. It in organization only 3 to 4 out of every 100,000 people.

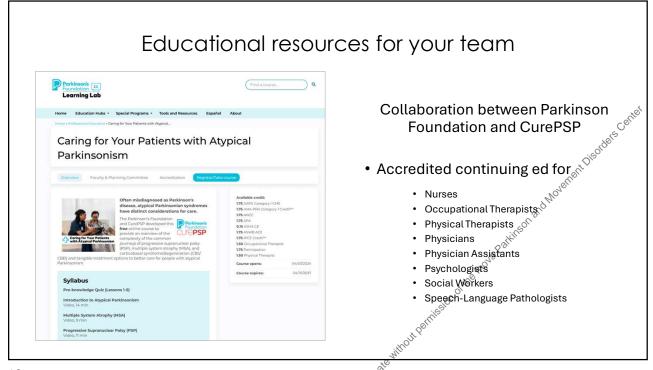
MSA is an "atypical" parkinsonism or political production. The affecting only 3 to 4 out of every 100,000 people.

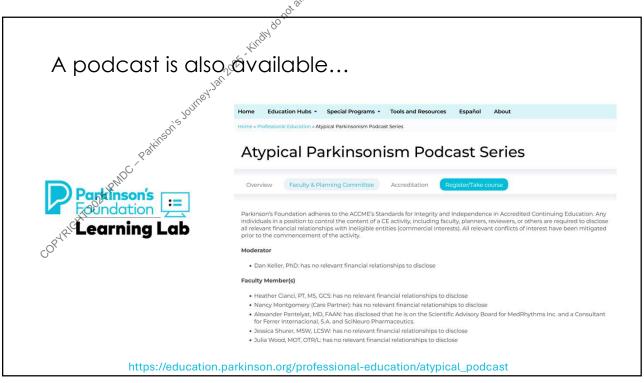
https://ipmdc.org/msa 🛟 Inova

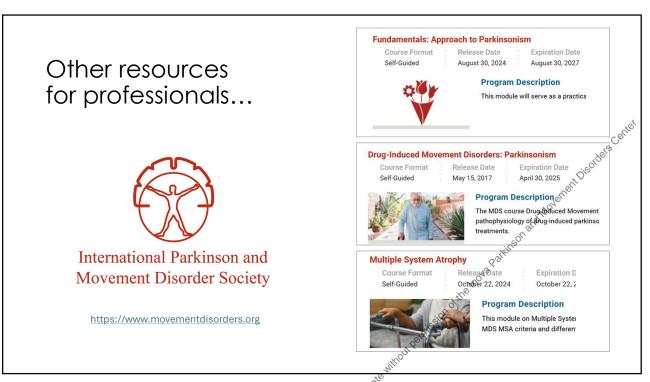
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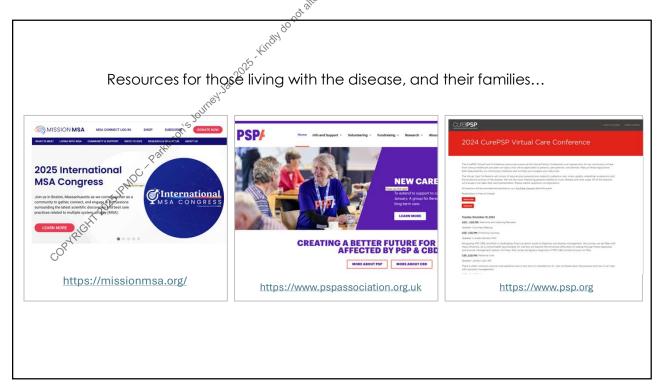
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ad allet copy of deserminate What Every CUTEPSP Social Worker Physical Therapist Occupational Therapist Speech-Language Pathologist Should Know About Find support in your journey Progressive Supranuclear Palsy (PSP) Corticobasal Degeneration (CBD) with PSP CBD or MSA A Comprehensive Guide ment Strategies PATIENT AND FAMILY INFORMATION PACKETS HEALTHCARE PROFESSIONALS INFORMATION PACKETS https://www.psp.org/ineedsupport/resources





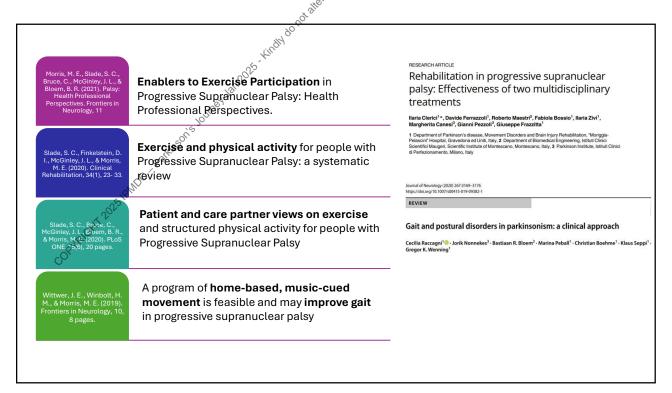


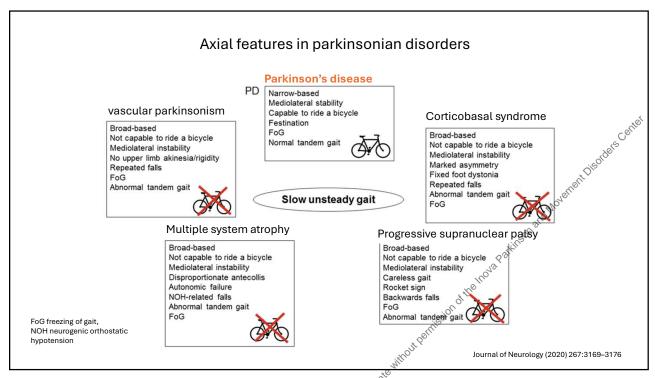




Any crisis situation make all these symptoms worse.







# Rent Spatros Lan 20 Company of the C

Training sitting and standing for Person with PSP

# Goal 1: Guidance in managing the disease for better safety & quality of life:

- Strategy training with families
- Recommendations on protective gear and assistive devices
- Modifications for the home







Goal 2: Maintaining standing and walking as long as possible

- gait training with therapist,

family, friends



29

# Goal 3: Keeping active at home with things you might already know

aller, copy, or dissaminate













**Amplitude-based PD-based programs** 

# Goal 4: Access to specialized physiotherapy at gym or home - PSP







Gym setting

31

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Median age at onset: ~55 years

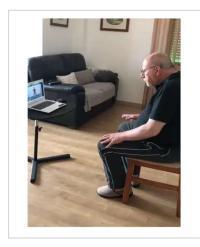
# Severe autonomic dysfunction + variable combination of:

- Parkinsonism, poorly levodopa-responsive
- Pyramidal signs MSA-P and MSA-C

Less cognitive impairment

Wenning GK, Braune S. 2001;15:839-852

# Keeping active at home with things you might already know

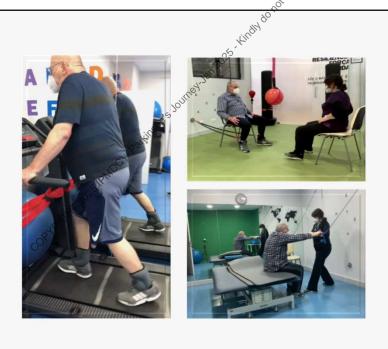


**Dance for PD program** 



Others – your community

33



Improving mobility with specialized physiotherapy at the rehab gym – (MSA-C)

"Every time we talk/see a new therapist we have to explain again about MSA symptoms and the disease, it is very frustrating". - Person with MSA

# Less conservative treatment options





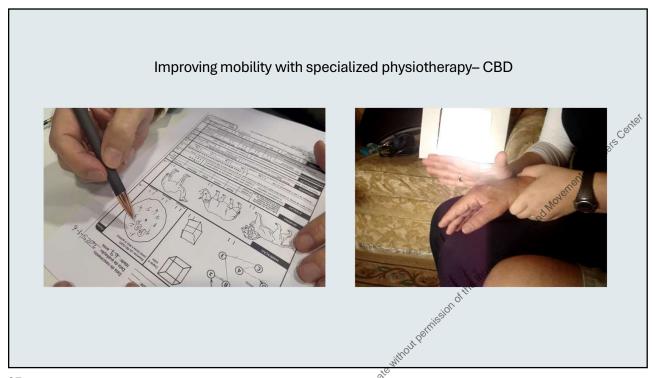
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Improving mobility with specialized physiotherapy at home – (MSA-C)









Number 3

Reput Severe challenges in key areas:

Mobility, Communication,

Swallowing, Personal Care

# TREATMENT OPTIONS

**SLP** 

Traditional speech therapy is less impactful but still helpful **Assistive Devices** 

Speechvive
External Speaker
Augmentative &
Alternative Comm
(AAC)

Vocal fold augmentation (?)

Probably not...

39

Self-management tips
for communication



- Slow down conversations
- Control noise (incl. visual noise)
  - Use proper lighting
- Personal amplification
- Favor global versus side conversations in groups
- Reduce or avoid talking in standing position or walking

# Addressing fluency issues incl. palilalia and "festinating" speech

# **Traditional techniques**

- Tapping
- Pacing boards and other techniques
  - · metronomes
- · Alphabet boards
  - Added benefit of visual prompt for context

## **Technology**

- · Delayed Auditory Feedback (DAF)
  - 50-200 ms
  - · Minimal adaptation
  - HOWEVER, minimal carryover
- · Incorporating pitch shifting
- Incorporate white noise, or pink noise to induce Lombard effect
  - Adaptation effect

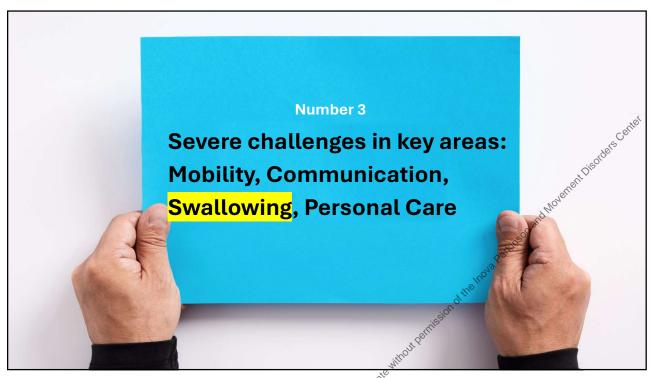
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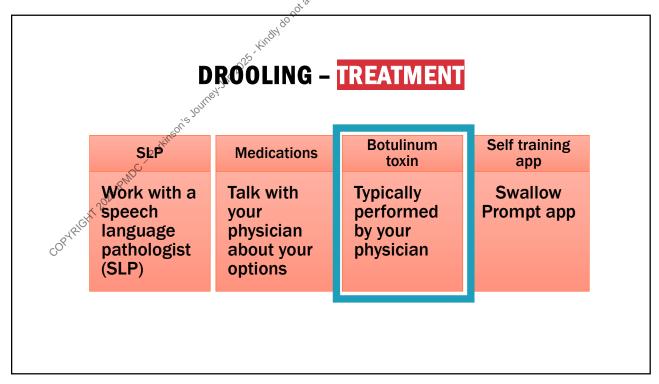
Augmentative and Alternative Communication (AAC)

Simple Communication Boards



Α	b	С	d	1	2
Ε	f	g	h	3	4
I	j	k	I	m	n
0	р	q	r	S	t
U	٧	W	Х	у	Z







# Example of self-management tips for drooling

- Preparatory swallow before talking
- Keep a towel nearby (incl. wristband trick).
  - Incl on pillow at night.
- Keep the mouth "busy"
   Ice cubes

  - Gum/hard candy?
- Agree on a discrete cue during mealtimes

45



# Advice for pill swallowing

- Take one pill at a time
- Take pills in a "puree" such as applesauce instead of water.
  - Avoid protein-rich purees like cottage cheese and yogurt
- Many meds can be crushed and mixed with applesauce or other purée

# **Improving Mealtimes**

### **ENHANCE BIOMECHANICS**



- Plates with prominent lips
- Built up utensils
- Anti slip mats
- Raise the height of plates (PSP-specific)

### **OPTIMIZE FOR ATTENTION**



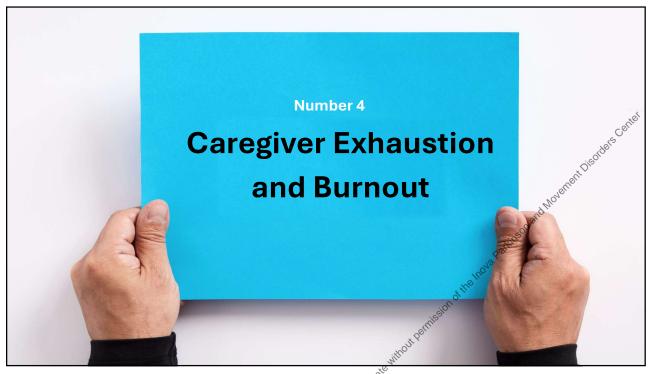
- Bright lighting
  - But not facing bright light
- High contrast
- Minimize distractions: Visual and auditory

47

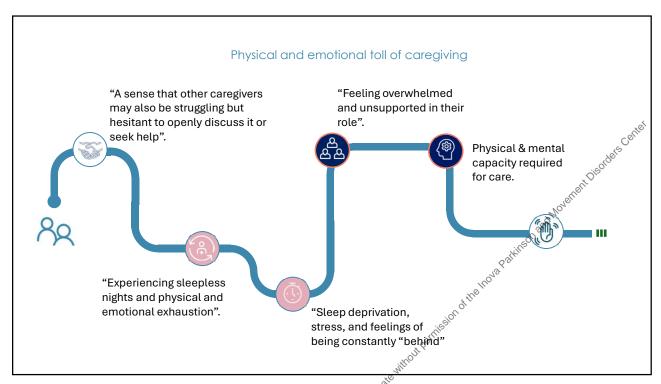


# Contending with impulsivity?

- Limit quantities on the plate
  - May require distraction techniques
- Smaller more frequent meals







An informed, inclusive, friendlier Society.

Connecting caregivers with a supportive community, share experiences, and advocate for greater awareness and resources.

More tailored educational resources, providing access to expert support, and offering training specific to each specific diagnose care.



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