

Speech-language therapy in an ageing population: current and future perspectives

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Probably still the largest part of speech-language services are dedicated to children, but our therapies for adults and elderly will or are increasing as a result from an ageing population worldwide. Estimates by the WHO show that in 2025 in some countries, including Greece, one third of the population is older than 60 years.

Except from physiological age-related changes like presbycusis or presbyphonia, do 'geriatric' disorders of language, speech, voice or swallowing exist? There is a wide range of neurovascular, neurodegenerative, neuromuscular, oncological, laryngological and respiratory diseases that may cause language, speech, voice and/or swallowing disorders in elderly, but when reviewing the epidemiological characteristic and diagnostic and treatment options, none of them seems to be typical for elderly patients, as demonstrated for example by those with young-onset Alzheimer's or Parkinson's disease. However, these disorders become more prevalent, while elderly patients suffer from more co-morbidity. Worldwide, views are changing leading to concepts like 'positive health' and 'successful ageing'. Many of our interventions for acquired speech, language and voice disorders – an extensive overview will be provided in the talk – still need a good evidence-base or differ profoundly between countries. Moreover, we are challenged to provide efficient, functional and personalized treatments for elderly patients with an increasing risk of cognitive decline and frailty, institutionalized or at home. New techniques like brain-computer interface (BCI) or repetitive transcranial magnetic stimulation (rTMS) are currently experimental, but might be beneficial in the future, possibly also for ageing brains.