

Background

Parkinson's disease (PD): 70-90% of people with PD develop hypokinetic dysarthria, characterized by imprecise articulation, speech rate abnormalities, monopitch/monoloudness¹. For some, speech impairment worsens following deep brain stimulation surgery².

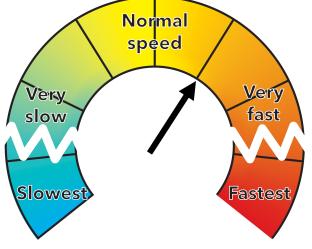
Speech rate reduction: Common therapeutic goals to improve speech intelligibility in people with PD & dysarthria³ and is associated with⁴⁻¹⁰:

- Increased segment durations
- Increased acoustic distinctiveness
- Increased speech intensity

Puzzle: Many people with PD and dysarthria do not see improvements in speech intelligibility when they slow their speech rate down¹¹. Faster speech is not necessarily associated with "worse" speech for some talkers with PD¹². Most studies have only elicited one or two speech rates³. What other speech changes are occurring when talkers change their rate of speech?

Methods

Participants & Experiment Participants Speech task "Please say aCVd again" * 3 groups Older Controls (n = 17) 24 nonce words PwPD w/out DBS (n = 22) • C: /p, t, k, b, d, g/ PwPD w/ DBS (n = 17) • V: /i, u, ae, a/ * Part of a larger battery of speech tasks Speech rate Blocked magnitude production: 7 rate conditions (habitual, 3 fast, 3 slow) elicited via magnitude production: "Please speak at a rate that feels 2x/3x/4x faster/slower" • Order: Habitual rate always elicited first. Modified rates were elicited in a graded order within a block (2x, 3x, 4x), and order of block (fast vs. slow) counter balanced. • Practice & facilitation: Participants underwent a brief practice period at the start of each condition. A practice utterance was recorded and played back every ~10 trials as an anchor to facilitate target rate production. Proportional rate: Actual speech rate was binned into 5 categories based on individuals' proportional rates.





Slowest | Slower | Habitual | Faster | Fastest

Acoustic changes along a modified speech rate continuum in Parkinson's disease Thea Knowles¹, Scott Adams^{2,3,4}, Mandar Jog⁴

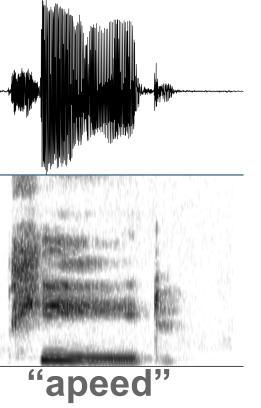
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Purpose

Explore the acoustic changes (phonatory and articulatory) that occur along a modified speech rate continuum for talkers with and without PD.



Analysis



Acoustic analysis

- Words per minute (WPM) of the carrier phrase
- Vowel intensity
- Vowel harmonics-to-noise
- 4-Vowel articulation index (QVAI)¹³
- Voice onset time (VOT)

Statistical analysis

 Modelled acoustic variables as a function of group, rate, and other variables of interest as appropriate using linear mixed effects regression^{14,15*}.

DV ~ Group*Rate + ... + (.../Participant) + (1/Item)

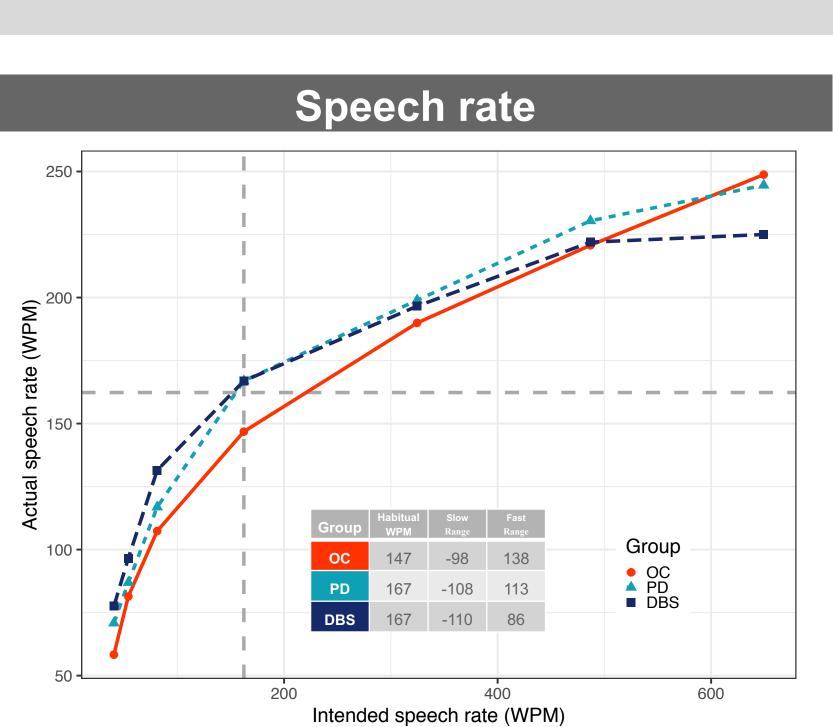
 Additional variables were iteratively added as appropriate (e.g., consonant voicing), and kept if model fit improved.

• Comparisons for primary variables of interest: • Group: 1) OC vs. Clinical (PD + DBS), 2) PD vs. DBS (Helmert contrasts)

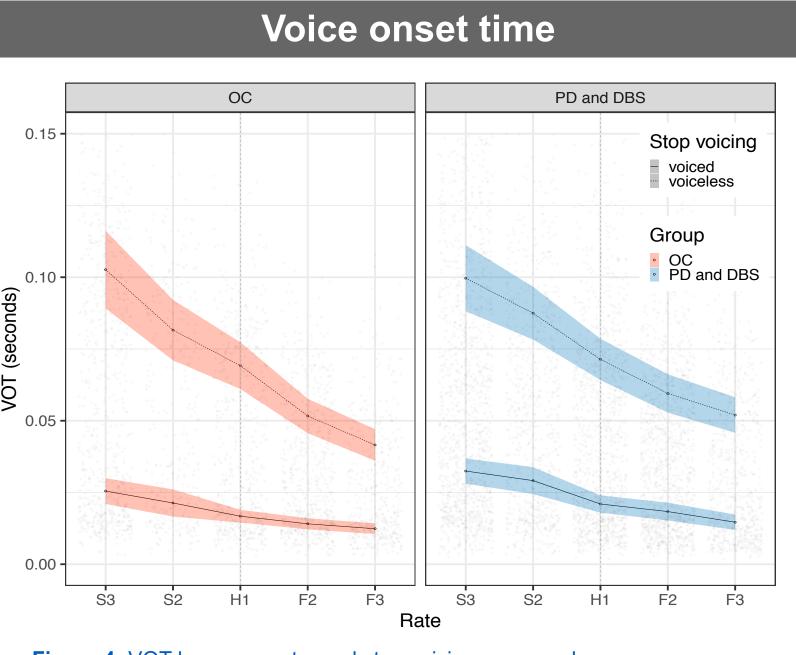
• **Rate**: Each proportional rate bin compared to habitual speech using treatment contrasts (slower, slowest, faster, fastest vs. habitual).

Post-hoc pairwise comparisons¹⁶ of individual variable levels.

*Exception: Speech rate group differences compared using Welch 2-sample t-tests.



- each other (n.s.).



Results & Discussion

Figure 1: Actual speech rate (WPM; y-axis) x intended speech rate (rate condition; x-axis). Grey dotted lines represent grand means.

• Habitual speech: Both PD groups had faster habitual speech rate than OC (p < 0.05). PD and DBS did not differ from one another (n.s.).

• Slow rates: Groups did not significantly differ from

• **Fast rates**: OC produced wider range than DBS group (p < 0.01). PD did not significantly differ from either of the other groups.

Figure 4: VOT by group, rate, and stop voicing, averaged across participants. Shaded band represents the 95% confidence interval.

• **Rate effect:** Overall, longer VOT in slower speech & shorter VOT in faster speech (p < 0.001). • **Group effect:** OC > PD > DBS (p = 0.02 – 0.06) • **Group x rate:** No significant interaction.

• Group x rate x voicing: OC showed greater voicing contrast at their slowest rates (p < 0.05), and smaller voicing contrast at all faster rates. PD & DBS did not differ from one another. Pairwise comparisons showed group differences were usually greatest for voiced stops.

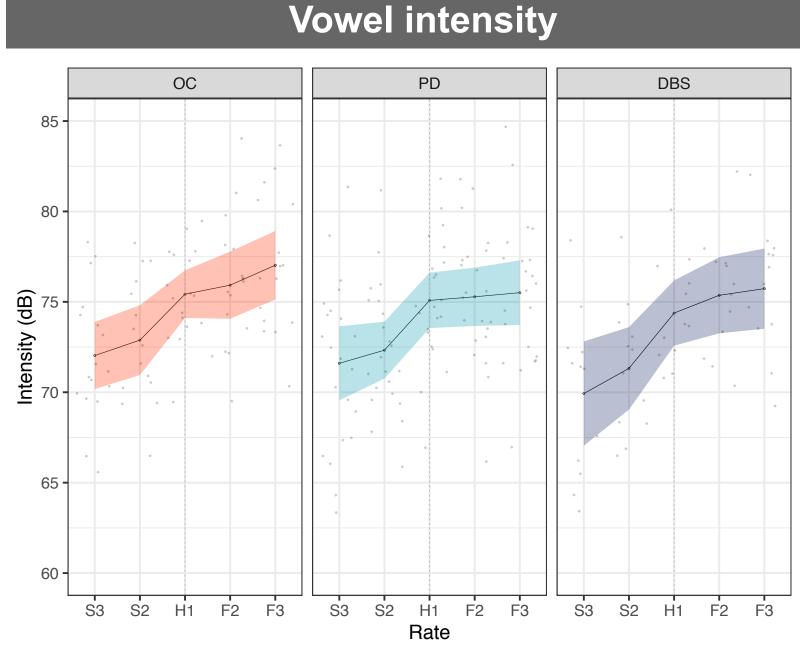


Figure 2: Vowel intensity (dB) by speaker group and speech rate, averaged over participants. Shaded band represents the 95% confidence interval.

- **Rate effect:** Overall, Compared to habitual speech, all groups demonstrated lower speech intensity at slower rates (p < 0.001) and did not significantly differ at faster rates.
- Group effect: No significant group differences.
- **Group x rate:** Overall, DBS showed steeper decline in slow speech (p < 0.001).

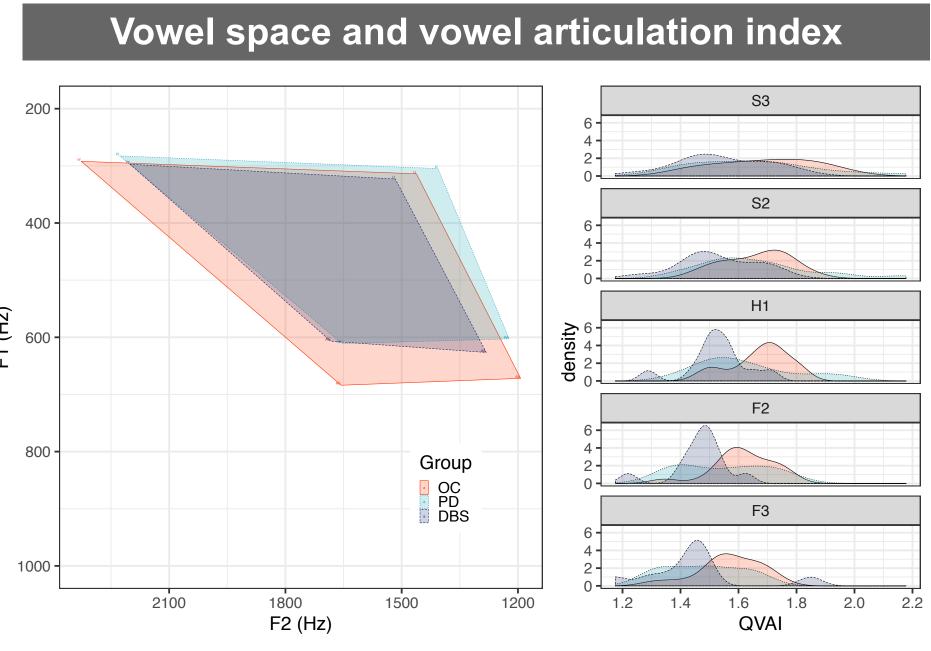


Figure 5: Left: Vowel polygons produced in the first and second formant space by each speaker group. *Right*: density plots showing the distribution of QVAI for each group at each rate (ordered top to bottom from slow to fast).

- **Rate effect:** Smaller QVAI in fast speech (p < 0.001), trend for larger QVAI in slow speech (p = 0.04 - 0.12).
- **Group effect:** OC > PD > DBS (p < 0.05).
- **Group x rate:** No significant interactions.
- More variability of QVAI at slower rates (flatter distribution in Panel B).

References available upon request



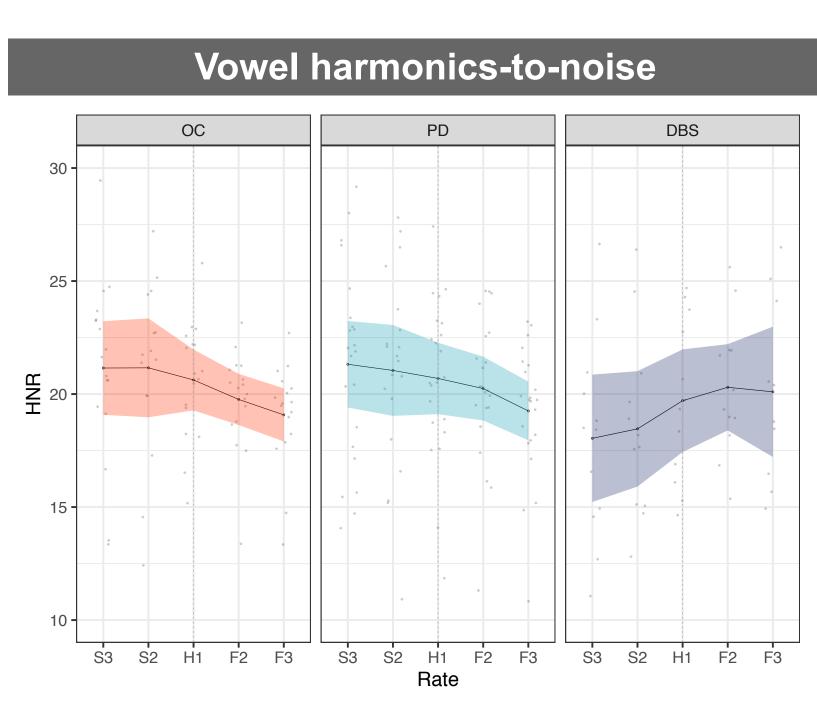


Figure 3: Vowel harmonics-to-noise ratio by speaker group and speech rate, averaged across participants. Shaded band represents the 95% confidence interval.

- Rate effect: Overall, Compared to habitual speech, talkers produced worse voice quality (higher HNR) at most modified rates (p < 0.001 - 0.08).
- **Group effect:** No significant group differences.
- Group x rate: OC & PD demonstrated better voice quality in slow speech (p < 0.001 - 0.03) and a n.s. trend for worse voice quality in fast speech. DBS group showed opposite effect.

Summary

Across a rate continuum, PwPD:

- Made *similar* proportional adjustments to their rate of speech from very slow to very fast when compared to older controls.
- Made smaller adjustments in consonant voicing distinctiveness at both slower and faster ends of the continuum.

At slower rates:

• Quieter, poorer quality speech for all talkers (and especially those with DBS).

At faster rates:

- Phonatory and vowel space changes did not significantly differ compared to habitual speech.
- Some talkers with DBS actually became louder and had better voice quality.

