

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
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بالرسالة صفحات
لم ترد بالأصل



B1-V-C-V

Communicative Disorders in Geriatrics

An Essay Submitted for Partial Fulfillment of the
Master Degree in Phoniatics

By

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بسم الله الرحمن الرحيم

**قالوا سبحانك لا علم لنا إلا ما علمتنا،
إنك أنت العليم الحكيم**

صدق الله العظيم

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List of Abbreviations

C:	Cervical vertebra
CAPD:	Central auditory processing deficit
CE:	Conus elasticus
CHABA:	Committee on Hearing, Bioacoustics and Biomechanics
dB:	decibel
EGG:	Electroglottography
Fo:	Fundamental frequency
GERD:	Gastro-esophageal reflux disease
H/N:	Harmonic-to-noise ratio
IOPI:	Iowa Oral Performance Instrument
kPa:	Kilopascals
MPD:	Maximum phonation duration
MPFR:	Maximum phonation frequency range
OQ:	Open quotient
PB:	Phonetically balanced
PIPB:	Performance-Intensity Function for Phonetically balanced words
SFo:	Speaking fundamental frequency
SL:	Sound level
SQ:	Speed quotient
SSI-ICM:	Synthetic sentence identification in the presence of ipsilateral competition message
T:	Thoracic vertebra
TOTs:	Tip of the tongue experiences
UES:	Upper esophageal sphincter

According to *Shindo and Hansen (1990)* vocal disorders are considered a common dysfunction associated with aging, that can have a significant effect on quality of life. Advancing age produces physiological changes that may alter voice. Some of these changes are inevitable; others may be avoidable or reversible. An understanding of the causes of vocal dysfunction in the elderly is a first step for providing better care for the geriatric patients with complaints about voice dysfunction.

Aging in the larynx affects the cartilages, connective tissue, blood supply, secretions and muscles. All these changes will affect the vibratory characteristics of the vocal folds as well as the perceptual, acoustic, and physiological voice signs (*Colton and Casper, 1996*).

There has been far too little researches on how aging affects many aspects of language production or processing. Also little is known about how aging affects language errors at syntactic, semantic and phonological levels; how word order variation and attachment ambiguities are affected by normal aging (*Burke, 1997 and James et al., 1998*).

Changes in language production in old age carry practical as well as theoretical significance, because language production is a critical component of interpersonal

communication. If aging impairs language production this may disrupt interpersonal communication and contribute to social isolation (*Ryan et al., 1994*).

As reported by *Schunknecht (1964)* the aging process is perhaps the most common cause of hearing impairment. Presbycusis is described as accumulation of age related degenerative changes within the auditory system. In its most common form, presbycusis is a gradual process initially affecting hearing sensitivity for higher frequencies of pure tone audiogram. During its early stages, most individuals are unaware of the loss, but as the deficit progresses, the ability to understand speech, specially in the presence of background noise, becomes increasingly impaired.

The prevalence of swallowing impairment increases with age and is a major health care problem in the elderly. It has been assumed that age-related changes in nerves and muscles interfere with muscle strength and coordination of swallowing. It is found that elderly demonstrated significant differences compared with young individuals as regard to all phase of swallowing (*Hakan et al., 1996*).

A number of age-related changes has been noted in the oral, pharyngeal, and oesophageal structures that play a role in