
This version is available at https://strathprints.strath.ac.uk/38756/

Strathprints is designed to allow users to access the research output of the University of Strathclyde. Unless otherwise explicitly stated on the manuscript, Copyright © and Moral Rights for the papers on this site are retained by the individual authors and/or other copyright owners. Please check the manuscript for details of any other licences that may have been applied. You may not engage in further distribution of the material for any profitmaking activities or any commercial gain. You may freely distribute both the url (https://strathprints.strath.ac.uk/) and the content of this paper for research or private study, educational, or not-for-profit purposes without prior permission or charge.

Any correspondence concerning this service should be sent to the Strathprints administrator: strathprints@strath.ac.uk
Assessing dysarthria using variability measures from audio recordings

Frits van Baren & Anja Lowit
Division of Speech and Language Therapy, University of Strathclyde, Glasgow, UK.
Contact: frits.baren@strath.ac.uk  a.lowit@strath.ac.uk

Introduction

Characterization of motor speech disorders (MSDs):
- Clinical diagnosis primarily based on auditory-perceptual information → subjective and difficult to quantify.
- Possible alternative: analyze variability in speech motor movements based on audio data

Using variability measures in speech:
- Quantify the variation in temporal and spatial events in speech over a series of repetitions of an identical articulatory movement.
- Spatio-temporal Index (STI) = combined index of temporal and spatial variability.
- Functional Data Analysis (FDA): spatial and temporal variability separately quantified.

Research questions:
1. Can FDA detect sub-clinical signs of impaired speech motor control in speakers with Parkinson’s Disease?
2. Is it possible to differentiate speakers with ataxic dysarthria based on severity of the speech disorder?

Methodology

Participants

- Five speakers with Parkinson’s Disease and mild hypokinetic dysarthria (PD): five male, aged 75-76.
- Five speakers with various neurological diseases and mild ataxic dysarthria (ATD-A): two male, three female, aged 44-70.
- Five speakers with various neurological diseases and moderate to severe ataxic dysarthria (ATD-B): four male, one female, aged 37-58.
- Ten speakers without a speech disorder (CON): eight male, two female, aged 36-80.
- Severity was assessed by a 9-point scalar of listener effort (9 = fully understandable, 1 = able to understand nothing; 5 = able to understand around 75%); [4]
- Severity range: PD 7-9 | ATD-A 8-9 | ATD-B 2-5.

Variability analysis:
- Repetition of the phrase: “Tony knew you were lying in bed” around 20 times.
- Speaking conditions: Habitual and Fast.
- Fast rate: twice the normal speech rate as judged by the participant.

Instrumentation and analysis

- Audio data collected with portable wave-recorder and head mounted microphone.
- Annotation and extraction of Amplitude envelopes, F0 and F1 tracks in audio signal of sentence repetitions.
- Functional Data Analysis:
  - Annotation
  - Contour extraction
  - Normalizing Temporal variability
  - Phase variability

Discussion

- In general, the small and heterogeneous nature of the groups account for large within-group variability, obscuring detection of differences between groups and speaking conditions.
- Question 1: Can FDA detect sub-clinical impairments of motor control in PD speakers?
  - Yes, a significant increase in F1 variability and trends towards increased Amplitude variability and decreased F0 variability.
  - Also expressed in a different relationship of variability amongst speech parameters.
  - → Might reflect emerging signs of hypokinetic dysarthria, i.e. improve articulation (F1), poor loudness control (Amplitude) and monoplexia (F0).
- Question 2: Can FDA detect speech motor problems in ataxic dysarthria and reflect differences in severity?
  - Detection: Yes, an increase in temporal and spatial variability in Amplitude, F0 and F1 for both mild and moderate speakers with ataxia.
  - Differentiation: Yes, an increase in dysarthria severity is related to an increase in temporal variability.
  - → reflecting impaired timing of speech motor movements associated with cerebellar dysfunction.

References