DIGITAL VOICE ANALYSIS IN PARKINSON'S DISEASE





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Background. Voice abnormalities occur in up to 70% of patients with PD during the course of their disease leading to significant functional disability, loss of communication skills and social isolation. Articulation, rate, prosody and phonation are the typical speech components affected in PD and represents targets for treatment strategies. Currently available measures of voice alterations are often descriptive and qualitative.

Objectives. To quantitatively characterize voice abnormalities in patients with PD using computerized digital voice analysis.

Methods. We performed prospective digital voice recording using non specific 30-60 seconds speech tasks in 24 unselected Hebrew speaking PD patients, 12 healthy controls, and 10 patients with other neurological diseases. Percent-average (F/AVG) and percent-maximal (F/MAX) voice intensities at each voice frequency were analyzed using INSTINCTONE software. These measurements represent fundamental normalized voice parameters. Statistical analysis was done using Fisher exact test, Spearman correlation test and ROC curve.

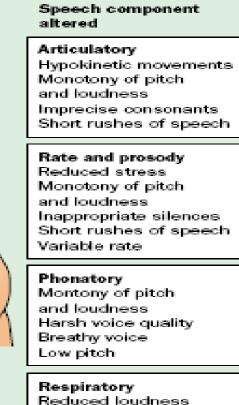
Results. Characteristic digitalized voice abnormalities in PD include low F/AVG at 220 and 440 Hz observed in 92% of the patients and in 25% of healthy controls, and high F/MAX variability between 390-450 Hz in 96% of the patients and in 25% of healthy controls. Similar changes were detected in only 30% and 50% of patients with other neurological diseases. Sensitivity of these findings is 91% (p<0.05) and specificity is 75% (p<0.05). Correlation to the PD severity expressed as UPDRS is 0.4882 (p<0.05).

Conclusions. Digital voice analysis can be easily performed in evaluation of patients with PD. Low F/AVG at 220-440Hz and high F/MAX variability between 390-450Hz represent characteristic alterations in PD. Possible future applications include aid in early diagnosis and monitoring of the treatment.

- Voice = sound waves of various frequencies and intensities
- The normal voice **frequency** is: 60 Hz 18,000 Hz
- The normal voice intensity is: 65-96 dB
- The choice of sound wave frequency and intensity is mostly a reflex instinctive and involuntary

VOICE ABNORMALITIES IN PD Anatomical substrate Supralaryngeal level Jaw Lips Tongue Velum Pharynx Lamater Management Anatomical substrate Articulat Hypokine Monoton and loud Imprecise Short rus Rate and Reduced Monoton and loud

Infralaryngeal level



PATIENTS' CHARACTERISTICS:

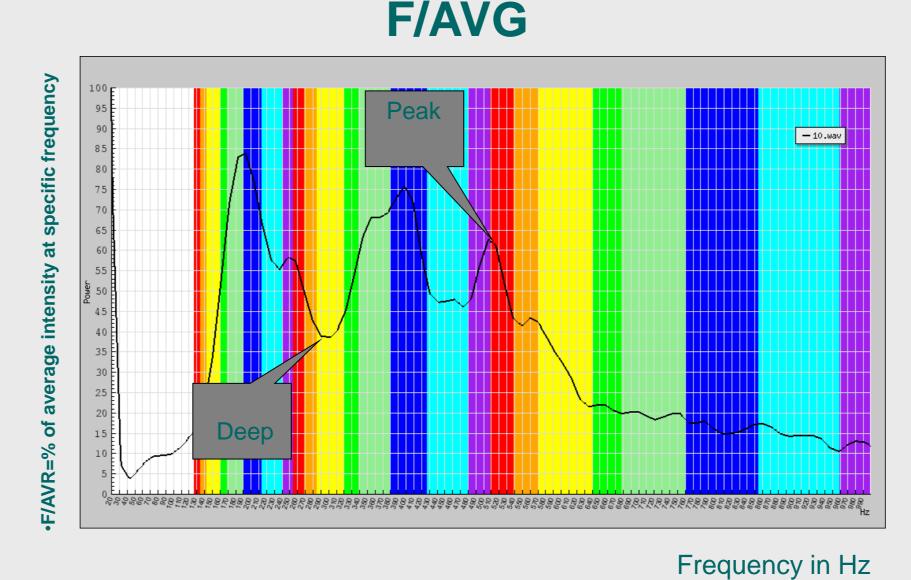
Parkinson's disease

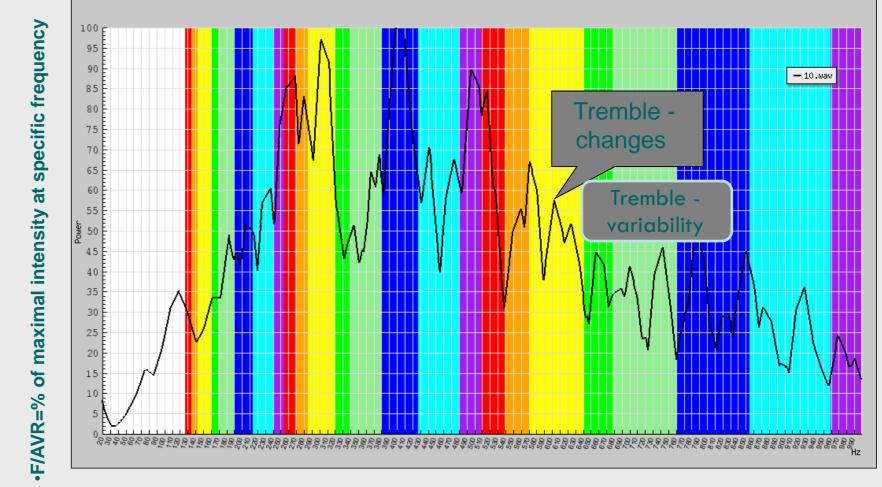
Age 68.5 (mean); F/M – 9/15; Hoehn & Yahr stage: 13 pts – 1; 7 pts – 2; 4 pts - 3 UPDRS: Mean 52.5 (range 16-132)

Treatment: 6-ReQuip, 18-Dopicar(Levopar), 3- Stalevo, 6-Jumex, 3- PK Merz, 4-Sinemet CR, 2-Dekinet, 9- Comtan, 1-Pergolide, 3-Azilect; 3 newly diagnosed Other neurological diseases

Essential Tremor -1, Torticollis-1, Alzheimer's Disease-1, Partial Epilepsy-1, Cerebrovascular Disease -1, Multiple Sclerosis -1, Benign Positional Vertigo-1, Myelopathy (paraparesis) -2, Peripheral Sensory-Motor Neuropathy -1

Representative Normal Voice using the INSTINCTONE Software F/AVG





Frequency in Hz

Large F/AVG Deep at 220 (+\- 20) and 440 (+\- 40) Hz

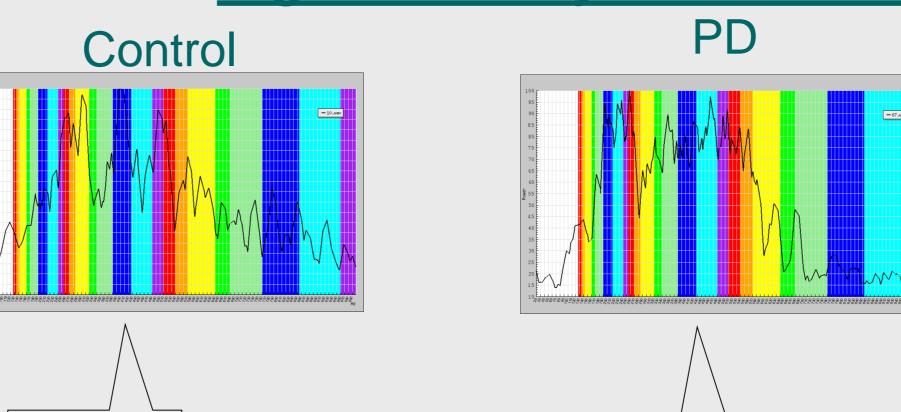
Control

| 220+\- | 440+\- | 20 Hz | 40 Hz | 40 Hz | 10 Hz | 40 Hz | 10 Hz | 1

- PD 92%
- Healthy 25%
- Other neurological Diseases 30%
- Specificity 91.3%
- Sensitivity 75%
- Correlation to the UPDRS 0.4882 (p<0.05)

High Variability F/MAX Trembles at 390-450 Hz

390-450 Hz



390-450 Hz

- PD 96%
- Healthy 25%
- Sensitivity 91.3%
- Specificity 100%
- Correlation to UPDRS 0.4882 (p < 0.05)