SYMPTOM

Speech impairment in adults

Speech impairment is difficulty speaking clearly, smoothly, or with normal control.

WHAT IT FEELS LIKE
Words sound slurred, slow, stuck, or hard to form

WHERE IT IS FELT
Mouth, tongue, throat, voice box, or speech-control brain areas

MOST COMMON CAUSES
Dental problems, medicine effects, hearing loss

WHEN IT IS URGENT
Sudden speech trouble, especially with facial droop or weakness

USUALLY LASTS
Minutes to long-term, depending on the underlying cause

SEE A DOCTOR IF
New, persistent, worsening, or interfering with eating or communication

Overview

Speech impairment means having difficulty producing clear, controlled, or fluent speech. Your words may sound slurred, slow, unusually quiet, broken up, or difficult to start. You may know exactly what you want to say but struggle to make the sounds.

Speech depends on coordinated signals between the brain, nerves, breathing muscles, voice box, tongue, lips, and jaw. A problem affecting any part of this system can change how you speak.

Speech impairment is not the same as a language problem. Language problems can make it difficult to find words, understand speech, read, or write. However, speech and language difficulties can happen together. A sudden problem with either speech or language can be a sign of a medical emergency.

What it may feel or look like

Speech changes can be mild or easy to notice. They may be constant, come and go, or become more obvious when you are tired.

You or other people may notice:

Dysarthria is speech that becomes unclear because the muscles used for speaking are weak or poorly controlled. Apraxia of speech means the brain has difficulty planning the movements needed to produce sounds. Stuttering affects the flow and timing of speech.

Hoarseness mainly affects the voice rather than speech itself, although the two problems can overlap.

- Slurred, mumbled, slow, or unusually rapid speech
- Difficulty moving your tongue, lips, or jaw
- Long pauses or trouble starting words
- Repeated sounds, syllables, or words
- Speech that sounds strained, nasal, breathy, or very quiet
- Uneven rhythm, pitch, or volume
- Words coming out differently from how you intended
- Needing to repeat yourself often

Common causes

Speech changes have many possible causes. The pattern, timing, and other symptoms help narrow them down.

Common causes and contributors include dental problems, missing teeth, poorly fitting dentures, dry mouth, hearing loss, fatigue, and alcohol use. Some medicines can cause sleepiness, muscle stiffness, tremor, or poor coordination that affects speech. Do not stop a prescribed medicine without medical advice.

A stutter that began earlier in life may continue into adulthood or become more noticeable during stress, excitement, or tiredness. Stress can worsen an existing speech problem, but a new speech change should not automatically be attributed to anxiety.

Neurological conditions can affect the brain, nerves, or muscles involved in speaking. Examples include a previous stroke, Parkinson's disease, multiple sclerosis, and some forms of dementia. Speech may also change after surgery, a brain injury, or treatment involving the mouth or throat.

Less common causes include apraxia of speech, movement disorders affecting the face or voice box, nerve and muscle diseases, and growths affecting the brain, mouth, or throat. These conditions usually cause other signs or a gradually changing pattern.

Urgent causes include stroke, a temporary interruption of blood flow to the brain, low blood sugar, seizure, serious head injury, or poisoning. Migraine can sometimes affect speech, but a first or unusual episode still needs urgent assessment because it can resemble a stroke.

When to seek medical care

Call emergency services immediately if speech difficulty begins suddenly. This is important even if the problem is mild or goes away. Temporary symptoms can be caused by a transient ischaemic attack, sometimes called a TIA or "mini-stroke."

Treat speech difficulty as an emergency when it occurs with:

Do not drive yourself if a stroke or other emergency is possible.

Seek same-day medical advice for a new speech change developing over hours or days, rapid worsening, or speech problems after starting or changing a medicine. New coughing, choking, or a wet-sounding voice during meals also needs prompt assessment because swallowing may be affected.

For routine care, book an appointment if the change persists, keeps returning, becomes more noticeable, or interferes with work, relationships, eating, or daily activities. Longstanding speech difficulties can also be assessed if you would like support.

- Facial drooping or weakness on one side
- Arm or leg weakness, numbness, or poor coordination
- New confusion or trouble understanding words
- Sudden vision loss, severe headache, dizziness, or loss of balance
- A seizure, collapse, or serious head injury
- Severe choking, breathing difficulty, or inability to swallow
- Possible overdose, poisoning, or very low blood sugar

How the cause is found

A healthcare professional will ask when the change started, whether it was sudden or gradual, and whether it is constant or intermittent. They may ask about injuries, dental problems, alcohol, medicines, and conditions affecting the brain, nerves, muscles, hearing, or voice.

An examination may check your face, mouth, tongue, strength, coordination, hearing, and ability to understand or form words. You may be asked to repeat sounds, read aloud, describe a

picture, or hold a note.

A speech and language therapist can assess clarity, rhythm, voice, language, and swallowing. Depending on your symptoms, further tests might include blood tests, a hearing test, brain imaging, or a swallowing assessment. Not everyone needs all of these tests.

Treatment and self-care

Treatment depends on the cause. Dental treatment, hearing support, or reviewing a medicine may help in some cases. Neurological or muscle conditions may need their own treatment and ongoing monitoring.

Speech and language therapy can help you practise clearer sounds, adjust speaking speed, strengthen safe communication habits, and make better use of breathing and voice. If speaking remains difficult, communication boards, writing, text-to-speech tools, or electronic devices may help.

While waiting for assessment, you may find it useful to:

Do not begin mouth or tongue exercises without guidance. The right exercises depend on the type of speech problem. If eating or drinking causes coughing or choking, seek medical advice rather than changing food texture on your own.

- Speak in a quiet place and reduce background noise
- Use short phrases and allow extra time
- Pause between ideas rather than forcing words out
- Use writing, gestures, or a phone when needed
- Ask people to repeat what they understood
- Avoid alcohol if it makes the problem worse

What to expect

The outlook depends on what caused the speech change, how severe it is, and whether the cause can be treated. Problems related to fatigue, dental issues, alcohol, or medicine effects may improve when the trigger is addressed.

Recovery after stroke or injury can continue over time, often with rehabilitation and regular practice. Some neurological conditions cause ongoing or progressive changes. In these cases, therapy can focus on maintaining communication and introducing helpful devices before they

are urgently needed.

Improvement may be gradual. Keeping notes about when speech is better or worse, associated symptoms, and recent medicine changes can make an appointment more useful.

Common questions

Is slurred speech always a stroke?

No. Slurred speech can have several causes, including alcohol, medicines, dental problems, and neurological conditions. However, sudden unexplained slurred speech must be treated as a possible stroke.

Can stress affect speech?

Yes. Stress can worsen stuttering, muscle tension, or an existing speech problem. It should not be assumed to explain a new or suddenly different speech pattern.

Can speech problems affect swallowing?

They can. Speech and swallowing use some of the same nerves and muscles. Coughing, choking, repeated chest infections, or a wet-sounding voice during meals should be assessed promptly.

Who treats speech impairment?

Your first assessment may be with a primary care professional or emergency team, depending on how the symptoms began. A speech and language therapist often provides detailed assessment and therapy. Dentists, hearing specialists, neurologists, or ear, nose, and throat specialists may also be involved.

Sources

- Centers for Disease Control and Prevention: Signs and Symptoms of Stroke
- National Institute on Deafness and Other Communication Disorders: Apraxia of Speech
- American Speech-Language-Hearing Association: Dysarthria in Adults
- American Speech-Language-Hearing Association: Acquired Apraxia of Speech
- NHS: Dysarthria-difficulty speaking