INTRODUCTION

“Elderspeak” (or “baby talk”) is a kind of speech characterized by speaking slower and/or louder, using simplified sentences, a patronizing tone etc., when talking to an elderly individual. It is not without consequences for older people: they can feel powerless and experience lower self-esteem.

**Mains**: (1) to analyze if more characteristic of elderspeak is observed when participants have to explain a treatment to older patients in comparison to younger ones; (2) to observe if elderspeak is linked to aging view: our hypothesis is that participants with a negative aging view will speak with more characteristics of elderspeak.

METHODOLOGY

**Participants**: 20 physicians and 20 students in medicine.

**Methodology**: They have to record a podcast where they explain hormonotherapy to a fictional patient, (40 vs 70 years old) suffering from a breast cancer. Their aging view is measured by two scales (the FSA-R and the Aging Semantic Differential). We analyzed several measures of speech, as verbal fluency, grammatical complexity, semantic content and vocal analysis.

RESULTS

**Linguistic measures**: The number of words is smaller (p = .048), the mean length of utterance (MLU) is shorter (p = .003), the debit is slower (p = .027) and there is more repetitions (p = .003) when participants talk to older patients in comparison to younger ones. By contrast, the number of utterances is the same (p = .23), there is no difference concerning grammatical complexity (p = .44), lexical diversity (p = .57) and the highest, lowest and mean pitch (all p > .06).

**Content analyses**: When they talk to an older patient, in comparison to a younger patient, participants evoked less side effects (p < .001) and more accurately they avoid more frequently or minimize consequences of sexuality issues (p < .001) and skin dryness (p = .047).

**Link with aging view**: The reduction of length of utterances and of debit was observed for older patients when participants have a positive aging view (respectively, p < .001 and p < .01) but are the same for both patients (40 and 70-years old) when they have a negative aging view (p > .21). Moreover, the MLU and the debit are the same for older patients, whatever participants’ aging view (p > .28) but MLU is shorter and debit is slower for younger patients when participants have a negative aging view (p < .01)

CONCLUSION

Participants with a negative aging view seem to consider a 40 year-old patient already “old” and so already adapt their speech. This adaptation is still presents when they have a positive aging view but only for a 70-year-old patient, which can lead us to talk about “benevolent ageism”: participants speak slower and reduced their sentences in expecting to enhance speech comprehension. However, previous studies has shown that such adjustments have negative consequences for elderly: it brings negative self-assessments of communicative competence.

References: