

APHASIA AWARENESS

Summer 2014 Newsletter

LET'S TAKE A LOOK AT THE FACTS

*Aphasia affects 1 in 250 people

* Aphasia is most common among older people, it can occur in people of all ages, races, nationalities and gender

*25-40% of stroke victims have aphasia

*There are many different types of aphasia and each type can cause impairment that varies from mild to severe

*up to 60% of people with aphasia will continue to have language impairments after 6 months

JUNE: NATIONAL APHASIA AWARENESS MONTH

What is it? Aphasia is an acquired neurogenic language disorder affecting the production or comprehension of speech and the ability to read or write. Aphasia results from an injury to the brain-most commonly from a stroke but could also arise from head trauma, brain tumors or infections. The injury is usually in the left hemisphere of the brain which can affect language in one or all modalities. Aphasia is not a single disorder, but instead is a family of disorders that involve varying degrees of impairment in four primary areas:

- spoken language expression
- spoken language comprehension,
- written expression, and
- reading comprehension

FREQUENTLY ASKED QUESTIONS:

Q: Are all symptoms of people with aphasia the same?

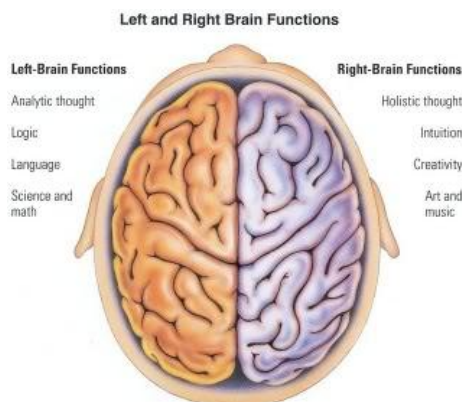
A: Aphasia symptoms vary across individuals and depend on the neural regions and severity of damage. Aphasia can be so severe as to make communication with the patient almost impossible, or it can be very mild. Examples of specific impairments in each modality are discussed on page 2.

Q: Can people recover from aphasia?

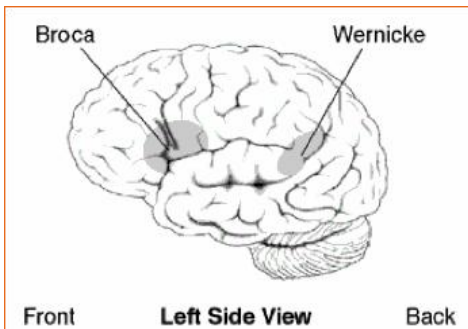
A: If the symptoms of aphasia last longer than 2-3 months after onset, a complete recovery is unlikely. However, it is important to note that some people continue to improve over a period of years. Improvement is a slow process that involves both helping the individual and family understand the nature of aphasia and learning compensatory strategies for communicating.

Q: Does Aphasia affect a person's intelligence?

A: NO. A person with aphasia may have difficulty retrieving words and names, but the person's intelligence is basically intact. It is the ability to access ideas and thoughts through language that is disrupted - not the ideas and thoughts themselves.



“The most important thing in communication is hearing what isn't being said.” – Author Unknown



A CLOSER LOOK AT IMPAIRMENTS

Very often, a person with aphasia experiences both expressive and receptive difficulties, but each to varying degrees. Broca's aphasia is often referred to as nonfluent or expressive aphasia, while Wernicke's aphasia is also referred to as fluent or receptive aphasia. These are just two of the many types of aphasias so let's take a closer look at the specific impairments:

- Verbal expression impairments may include difficulty finding words (anomia), speaking in single words, omitting words from sentences (telegraphic speech), putting words in the wrong order, substituting words and/or sounds and using made up words (jargon).
- Auditory comprehension impairments may include difficulty understanding spoken utterances, providing unreliable answers to "yes/no" questions, failing to understand complex grammar (e.g., The dog was chased by the cat) and lacking awareness of errors.
- Reading comprehension impairments (alexia) include difficulty comprehending written material, difficulty recognizing some words by sight and inability to sound out words.
- Written language impairments (agraphia) include difficulty writing or copying letters/words/sentences, writing single words only, substituting incorrect letters or words, spelling or writing nonsense words and writing sentences with incorrect grammar.

TREATMENT

Speech-language pathologists are responsible for evaluating and treating people with aphasia. In general, the aim of aphasia treatment includes restoring language abilities by addressing all impaired communication modalities and focusing on training in those areas in which a person makes errors. Assistive communication devices may be necessary for the individual if symptoms are severe.

MORE INFORMATION AND RESOURCES

The content of this newsletter was gathered from the websites listed below. Visit these resources to obtain more information:

www.asha.org

www.aphasia.com

www.aphasia.org

-----This newsletter was brought to you by Stephanie Schmits, M.S., CCC-SLP-----

COMMUNICATION TIPS

- *Get the individual's attention before you speak
- *Minimize or eliminate background noise
- *Keep your own voice at a normal level
- *Give the individual time to speak
- *Simplify sentence structure and reduce your rate
- *Resist the urge to finish their sentences
- *Communicate with pictures, gestures & writing
- *Praise all attempts to speak and downplay any errors
- *Engage in normal activities whenever possible
- *Involve the individual in decision making