APHASIA
Information for Patients and Families

What is aphasia?

Aphasia is a problem of language and communication that makes it difficult to understand or produce speech. It may also affect reading and writing ability. Aphasia affects about 30% of people who have had a stroke.

Simply put, our brains have two main parts responsible for language. One part is for understanding language through reading or listening. The other part is for expressing language by writing or speaking.

Adapted from: http://library.thinkquest.org/4371/media/nervoussys2.jpg
How does aphasia affect people?

Just how aphasia affects each person depends on the part of the brain that is damaged by the stroke and how much damage there is.

Some people experience mild aphasia and have difficulty expressing themselves. For example, they may have difficulty finding a word to describe an object. So they may say the beginning of a sentence, such as "I would like to have a...", and then pause, and it will seem like they are searching their brain for the right word.

Some people experience severe aphasia and have greater difficulty expressing themselves. They may not even be able to say any words at all. They can struggle to say what they are thinking because the words do not come out. Often this person has a good understanding of what you have said to them and knows what they want to say to you. It can be very frustrating for a person with aphasia who has lots to say but is unable to do so. This person may be able to answer "yes" or "no" to you if you ask specific questions that require an answer.

So you might say:

"Do you want a banana?"

rather than

"What fruit do you want to eat?"

Some people lose the ability to speak because of aphasia, but are still able to write down what they want to say.

Others may lose the ability to write and speak.

Some people with aphasia no longer understand what you are saying to them.

Some people may understand when you speak in one language (for example, the first language they learned) but not in another language that they should know how to speak.

Some people with aphasia may be able to speak and understand when people speak to them but are unable to read. This often comes as a shock to the person when they pick up a magazine or newspaper and the letters and words on the page have no meaning to them.
To better understand how someone with aphasia is feeling, think about being alone in a foreign country where you do not understand the language. You cannot make your needs understood and you do not understand people when they speak to you.

It is important to remember that someone with aphasia can retain many of the cognitive and social skills he or she had prior to the stroke. However, these skills may be hidden or masked by the language disorder. So, individuals with aphasia may appear to be less competent, and as a result, may be treated as though they are less competent. This can result in decreased participation in all aspects of social and community life, with potentially devastating consequences to self-esteem and quality of life.

Who diagnoses and treats aphasia?

Speech-Language Pathologists (SLP's), often known as speech therapists, are the specialists who are trained to diagnose the different types of aphasia and treat individuals who experience aphasia.

Other members of the stroke team, including nurses, psychologists or neuropsychologists, physical therapists, occupational therapists, social workers, and doctors/neurologists also understand and can help with the difficulties caused by aphasia. They will try to communicate with the person who has aphasia using strategies that are known to make communication easier. The SLP will also explain to the stroke team the specific problems that the person with aphasia is having and will suggest strategies to make communication easier.

The role of family and friends is very important in treating aphasia. Good quality research studies have shown that trained volunteers or conversation partners (these can be friends or family) are effective for helping the person with aphasia improve their speech. Trained volunteers also help to improve quality of life and general well-being of those with aphasia. The research has shown that it is important for volunteers or family members to be trained by a specialist such as a speech-language pathologist, as training is associated with better improvements in the individual with aphasia.

Does speech therapy help to treat aphasia?

For individuals with aphasia, speech-language therapy (SLT) can be very helpful and should be provided. Unfortunately, in some areas of the world, it may be
difficult to find a speech-language pathologist with expertise in stroke.

Speech-language pathologists can:

- help people with aphasia regain speech and language skills;
- teach people with aphasia and their family and friends about alternative ways to communicate (for example, using pictures of various activities, foods, and ideas such as "frustration" and "concerns about the future" may help the person with aphasia express his or her needs);
- help people with aphasia to participate more fully in family conversations and social activities in the community, by training family and friends on how to communicate effectively. See below for a list of strategies that have been shown to make a difference in the ability to participate in conversation:

Many studies are being done on aphasia and the benefits of various treatment options. The In-Depth section of the StrokEngine website (www.strokengine.ca) summarizes the latest research on the various treatments and their benefits. In summary, research has shown that generally SLT is helpful in recovering from aphasia. Most improvement is seen over longer periods of therapy, as more therapy hours contribute to greater improvement.

**Communicating with a person with aphasia**

Here are some tips on communicating with people with aphasia.

1. **To help you to get your message across to a person with aphasia:**
   - Look at the person when you are speaking to them. Your facial expression can help them understand you.
   - Speak in a tone of voice appropriate for communicating with an adult. Do not sound condescending, or like you are speaking to a child.
   - Communicate one idea at a time. For example, instead of saying:
     "I will help you get up, showered and dressed and then I am going to take you to the dining room for breakfast but first you have to take your pill."
You might try this:

"Here is your pill to take." (Pause and give pill.)
"First I am going to help you take a shower." (Pause.)
"Then I will help you get dressed." (Pause.)
"After all that, I will take you for breakfast."

- Write down key words. Use a thick black marker and printed letters.
- Use gestures and facial expressions.
- Use objects from the environment to help get your message across.
- Use yes/no questions.
- Draw a picture or symbol of what you are trying to say.
- Acknowledge that the person with aphasia is a competent, knowledgeable person who can make decisions, and that they usually know what they want to say, but cannot say it.

The following scenario between a care provider and a patient helps to illustrate the above strategies:

<table>
<thead>
<tr>
<th>Conversation</th>
<th>Strategies used by careprovider</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Mrs. Jones, I want to tell you about an event we have coming up. I think you will be interested.&quot;</td>
<td>Comes prepared with a calendar, scrap paper and a black marker.</td>
</tr>
<tr>
<td>&quot;This is today.&quot;</td>
<td>Points to the date on the calendar.</td>
</tr>
<tr>
<td>&quot;On Tuesday...&quot;</td>
<td>Points to the date on the calendar and then writes it down.</td>
</tr>
<tr>
<td>&quot;...the John Higgins Band is coming to play.&quot;</td>
<td>Writes down &quot;John Higgins Band&quot;.</td>
</tr>
<tr>
<td>&quot;They are coming here.&quot;</td>
<td>Uses hand gestures to indicate the location.</td>
</tr>
<tr>
<td>&quot;Do you want to go?&quot;</td>
<td>Writes down &quot;Do you want to go?&quot; and points to the resident. Writes down &quot;Yes, No, I don't know&quot; and waits for the resident to point to the response.</td>
</tr>
</tbody>
</table>
2. **To help the person with aphasia to get their message across:**

- Encourage the person with aphasia to write down a word or draw if they can.

- Encourage the person with aphasia to point to something.

- Attempt to identify the general topic first and then move onto understanding the details. For example:

  "Are you talking about your family?"
  "Are you talking about your daughter?"
  "Are you wondering if she is coming to visit today?"

- Ask yes/no questions.

- Use a written yes/no if needed.

- If you do not have the time to communicate, explain this to the individual and give him/her a time when you will return to finish your conversation. Make sure you do return.

- Encourage the person with aphasia to use some of the words you have written down to communicate. For example:

  "I have heard you are a big fan of music?"
  "What kind of music do you like?"

  OPERA? CLASSICAL? BLUES? OTHER?

**Disorders that can be confused with aphasia**

When a person first has a stroke, often they do not speak or do not seem to understand what people are saying. So, family and friends may think that the person is having cognitive problems, or that the person is not speaking because they are depressed. It is important that the correct diagnosis be made so that treatment can be initiated.

After a stroke, some people experience dysarthria, which is a speech problem related to weak, paralyzed, or uncoordinated muscle movements of the face,
tongue, and throat. This may make speech slow and difficult, but the problem is very different from aphasia and treatment will be different as well. Dysarthria is typically treated with exercises for the lips, tongue, and jaw. In severe cases, assistive technologies (letter boards or computerized speech devices) are typically used.

Does Speech Language Therapy Work?

Yes, speech-language therapy works! However, there has been research suggesting that the timing and intensity of treatment are very important. Often patients spend a short time in treatment and return home where they do not receive speech therapy. It is important to continue with therapy for extended periods so that the person who has had a stroke can continue to improve. Research has shown that both individual and group therapies are effective, but the goals of each type of therapy differ. Individual therapy may be the best format for restoring speech, while group therapy addresses conversational abilities and social skills. So, if you or your family member has aphasia, consider participating in both individual and group therapy if available.

Aphasia is stressful for the whole family. Some research shows that participating in educational sessions is beneficial for family members and friends, since it can help to gain awareness and knowledge about aphasia. For people who have aphasia, presenting extra educational videos does not add additional treatment benefit beyond speech therapy.

There are also newer high-tech treatments you may have heard about. For example, repetitive transcranial magnetic stimulation (rTMS) is a treatment that sends gentle electrical pulsations to your brain. By stimulating the brain tissue it may help improve certain aspects of aphasia. This technique is still in the experimental stage.

Computer-based programs that focus on practicing speech are helpful for many patients. These computer programs often include microphones and recording devices that allow people with aphasia to hear words or sentences and practice saying them. Hearing themselves speak gives them immediate feedback, and helps them to practice speaking and correct their own mistakes.

Computers can also be helpful for people who have trouble reading after a stroke. The good thing about computer programs is that they allow you to practice when you feel like it, and they provide more intense practice than speech therapy alone. So, you gain an additional opportunity to practice many of the
techniques and special skills that the speech-language therapist has taught you.

Does Speech Language Therapy Work Long After a Stroke?

Yes. There is evidence that speech-language therapy works even in patients who have had the stroke years ago.

External Links

For further detail about aphasia, please visit these links:

- Heart and Stroke Foundation of Canada
- BC Aphasia Centre (Canada)
- Quebec Association for Aphasic People
- Aphasia Institute (Canada)
- The National Aphasia Association (USA)

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