

APHASIA

Neurological disorder essay: Aphasia

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Background information

Each year in Australia there are approximately 8,600 new cases of aphasia, with 60% of these individuals continuing to experience aphasia after one year (Australian Aphasia Association, 2010). Aphasia (also termed dysphasia) is an acquired language disorder. Aphasia can occur in both adults and children; however, it is typically more common in older adults.

Aphasia can result in difficulties with saying words, reading, writing, and understanding spoken words. Individuals with aphasia usually have intact cognitive ability, but may experience difficulties “getting the word out” or understanding a spoken/written word.

Aphasia can be non-progressive and occur suddenly (e.g., from stroke or head injury), or can occur slowly and progressively (e.g., from a brain tumour or dementia). Aphasia usually results from damage to brain centres involved with language. Damage to different brain regions and different magnitudes of damage can result in different patterns of language difficulties.

Some major divisions in aphasia include:

- **Fluent vs. non-fluent aphasia:** Individuals with fluent aphasia typically have close to normal rhythm to their speech, but their speech may be full of word substitutions (e.g., saying ‘cat’ instead of ‘dog’) and nonsense words. In contrast, individuals with non-fluent aphasia may have very halting speech and may experience great difficulty saying even single words.
- **Expressive vs. receptive aphasia:** Individuals with expressive aphasia usually have difficulties with saying or writing words, while individuals with receptive aphasia typically have difficulties understanding spoken or written words. It is possible to have both receptive and expressive aphasia.

There are more specific classifications to describe specific types of aphasia that health professionals may use based on the precise nature of the individual’s difficulties.

Implications

Aphasia can create a significant barrier to communication, leading to social isolation. Kagan (1998) reported that many people are often unaware of the cognitive and social competence of individuals with aphasia and as a result avoid conversations with them. This can result in the exclusion of individuals with aphasia from decisions about daily life, and can have negative implications for the wellbeing and quality of life of the individual. Individuals

with aphasia may have difficulties understanding and completing written forms (e.g., legal and financial information) and expressing their needs in everyday situations with strangers (e.g., grocery shopping, catching public transport). This can also make it difficult for many individuals to return to their previous employment and social activities.

Some strategies to assist communication with an individual with aphasia

- Minimise background noise
- Use short sentences and words (rather than complicated sentences with long words)
- Check that you have the individual with aphasia's attention
- During the conversation check that the individual with aphasia has understood what you have said and that you have understood what they have said to you
- Give the individual with aphasia time to respond
- Use visual cues (eg. Pictures, photos, writing, gesture) to supplement what you are saying (check with the individual with aphasia first to see what helps them)

Possible treatment approaches

Speech pathologists are health professionals trained specifically in techniques to assist individuals with aphasia. Many speech pathologists work in hospitals (with inpatients or outpatients); however, a number are also employed in community health and private practice settings. Common treatment approaches for aphasia may involve individual or group treatment sessions. Individual sessions typically involve exercises to improve specific difficulties (e.g., Naming items, reading) and compensatory strategies (e.g., writing the first letter of a word). The exact exercises used will depend on the individual with aphasia's specific difficulties. The speech pathologist may also work with the individual's family members to help them communicate effectively with the individual with aphasia. The ideal intensity of aphasia therapy to produce maximum benefits is currently a research focus.

Long-term outcomes

The severity and type of aphasia can vary substantially between individuals. Many individuals with aphasia also find that their aphasia can fluctuate throughout the day, with worsening symptoms noted when under pressure or fatigued. Everyone with aphasia follows a different path. The severity of aphasia can change over time. In the case of non-progressive aphasia, some individuals recover completely, some individuals improve only to a certain degree, and some individuals do not improve. In the case of progressive aphasia, aphasia

symptoms usually worsen over time. We currently cannot predict the exact recovery path for each individual or the degree to which each individual will improve; however, this is currently the focus of several research projects. For individuals with non-progressive aphasia, many people often improve greatly in the first year; however, recent research suggests that many individuals can continue to see improvements in their aphasia many years after the aphasia started.

References

Australian Aphasia Association (2010). Aphasia facts and figures.
www.aphasia.org.au/FactsFigures.htm Accessed 6 September 2010.

Kagan, A. (1998). Supported conversation for adults with aphasia: Methods and resources for training conversation partners. *Aphasiology*, 12, 816-830.