What is aphasia?

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Loss or impairment of language function caused by brain damage

Aphasia is a multimodal disorder:
- Difficulties in speaking, understanding, reading, writing
- Reduction in capacity to interpret and formulate linguistic elements (e.g. sentences, words, morphemes)
- Amount of loss across each area varies

Murdoch (2010)
What aphasia is NOT

* Aphasia is NOT the result of:
  * A sensory deficit
  * A general intellectual deficit
  * A psychiatric disorder
  * A developmental disorder

Brookshire (1992)
Goodglass (1993)
And not to be confused with:

- **Dysarthria:** An impairment in the motor functions of respiration, phonation, resonance, articulation and prosody affecting production of speech

- **Apraxia of Speech (AOS):** An impairment in the motor-programming of actions involved in speech production and in the absence of any muscle paralysis or weakness

- **Dysphagia:** A swallowing disorder

  Murdoch (2010)
What causes aphasia?

* ALWAYS a result of damage to the brain, i.e. neurological

* Most common: **Cerebrovascular disorders** particularly left MCA lesions affecting frontal temporal and parietal lobes

* May also arise from:
  * Neoplasms (tumours)
  * Head trauma
  * Degenerative disorders e.g. dementia, PD
  * Infections (meningitis, encephalitis)

Chapey and Hallowell (2001)
Murdoch (2010)
Incidence of Aphasia in Stroke

- **Marquardsen (1969):** One third of patients 7 days post stroke
- **Scarpa et al (1987):** 55% of patients with Left CVA evaluated 15-30 days post stroke
- **Pedersen et al (1995):** 40% of patients evaluated in the first three days
- **Engelter et al (2006):** 30% of first ever ischaemic strokes

- More that 250,000 people are living with aphasia in the UK (Speakability, 2014)
- In the USA: >1,000,000 with aphasia, and 80,000 new cases every year (National Institute for Deafness and Communication disorders, 1999; American Academy of Neurology)
Aphasia or Dysphasia

* **Aphasia**: Total loss of language
* **Dysphasia**: Partial loss of language
* Terms are used inter-changeably
* Recent literature and **RCSLT**: advocates the use of **Aphasia**.
Expressive Symptoms of Aphasia

- **Word finding difficulties**

- **Paraphasias:**
  - Semantic paraphasia: word related in meaning e.g. table/chair
  - Phonological paraphasia: sound substitutions e.g. table/fable
  - Unrelated paraphasia: random word substitution e.g. table/wind
  - Neologism: non-word substitution e.g. table/shig

- Significant use of neologisms: **JARGON aphasia**
- Failure to **repeat** words
- **Grammatical errors** – omission of connective words or morphemes, incorrect word order

Damasio (1981)
Receptive Symptoms of Aphasia

* Impaired to varying degrees:
  * Difficulty following conversation
  * Difficulty following instructions
  * Inconsistent comprehension of single words
  * Inconsistent yes/no responses
  * Non-verbal semantic impairment

* Beware the patient who nods and smiles and appears to understand

Damasio (1981)
Prognosis for recovery

* Rate and extent of recovery dependent on site and size of lesion in the left hemisphere
* Right hemisphere involvement in recovery is likely and may play a crucial role
* No single factor alone can predict outcome (conflicting evidence in relation to handedness, age & gender)
* Whilst treatments are considered efficacious and effective, for many people with aphasia it is a lifelong condition
Barriers for the person with aphasia

* **In a hospital setting:**
  * Difficulty comprehending consent forms, prescriptions, health information
  * Inability to read hospital signage and directions
  * Exclusion from case conferences and care planning

* People with physical impairments: physical access via wheelchairs, ramps, automatic doors etc.
* Communicative access via “communication ramps” Kagan and Gailey (1993)
What is a communication ramp?

A way to communicate with aphasic individuals by modifying typical (your own) communication via the use of communication strategies and support materials.
Communication Ramps

* Acknowledge and reveal competence by:
  * Treating the individual respectfully
  * Is your message clear?
  * Does the individual have a way to respond?
  * Check to make sure you have understood
How to help get the message IN

- Listen and watch
- Take your time
- Present one idea at a time. Don’t bombard with questions.
- Use plain, clear English
- Check and double check before moving on

- Illustrate the idea by using:
  - Drawing
  - Writing
  - Gesture
  - Pictures/diagrams in leaflets

- Think about your environment – quiet, distraction free, paper and pen

UK Connect
How to help get the message OUT

- Encourage the person to use:
  - Writing
  - Drawing
  - Gesture
  - Facial Expression

- Summarise and check you have understood. Don’t pretend to understand

- Try asking questions in a different way

- Think about conversation props:
  - Paper and pen
  - Pictures/photographs
  - Alphabet charts
  - Communication books

- Allow plenty of TIME
Aphasia: An acquired language disorder of neurological origin

- Affecting all modalities of language
- May co-occur with other communication impairments
- For many will be a lifelong condition
- Remember to modify YOUR communication using “communication ramps” to reveal their competence
Questions?

Thank you for listening


* American Speech Hearing Association (ASHA) [http://www.asha.org/research/reports/stroke/](http://www.asha.org/research/reports/stroke/)
* UK Connect: [www.ukconnect.org](http://www.ukconnect.org)