

# Aphasia

## TYPES

### **Expressive/Nonfluent/Broca's Aphasia**

- Associated with damage to the frontoparietal area of the brain.
- Defined as the inability to form and express words although the person knows what they want to say.
- The person struggles to get words out, speaks in short sentences, and may omit words especially small words such as “is” or “the”.
- Typically, the person can be understood by others.
- Someone with expressive aphasia is aware of the language challenge which results in frustration at not being able to speak fluently.
- This type of aphasia makes the person seem more impaired than they really are.
- Language is affected, not intelligence.
- Anxiety and social isolation may occur.

### **Receptive/Fluent/Wernicke's Aphasia**

- Associated with damage to the temporal lobe of the brain.
- The person speaks easily but may incorrectly use or make up words creating a jumble known as “word salad”.
- Receptive aphasia creates difficulty understanding what others are saying and the written word.
- Someone with receptive aphasia typically doesn't realize that speech is not understood which may lead to frustration.

## Global Aphasia

- The person has both expressive and receptive aphasia.
- The brain's language centers are poorly functioning and significant communication issues are present.
- Understanding even simple words and phrases is severely limited.
- May repeat the same words or phrases over and over again.

## Anomia

- Defined as the inability to find the correct word when speaking or writing.
- Often speak around a word to convey meaning.
- Listening and reading is unaffected.

## Primary Progressive Aphasia

- Defined as the gradual loss of the ability to speak, read, write and comprehend.
- Occurs as communication and language areas of the brain shrink due to dementia.

## CAUSES

- Stroke
- Head injury
- Dementia
- Brain tumor
- Infection

## SYMPTOMS

- Difficulty naming familiar objects, places, or events.

- Difficulty finding the correct word when writing or speaking including mixing up the order of the words, substituting a word that doesn't make sense, or making up words.
- Using great effort to produce a short sentence.
- Difficulty understanding what others are saying or following a conversation.
- Trouble reading or spelling.

## DIAGNOSIS

- Physical exam with specific attention to the brain, heart and blood vessels.
- Assessment of language center
  - Naming objects
  - Participating in conversation
  - Repeating words or sentences
  - Following instructions
  - Answering questions about common subjects
  - Reading and writing
- CT of the head or MRI of the brain

## TREATMENT

### Speech therapy

- Goals
  - Restoring as much language as possible
  - Learning other ways to communicate such as gestures, pictures, props, or computer assisted technology.

### Medication

- Medications to improve blood flow or enhance memory may be prescribed.

## Strategies for the caregiver

- Have the attention of the person before starting a conversation, establishing good eye contact.
- Reduce background noise.
- Speak slowly in short, uncomplicated sentences using a normal volume.
- Avoid correcting the person's speech or finishing their sentences. Suggesting a word being searched for may be helpful.
- Yes and no questions may be easier for the person to respond to rather than long, complicated responses.
- Writing key words and meanings may help convey the message.
- Encourage other communication techniques such as writing, gesturing, pointing, or drawing.
- Include the person in conversation whenever possible, providing extra time for responses, and continuing to value input.
- Caregiver(s) should participate in speech therapy sessions to learn helpful techniques for communication.

## Research

- Research on noninvasive brain stimulation is being conducted using electric current to stimulate damaged brain cells.
- Medications to enhance communication between brain cells is ongoing.