

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.

Why do people get aphasia after a stroke?

Our brain has two main areas responsible for language. One is for understanding language through reading or listening. The other is for making language by writing or speaking. The type and severity of aphasia depends on the area of the brain that was damaged, and the amount of damage to the brain.

Are there different types of aphasia?

There are two types of aphasia:

1. Receptive aphasia is when a person has difficulty understanding what he/she hears or reads.
2. Expressive aphasia is when a person has difficulty expressing him/herself by writing or talking.

How can I recognize aphasia?

Some people have mild aphasia after a stroke and have difficulty expressing themselves. For example, they may have difficulty finding a word to describe an object. They may say the beginning of a sentence, such as:

"I would like to have a...", and then pause, as though they are trying to think of the right word.

Some people have severe aphasia and have more difficulty expressing themselves. They may not be able to say any words at all. This person might understand what you say to them and they might know what they want to say in reply. This person might be able to reply to "yes" or "no" questions.

For instance, instead of asking:

"What do you want to eat?"

you can ask them:

“Do you want a banana?”

Some people with aphasia are not able to speak, but they are able to write down what they want to say. Others may not be able to write or speak after the stroke.

Some people with aphasia no longer understand what you are saying to them. They may understand when you speak in one language (for example, the first language they learned) but not in another language that they also knew before the stroke.

Some people with aphasia may be unable to read after the stroke. 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 when people speak to you, you don't understand them. This can be very frustrating and isolating.

It is important to remember that someone with aphasia can retain many of the cognitive and social skills he/she had before the stroke. However, these skills may be hidden or masked by the language difficulties. Individuals with aphasia are often incorrectly treated as though they are less capable. This can affect their social life and participation in community activities, which in turn can impact on their self-esteem and quality of life.

Who diagnoses and treats aphasia?

Speech-language pathologists (SLP's), also known as speech therapists, are trained to diagnose the different types of aphasia and treat individuals with aphasia.

Other members of the stroke team, including nurses, psychologists or neuropsychologists, occupational therapists, social workers, doctors/neurologists, and physical therapists 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.

Does Speech Language Therapy (SLT) work?

Yes, SLT works! A recent high-quality study found that SLT can improve different skills related to language and communication in individuals in the chronic phase of stroke recovery (more than 6 months after stroke).

Are there different types of SLT?

Numerous SLT approaches exist for aphasia. Your SLP will help choose a suitable program according to your needs. These might include:

- **Constraint-induced aphasia therapy:** you practice having a conversation with your therapist or peers mostly without using gestures or other non-verbal communication (e.g. nodding your head).
- **Task-oriented aphasia therapy:** you will train to follow spoken commands that are important to your everyday activities.
- **Semantic treatment:** your therapist will ask you questions about words that are difficult for you to remember, and you will answer them. For example, if you have difficulty remembering the word 'television', the therapist will ask you questions such as: 'where is the object located?' ['living room']; or 'what is it used for?' ['to watch movies'].
- **Action-embedded therapy:** you perform actions to match a verbal request, the name of a word or something you visualise in your mind.
- **Intentional gestures:** you move your left hand to do a task (e.g. reaching for a box, pressing a button), while naming different objects shown on pictures.
- **Supported communication:** you join in group discussions or talk with a trained conversation partner using both verbal and non-verbal communication (i.e. words, gestures, writing notes, miming, role play, etc.).
- **Technology-assisted training:** you use computer programs or other technological devices in your treatment sessions.

- **Behavioral aphasia therapy:** your therapist will provide you with education, activities and tasks to improve your mood.
- **Cognitive-linguistic therapy:** your therapist will work with you to practice saying words and sentences, based on logic/decision-making and organization of sounds in words.
- **Narrative aphasia intervention:** you practice saying words and sentences while discussing a range of everyday topics (for example: shopping for an item).
- **Very early intervention:** you engage in various aphasia therapies as early as possible after having a stroke and when medically stable.

You might have also heard about recent high-tech treatments. For example, computer programs for aphasia can be very helpful for some people after stroke. These computer programs include microphones and recording devices that allow people with aphasia to practice talking. The person can hear him/herself speak and can correct their mistakes. Computer programs can also help people re-learn to read after a stroke. Computer programs allow you to practice in your own home, in your own time. You can use computer programs in addition to speech language pathology to practice techniques and special skills that your SLP has taught you.

Your SLP may choose one or a combination of these different therapies when working with you, based on your individual needs.

What therapies work for aphasia?

Research has tested the effect of aphasia therapies at different stages of stroke recovery. High and fair quality research studies show that the following interventions are useful in improving language and/or communication skills:

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| In the acute stage of <u>stroke</u> recovery (up to 1 month after <u>stroke</u>): | constraint-induced <u>aphasia</u> therapy very early intervention |
| In the subacute stage of <u>stroke</u> recovery (1-6 months after <u>stroke</u>) | phonological training semantic training |
| In the chronic stage of <u>stroke</u> recovery (more than 6 months after <u>stroke</u>): | action-embedded therapy speech language therapy-unspecified supported communication technology-assisted training |
| Studies done with patients who were across the recovery continuum (i.e. acute, subacute and/or chronic) | cognitive-behavioral <u>aphasia</u> therapy cognitive-linguistic therapy speech language therapy-unspecified |

What can I expect from aphasia therapies?

You can expect to work individually or in small groups with help from your SLP. The SLP might use different approaches such as cards with pictures, electronic devices, stories, video and audio supports, reading and writing material. Your SLP might also provide you with exercises and activities to do in your room or at home, with or without a caregiver/conversational partner.

Do I need to do SLT for a long time?

Research suggests that the timing and intensity of treatment are very important. After a stroke, patients often spend a short time in hospital or a rehabilitation clinic where they receive SLT. They may not continue with SLT when they return home from hospital. However, it is very important to continue with SLT for aphasia.

Research shows that both one-to-one and group therapies are effective for aphasia. The goals of each type of therapy differ. One-to-one therapy may be best for improving speech, whereas group therapy helps with conversation and social skills. So, if you or your family member has aphasia, consider participating in both one-to-one and group therapy if available.

Are there any side effects?

You might experience some side effects from aphasia therapies such as mental fatigue and/or frustration. It is important for your therapist to be aware of any side effects that you might be experiencing so that your treatment regime can be adjusted to better fit your abilities and needs.

How does aphasia affect my recovery from stroke?

Stroke recovery requires a lot of patience and perseverance from the person who had a stroke and their family/caregivers. If you or your loved one is experiencing aphasia after stroke, the process of recovery might be more frustrating and challenging. It is important to continue with therapies, even if aphasia makes it challenging.

Will my aphasia get better?

Yes. There is evidence that language and communication skills can improve after stroke with different aphasia therapies.

There is also evidence that “higher intensity” SLT (more sessions and/or for a longer duration) can result in greater and/or faster gains.

It is important to remember that the rate at which someone improves, and whether they make a complete or a partial recovery, can vary from one person to another and depends on many individual factors.

How long does it take to recover?

The recovery from aphasia can take time. However, there is evidence that speech-language therapy works even in patients who have had the stroke years ago.

My family member has aphasia. How can I help?

Aphasia is stressful for the whole family. Research shows that education sessions are beneficial for family members and friends, as it can increase awareness and knowledge about aphasia. Below are some tips on communicating with people with aphasia.

To help the person with aphasia understand what you are saying:

- Look at the person when you are speaking to them.
- Use gestures and facial expressions to help them understand what you are saying.
- Write down key words. Use a thick black marker and print letters.
- Draw a picture or symbol of what you are trying to say.
- Use objects to help get your message across (e.g. if asking the person if they want a drink, hold up a cup).
- Use yes/no questions.
- 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.
- Speak in a tone of voice appropriate for 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”* (pause and give pill).
- *“First I will help you take a shower”* (pause).
- *“Then I will help you get dressed”* (pause).
- *“Then I will take you for breakfast.”*

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

| Conversation | Strategies used by care provider |
|--|---|
| “Mrs. Jones, I want to tell you about an event we have coming up. I think you will be interested.” | Comes prepared with a calendar, scrap paper and a black marker. |
| “This is today.” | Points to the date on the calendar. |
| “On Tuesday...” | Points to the date on the calendar and then writes it down. |
| “...the John Higgins Band is coming to play.” | Writes down “John Higgins Band”. |
| “They are coming here.” | Uses hand gestures to indicate the location. |
| “Do you want to go?” | Writes down “Do you want to go?” and points to the resident. Writes down: Yes / No / I don’t know and waits for the patient to point to the response. |

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.
- Ask questions 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 and give 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?”

Where can I find more information about aphasia?

For further detail about aphasia, please visit these links:

- Heart and Stroke Foundation of Canada (aphasia article)
- BC Aphasia Centre (Canada)
- Quebec Association for Aphasic People
- Aphasia Institute (Canada)
- The National Aphasia Association (USA)
- Videos to help understand aphasia (Australia)
- 9 Amazing Resources for Aphasia Education & Support
- Baylor University: how to talk to children about aphasia

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