

Aphasia, Communication and Stroke

Stroke and Language

The ability to communicate through speech and gesture is something most people take for granted. From an early age, much of our life is dedicated to first acquiring, then exercising the natural skill of language as we conduct our family and business affairs.

Imagine suddenly losing the ability to order a restaurant meal, read the paper, understand a radio broadcast, or respond when spoken to.

For stroke survivors, at a time when they are already disoriented and afraid, the loss or impairment of language is a cruel blow. When brain tissue is damaged by a stroke, aphasia is the result in about 20 per cent of stroke survivors. Each aphasic person has a unique set of speech and language problems, accompanied by other symptoms caused by the same stroke.

Aphasia

Aphasia is marked by speech and language problems caused by damage to the brain. People with aphasia may have problems speaking, understanding speech, reading and writing (just one or all these areas may be affected). These problems can range from mild to severe in nature. Aphasia does not generally affect the ability to think, reason, and understand. Most aphasics know what they want to say, but they just have trouble putting their thoughts into words. A similar inability to understand non-verbal forms of communication such as gestures and facial expressions may also exist.

Aphasia can take many forms. Some aphasics have word-finding difficulties (*anomia*). Some can only respond to a question by repeating it back, parrot-like (*echolalia*). Others use invented words (*neologisms*), or get “stuck” on a certain word, repeating it over and over (*preservation*). *Paraphasic errors*, in which “dye” may be substituted for “tie” and/or “wife” for “husband,” are also common.

Dysarthria is a weakness or paralysis of the muscles of the face, mouth, neck, and/or throat caused by brain injury. It may cause difficulties in talking, eating, swallowing, and/or breathing and may cause speech to be slurred and sometimes unintelligible. It may occur with or without aphasia.

Speech Therapy

Speech / language pathologists assist stroke survivors in the relearning of the communication skills necessary to rejoin their families, friends and colleagues. Intensive (four or five times a week) speech therapy in the hospital setting usually begins soon after the person is well enough to begin treatment. Generally, recovery is most likely to occur from three to six months after the stroke, reaching a plateau after this period. However, improvement may continue for an indefinite period, depending on the stroke survivor's health, age, motivation, and the severity of the stroke.

Aiding Recovery – While in the hospital

- To maximize the comfort of aphasic stroke survivors and support their abilities, bring glasses, hearing aid and batteries, dentures and dental adhesives if needed.
- Display clearly labeled photos of family and friends to help orient the stroke survivor.
- Consult with the speech pathologist (or neurologist, case doctor and nurses in smaller hospitals) and ask what you can do. Comforting and communicating will be most successful if you understand your loved one's aphasia.
- Don't assume that the aphasic person can't understand what's being said. *Never say anything you wouldn't want the aphasic person to completely understand.*

It is best to remember:

- The frustration of aphasia may cause irritability
- It is normal to expect depression due to illness and stress in an aphasic stroke survivor. Chemical changes caused by stroke may result in deeper depression and apathy.
- The aphasic person (and stroke survivors in general) may not seem like the person you used to know.
- Aphasia does not get worse over time. Unless new brain damage occurs, almost all aphasic patients improve their use of language over time.

On returning home

- Help the aphasic person set up a daily routine, being sure to provide rest periods because stroke survivors tire easily.
- Encourage them to engage in both their favorite and independent activities.
- Aphasia is a family illness, so support for the caregiver is as important as help for the aphasic person. *Join a stroke support group. Stroke Recovery Canada provides peer support, fellowship, and helpful information to stroke survivors and their families.*

Speech and Comprehension

To aid speech and comprehension:

- Speak slowly and clearly rather than loud
- Speak in clear, simple language. (If you face them so that they can see your mouth and facial expression, it will help them understand what you are saying.)
- Encourage the aphasic individual to speak by engaging in conversation on a level they can handle. Look at pictures and photographs and discuss them. Help with word finding if they get stuck, but *first* allow them to try for themselves.
- Listen carefully and patiently, even if their speech is hard to understand. Compliment them on their progress, no matter how small.
- Don't be condescending. Treat a person with aphasia like the mature adult they are.
- One-on-one conversation is the easiest for an aphasic person – two or more people speaking at the same time can be confusing and make comprehension impossible.
- Encourage stroke survivors to try to write and draw. If the dominant arm is impaired, stroke survivors should practice writing with their other hand. It may be easier to print before writing, and using large letters may help. The key to progress is practice.
- If difficulties are experienced in reading, books with plenty of pictures or large print books may aid comprehension. Try reading your newspaper's weekend comics (the pictures help), then go on from there.

In some cases, where writing and natural speech are not functional, alternative forms of communication must be explored, using adaptations and other strategies such as a communication board.