General Aphasia Information

Aphasia is an impairment of language, affecting ability to speak and understand others, and most people with aphasia experience difficulty reading and writing. Aphasia is always due to injury to the brain-most commonly from a stroke, particularly in older individuals. But brain injuries resulting in aphasia may also arise from head trauma, from brain tumors, or from infections.

There are many types of aphasia that correspond to the location of the brain injury. Aphasia can be so severe as to make communication almost impossible, or it can be very mild. It may affect a single or multiple aspects of communication. Some people have difficulty speaking while others may struggle to follow a conversation. While specific symptoms can vary greatly, what all people with aphasia have in common are difficulties in communicating. Some types of aphasia are:

**Global aphasia:**
This is the most severe form of aphasia, and is applied to patients who can produce few recognizable words and understand little or no spoken language. People with global aphasia can neither read nor write. Global aphasia may often be seen immediately after the patient has suffered a stroke and it may rapidly improve if the damage has not been too extensive. However, with greater brain damage, severe and lasting disability may result.

**Broca's aphasia:**
In this form of aphasia, speech output is severely reduced and is limited to short utterances of less than four words. Vocabulary access is limited and the formation of sounds is often laborious and clumsy. The person may understand speech relatively well and be able to read, but be limited in writing. Broca's aphasia is often referred to as a 'non fluent aphasia' because of the halting and effortful quality of speech.

**Mixed non-fluent aphasia:**
This term is applied to patients who have sparse and effortful speech, resembling severe Broca's aphasia. However, unlike persons with Broca's aphasia, they remain limited in their comprehension of speech and do not read or write beyond an elementary level.

**Wernicke's aphasia:**
In this form of aphasia the ability to grasp the meaning of spoken words is impaired, while the ease of producing connected speech is as affected. Therefore Wernicke's aphasia is referred to as a 'fluently aphasia.' However, speech is far from normal. Sentences do not hang together and irrelevant words intrude-sometimes to the point of jargon. Reading and writing are often severely impaired.

**Anomic aphasia:**
Also referred to as anomaia this term is applied to persons who are left with a persistent inability to supply the words for the very things they want to talk about-particularly the significant nouns and verbs. As a result their speech, while fluent in form and output is often vague. They understand speech well, and in most cases, read adequately. Difficulty finding words is also evident in writing.

**Other varieties of Aphasia:**
In addition to the above syndromes, there are many other possible combinations of deficits that do not exactly fit into these categories. Some of the components of a complex aphasia syndrome may also occur in isolation. This may be the case for disorders of reading (alexia) or disorders affecting both reading and writing (agraphia). Severe impairments of calculation (acalculia) often accompany aphasia, yet in some instances patients retain excellent calculation skills.
Disorders that Accompany Or are Confused with Aphasia

**Apraxia:**
A collective term used to describe impairment in carrying out purposeful movements. People with severe aphasia are usually extremely limited in explaining themselves by pantomime or gesture, except for expressions of emotion. For example, they may be unable to perform common expressive gestures on request, such as waving good-bye, beckoning, or saluting, or to pantomime drinking, brushing teeth, etc.

Apraxia may also primarily affect oral, non-speech movements, like pretending to cough or blow out a candle. This disorder may even extend to the inability to manipulate real objects. More often, however, apraxia is not very apparent unless one asks the patient to perform or imitate a pretended action. For this reason it is almost never presented as a complaint by the patient or the family. Nevertheless it may underlie the very limited ability of people with aphasia to compensate for the speech impairment by using informative gestures.

**Apraxia of Speech:**
Also known as verbal apraxia: it is an articulation disorder following brain damage which results in an inability to coordinate or position the muscles or to sequence the oral movements to voluntarily produce speech sounds. It occurs without any paralysis of the muscles involved. Disturbances in prosody of speech may also occur with this disorder. It is characterized by highly inconsistent errors.

**Dysarthria:**
Refers to a group of speech disorders resulting from weakness, slowness, or incoordination in muscle function due to brain damage. Dysarthria may involve disorders to some or all of the basic speech processes: respiration phonation, resonance, articulation, and prosody (the rhythm and timing of speech). Dysarthria is a disorder of speech production not language (e.g., use of vocabulary and/or grammar). Unlike apraxia of speech, the speech errors that occur in dysarthria are highly consistent.

**Dysphagia:**
Refers to those who have difficulty swallowing and may experience pain while swallowing. Some people may be completely unable to swallow or may have trouble swallowing liquids, foods, or saliva. Eating then becomes a challenge. Often, dysphagia makes it difficult to take in enough calories and fluids to nourish the body.

**Dementia:**
A condition of impairment of memory, intellect, personality, and insight resulting from brain injury or disease. Some forms of dementia are progressive, such as Alzheimer's disease, Pick's disease, or some forms of Parkinson's disease. Language impairments are more or less prominent in different forms of dementia, but these are usually overshadowed by more widespread intellectual loss. Since dementia is so often a progressive disorder, the prognosis is quite different from aphasia.
How many people have aphasia?
Aphasia affects about one million Americans and is more common than Parkinson's Disease, cerebral palsy or muscular dystrophy. More than 100,000 Americans acquire the disorder each year. However, most people have never heard of it. Aphasia may occur in persons of any age, sex, race, or nationality. Vocation and education are not determining factors.

Can aphasia be temporary?
Yes. Temporary aphasia, called transient aphasia, refers to a communication problem that lasts only a few hours or days. More than half of those who initially show symptoms of aphasia recover completely within the first few days.

Can aphasia be prevented?
There are no definitive steps that can be taken to prevent the onset of aphasia in the event of a stroke or head trauma. The condition is determined by the location and size of the area of damage in the brain.

Can aphasia be cured?
No medicine or drugs have been known to cure aphasia, as yet. Surgery has been successful in those occasions where pressure from a brain tumor or a hematoma impacts a critical speech center. Surgery is not useful in cases of aphasia following stroke, which represent the vast majority of instances. Speech therapy is often provided to persons with aphasia, but does not guarantee a "cure". The purpose of speech therapy is to help the patient to fully utilize remaining skills and to learn compensatory means of communication.

How long does it take to recover from aphasia?
If the symptoms of aphasia last longer than two or three months after a stroke, a complete recovery is unlikely. However, it is important to note that some people continue to improve over a period of years and even decades. Improvement is a slow process that usually involves both helping the individual and family understand the nature of aphasia and learning compensatory strategies for communicating.

Can a person have aphasia without having a physical disability?
Yes, but many people with aphasia also have weakness or paralysis of their right leg and right arm. When a person acquires aphasia it is usually due to damage on the left side of the brain, which controls movements on the right side of the body.

Does aphasia affect a person's intelligence?
No. A person with aphasia may have difficulty retrieving words and names, but the person’s intelligence is basically intact. But because people with aphasia have difficulty communicating, others often mistakenly assume they are mentally ill or have mental retardation.

Can people who have aphasia return to their jobs?
Sometimes. Since most jobs require speech and language skills, aphasia can make some types of work difficult. Individuals with mild or even moderate aphasia are sometimes able to work, but they may have to change jobs. Some resources for aphasics looking for work are as follows:

- National Organization on Disability (NOD): www.nod.org; (202) 293-5960. Lists organizations recruiting and/or assisting people with disabilities in securing jobs.
- Equal Employment Opportunity Commission (EEOC), www.eeoc.gov, (800) 669-4000. ADA information and instructions on how to file complaints. Free booklets on regulations and guidelines for the ADA.