APHASIA: WHAT PATIENTS AND FAMILIES SHOULD KNOW

WHAT IS APHASIA?

- Aphasia is defined as a language disorder that usually results from damage to the left side or hemisphere of the brain. Depending on what area of the brain has been damaged, there may be differences in the type of aphasia. Aphasia usually occurs suddenly, with a stroke or brain injury, but can occur slowly, in the case of a brain tumor.

- Some people with aphasia have difficulty with expression of language (expressive aphasia), some have difficulties understanding language (receptive aphasia) and others have difficulties with both areas (global aphasia). Aphasia can also cause difficulties with reading and writing.

- It is estimated that about 1 million people in the United States have aphasia.

- Not all strokes cause aphasia, but about 20% of people who have strokes suffer a serious loss of speech and language. Some people recover quickly, while others will have permanent difficulties. A speech-language pathologist (SLP) works with patients to help rehabilitate speech and language function.

HOW CAN I HELP COMMUNICATE WITH AN APHASIC PERSON?

Remember that the patient’s intelligence has not decreased. Always keep in mind that the aphasia is probably very frustrating for the patient too, and s/he is trying to communicate effectively.

General Guidelines:

- Try to communicate in a quiet environment with no distractions (turn off the TV, radio, and limit the number of people talking at one time).

- Do not use baby talk, talk to the person in a normal tone, loudness, and intonation.

- Use shorter, simple statements and questions, rephrase if the person does not understand.

- You can pause often when talking, giving the person time to understand and respond.

- Use other forms of communication to reinforce your words (i.e. gestures, facial expressions, pointing, written words, and pictures).

- Accept any form of communication from the person with aphasia.

- When asking a question to the person you can use YES and NO questions, give them choices, or use pictures to reinforce your words.
If the person is having trouble speaking (expressive aphasia):

- phrase questions in such a way that s/he can answer yes or no
- avoid pressuring him/her; give additional time for responses
- encourage gesturing/pointing
- do not interrupt the patient when s/he is trying to speak; avoid the temptation to talk for him/her if s/he is trying to get his/her words out
- if you are not sure exactly what s/he said, ask if your interpretation is correct
- if you do not understand a message, begin by asking broad yes/no questions, and then narrow the topic with more specific yes/no questions (for example, “Does something hurt?” “Is it your leg?,” “Is it your stomach?,” “Is it your head?”)
- if the patient can write or draw what s/he can not say, provide him/her with a pad and pencil
- remember that s/he can probably understand what is being said; do not talk about the patient as if s/he is not present

If the person is having trouble understanding (receptive aphasia):

- use short statements and questions; keep explanations short and simple
- speak slowly and give him/her additional time to process what you say
- look directly at the patient when speaking
- if the patient fails to understand you, try repeating or rewording what you have said
- only one person should speak to the patient at a time; turn off TV and radio
- accompany your words with gestures, objects or pictures if possible
- keep the topics you discuss with the patient relevant and familiar so that s/he can relate to what you say