

The Patient with Aphasia

FACTS

Aphasia is a language disorder that affects the ability to speak or understand speech. It can also affect the ability to read or write. It can be very mild, such as having a little trouble naming objects, to severe with almost complete inability to understand or speak words. In most cases, more than one part of communication is affected.

CAUSES OF APHASIA

Aphasia is caused by damage to certain language areas of the brain. Anything that causes brain damage, such as brain tumors, blows to the head, gunshot wounds, other brain injuries, or brain infections can potentially cause aphasia. The most common cause in homecare patients is a cerebrovascular accident (CVA), commonly called a stroke.

In most people, the main language areas of the brain are in the left side of the brain. This is true in almost all people who are right-handed, and about half of those who are left-handed. Therefore, aphasia is much more common in people who have damage to the left side of the brain.

It is the place and extent of the brain damage that is most likely to determine the presence and severity of aphasia. It is no more likely to occur in one sex than another, has nothing to do with intelligence, and nothing to do with race or nationality.

TYPES OF APHASIA

There are several ways to classify aphasia, but the most common are expressive, receptive, or global. The type and extent of the problem varies from one person to another, and a single patient may have more than one type of aphasia.

Expressive aphasia

People with expressive aphasia have difficulty speaking or writing words they are thinking. They may know exactly what word they want to say, but when they speak, the word comes out differently. For example, a woman with expressive aphasia may be thinking the word "water," but when she speaks the word, it comes out "milk" the first time and "drinker" the second. She is well aware that neither "milk" nor "drinker" is what she meant to say. The word "water" seems on the "tip of the tongue," but it comes out something else. If this woman sees the word "water," she can likely understand it and may be able to point to it even if she cannot say it.

Receptive aphasia

People with receptive aphasia have difficulty understanding words that are spoken to them. It's almost as though they are listening to a foreign language. They may be able to think logically, but their brains cannot process the spoken word. For example, a man with receptive aphasia may know how to write his name. However, he cannot understand the words if you ask him to write it. He also might not be able to read a note you write that says, "Write your name."

Global aphasia

People with global aphasia usually have severe aphasia and may be able to speak only a few recognizable words and

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may not be able to understand anything that is spoken to them. They cannot read or write.

Sometimes aphasia is temporary, and may last only a few hours or days. Patients with aphasia caused by CVA tend to show a lot of improvement in the early period after the CVA, and many recover completely. Others may have such extensive brain damage they will not improve as much. For most patients, there will be some improvement.

KEY POINTS IN PROVIDING CARE

Many times, patients with aphasia will be seen by a speech-language pathologist (SLP), commonly called a speech therapist. It is very important that you work closely with the SLP, and understand your role in the therapist's plan. If you are not certain, contact your supervisor for direction. Consider these points in caring for all patients with aphasia:

- » Treat the patient with respect. Pay attention to your tone of voice and make certain it is appropriate for the patient. Do not talk to an adult as if he or she were a child.
- » Be patient. Wait for the patient to follow one instruction before telling him to do something else.
- » Allow the patient to make as many decisions for herself as possible.
- » Keep the surroundings as neat and uncluttered as possible.
- » Reduce background noise as much as possible. It is not usually a good idea to have a radio or television on while you are working with the patient. Such distractions make it more difficult for her to understand or select the right words.
- » Be alert to the patient's emotions. Aphasia is very frustrating for almost all patients. The frustration may cause irritability or emotional outbursts. Don't act surprised or offended. Be supportive and understanding.

MEASURES TO FACILITATE COMMUNICATION

It is possible that the therapist has set up communication boards, picture books, "white boards" or other methods for improving communication. If so, it is very important that you know how and when to use the aids. If in doubt, call your supervisor. Whether or not special aids are used, follow these important measures to facilitate communication with aphasic patients:

1. Get the patient's attention before you start talking to her. Try calling her name, or touching her arm gently.
2. Look directly at the patient when you speak.
3. Use simple words, and present only one idea at a time.
4. Use your normal speaking voice but perhaps a little slower. Don't shout.
5. Ask simple questions. It's easier for the patient to answer "yes" or "no" than to give a longer answer. If the patient confuses "yes" with "no," try to work out a gesture for him, such as thumbs up or down or nodding.

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6. Give the person time enough to understand what you just said. Don't start talking again while he is trying to respond.
7. Use helpful gestures to support what you are saying. Keep in mind that gestures are meant to support what you are saying — you're not playing charades.
8. Watch the patient's facial expressions and body language.
9. Listen very carefully when the patient is talking to you.
10. Don't be too quick to "fill in" a word. Give the patient an opportunity to say it herself. If she is having great difficulty, make certain that any word you guessed is, in fact, the word she meant to say.
11. Don't correct every little mistake the patient makes. Praise him if you understand his message. Don't pretend to understand if you really didn't.
12. Don't abruptly change the subject. If you are going to change the topic, speak slowly and give the patient some warning that this is a new topic.

KEY POINTS ABOUT APHASIA

1. *The severity of problems with aphasia varies a great deal from patient to patient.* Patients with mild aphasia may appear almost normal when communication is kept simple. It is only with long or complex language that the difficulty is obvious. Other patients may understand almost nothing that is said to them, and they may not have meaningful speech at all. There are degrees of severity between those two extremes.
2. *Having aphasia does not mean the patient cannot think and reason.* Aphasia is a disturbance of communication and not necessarily of thinking. Example: A woman has made biscuits without a recipe for years. She had a CVA that caused aphasia. She may still be able to assemble the ingredients and make the biscuits as she always has. She knows what biscuits are and she has not forgotten how to make them. What is different is that she may not be able to read the word "biscuit" and may not even be able to say the word "biscuit."
3. *Regardless of the type or severity of aphasia, it requires greater effort for these patients to speak or understand.* It is especially very hard for them to understand very fast speech or long paragraphs, or to follow several directions given all at once.
4. *Aphasia is very frustrating.* Imagine that you know exactly what you wish to say. However, when you begin to speak, the words that come out are not the words you meant to say. Some patients will have great emotional difficulty. They may become angry and resentful. It is not uncommon for them to feel depressed. Therefore, it is of utmost importance that you respond to patients with aphasia in a respectful, calm and supportive manner.

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CASE STUDY: A PATIENT'S STORY

Carole has been caring for Mrs. Odell for several weeks. Mrs. Odell had a CVA and has fairly severe expressive and receptive aphasia, although she has improved a great deal. Carole was supposed to be at Mrs. Odell's house at 8:00.

Today, everything seemed to go wrong at Carole's house. She overslept, and the children seemed particularly slow in getting ready for school. Her son couldn't find a book he needed and Carole had to help him look for it. Just as she was finally ready to leave the house, she spilled coffee on her clothing and had to change. It was after 8:00 before she even left her house. She had a very busy day scheduled, and was frustrated by the delays.

Carole has received in-service education about patients with aphasia, and she knows the important points in providing care. She rushed into Mrs. Odell's house and started to tell Mrs. Odell all about her busy morning with all its problems and interruptions. She talked pretty fast, and told Mrs. Odell they'll need to hurry so she can get back on schedule. Carole said, "Do you want a shower or to wash up at the sink? It'll be quicker if you wash up at the sink, but we can do whichever you want. Where are the clothes your daughter put out for you to wear? Did she give you your breakfast before she went to work?" Mrs. Odell looked bewildered. While she had been trying to get out the words about the bath, Carole had already asked several more questions. Now Mrs. Odell didn't know what to say. Carole looked frustrated and said, "You know, I explained that I am running behind... tell me what you want to do." Mrs. Odell started to say, "At the sink." However, when she spoke, the word "kitchen" came out instead. Carole looked at her and said, "Kitchen? You mean you haven't had breakfast? Didn't your daughter do that? That's going to put me even further behind." Mrs. Odell knew that "kitchen" was the wrong word, but she couldn't find the words to tell Carole about the bath. She was even more bewildered by the response, and wasn't sure what she was supposed to say. She wondered if she was supposed to continue to try to tell Carole about the bath or to answer the question about breakfast.

Carole continued to ask more and more questions, one right after the other. Finally Mrs. Odell stopped trying to talk and started to cry. At that point, Carole realized how many things she had done wrong in communicating with Mrs. Odell. She apologized. She telephoned the office to see if her schedule could be adjusted and asked that they inform her next patient that she would be a little late. She smiled at Mrs. Odell and said gently, "Let's begin again."

THINK ABOUT IT

Identify some of the errors Carole made in communicating with Mrs. Odell.

What might Carole have done differently from the beginning?

What are some of the reasons that patients with aphasia become frustrated? What can you do to help?

Think about days when you are running late. How do you keep this from affecting the care of your patients?

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DIRECTIONS: READ EACH QUESTION CAREFULLY. THEN, DETERMINE THE BEST ANSWER. CHECK THE CORRESPONDING BOX ON YOUR ANSWER SHEET. DO NOT WRITE ON THIS POST-TEST.

1. What is the most common cause of aphasia in homecare patients?
 - a. Brain tumor
 - b. Head injury
 - c. Encephalitis
 - d. Stroke

2. Which of the following best defines aphasia?
 - a. It is a disorder that affects the ability to speak or understand words.
 - b. It is a disorder that affects the ability to see.
 - c. It is a disorder that affects balance and gait.
 - d. It is a disorder that affects the ability to reason and think logically.

3. Which of the following is not a key point in providing care to patients with aphasia?
 - a. Keep the radio or television on at all times to stimulate the patient.
 - b. Allow the patient to make his decisions as much as possible.
 - c. Wait for the patient to follow one instruction before telling her to do something else.
 - d. Keep the surroundings neat and uncluttered.

4. Which of the following conditions may cause aphasia?
 - a. Stroke
 - b. Brain tumor
 - c. Brain infection
 - d. All of the above

5. What kind of aphasia causes difficulty in speaking words the person is thinking?
 - a. Mild
 - b. Expressive
 - c. Receptive
 - d. Global

6. It is very common for aphasic patients to have more than one type of aphasia.
 - a. True
 - b. False

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7. What determines the presence and severity of aphasia?
 - a. The age of the person
 - b. The intelligence of the person
 - c. The place and extent of brain damage
 - d. All of the above

8. Which of the following is not a good way to communicate with patients with aphasia?
 - a. Ask another question quickly if the patient cannot answer the first one so he won't feel embarrassed.
 - b. Look directly at the patient when you talk to her.
 - c. Watch the patient's facial expressions and body language.
 - d. Don't pretend to understand the patient's answer if you did not.

9. Only the speech-language pathologist should use communication boards, picture books and other speech therapy devices.
 - a. True
 - b. False

10. Which of the following is true about patients with aphasia?
 - a. Most patients have only one type of aphasia.
 - b. Patients with aphasia have lost the ability to think and reason.
 - c. Patients who are not very intelligent are more likely to develop aphasia.
 - d. Most patients will show some improvement in aphasia.

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MONTHLY INSERVICE ANSWER SHEET

In-service Month _____ Year _____

Name _____ Date _____

1. a. ___ b. ___ c. ___ d. ___

2. a. ___ b. ___ c. ___ d. ___

3. a. ___ b. ___ c. ___ d. ___

4. a. ___ b. ___ c. ___ d. ___

5. a. ___ b. ___ c. ___ d. ___

6. a. ___ b. ___ c. ___ d. ___

7. a. ___ b. ___ c. ___ d. ___

8. a. ___ b. ___ c. ___ d. ___

9. a. ___ b. ___ c. ___ d. ___

10. a. ___ b. ___ c. ___ d. ___