If you require a language assessment, please contact Speech and Language Therapy in the Beacon Hospital on Ph. 01 2966692

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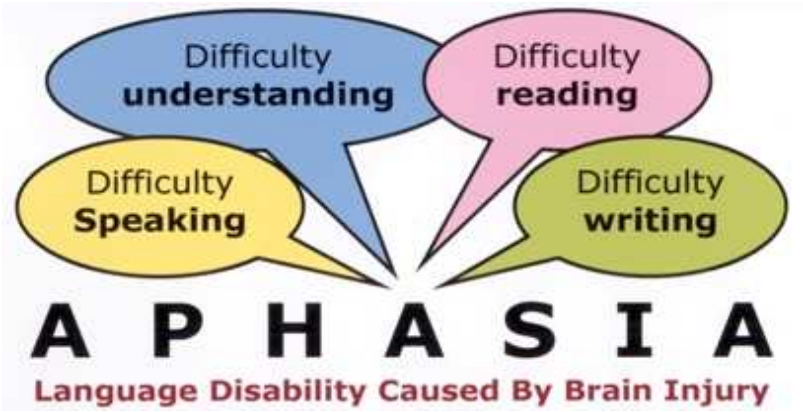
Beacon Hospital

Aphasia
(language difficulty)



Information Leaflet

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Speech & Language Therapy Department

What is Aphasia?

APHASIA (/DYSPHASIA) is a difficulty with language that results from damage to the parts of the brain that controls language. Aphasia causes problems with any or all of the following: speaking, understanding, reading, and writing.

What are some signs or symptoms of aphasia?

Some people with dysphasia have trouble using words and sentences (**EXPRESSIVE APHASIA**). Some have problems understanding others (**RECEPTIVE APHASIA**). Others with aphasia struggle with both using words and understanding (**GLOBAL APHASIA**).

Aphasia can cause problems with spoken language (talking and understanding) and written language (reading and writing). Typically, reading and writing are more impaired than talking or understanding.

Aphasia may be mild or severe. It can also be temporary (e.g. several weeks post surgery) or in some cases, it can present in the longer-term. The severity of communication difficulties depends on the cause, amount and location of the damage to the brain.

Characteristics of Expressive Aphasia

- Speaks only in single words (e.g., names of objects)
- Unable to find the word they want to use ('what's the name of that?', 'the thing', 'it's on the tip of my tongue')
- Speaks in short, fragmented phrases
- Omits smaller words like "the," "of," and "and" (so message sounds like a telegram)
- Puts words in wrong order
- Switches sounds and/or words (e.g., table is called chair or dishwasher a "wish dasher")
- Makes up words (e.g., jargon)
- Strings together nonsense words and real words fluently but makes no sense

Characteristics of Receptive Aphasia

- Requires extra time to understand spoken messages (e.g., like translating a foreign language)
- May follow 1 part of an instruction but not a 2nd or 3rd part
- Finds if very hard to follow fast speech (e.g., radio or television news)
- Misinterprets subtlety of language - takes the literal meaning of figurative speech (e.g., "it's raining cats and dogs")
- Is frustrating for the person with aphasia and for the listener- can lead to communication breakdown

Very often, a person with aphasia has both expressive and receptive difficulties to varying degrees.

How is Aphasia Diagnosed?

The speech-language therapist (SLT) works collaboratively with the person's family and other professionals (doctors, nurses, neuropsychologists, occupational therapists, physiotherapists, social workers). The SLT evaluates the individual and determines the type and severity of aphasia. Where appropriate, the SLT will offer language rehabilitation to improve expression or comprehension.

Tips to Improve Communication

- Face the person so that they can see you when you are talking
- Reduce background noise (e.g. turn down radio/TV)
- Speak slowly
- Use shorter sentences
- Put emphasis on important words (e.g. do you want **tea?**)
- Use gesture (e.g. point to watch/TV as appropriate)
- Use pen & pencil to get message across (e.g. drawing)
- Try not to finish the persons sentences when they speak
- If you think you know the word being attempted, give the first sound
- Don't pretend to understand when you have not- be honest

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