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Aphasia (Dysphasia)

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What is aphasia?

Aphasia is a difficulty with communicating. It happens after damage to the centres of the brain which are involved with language.

This damage happens commonly after a **stroke** (about a third of people after stroke have aphasia) but it can also happen after other damage such as a **brain tumour**, **meningitis**, or head injury. There is also a difficulty called Primary Progressive Aphasia, but it is not clear what causes this. No one is quite sure why this happens but it gradually gets worse over time.

The word 'aphasia' was previously used to mean someone with no language skills, and 'dysphasia' described someone with a difficulty with language. However, for many years 'aphasia' has been used in the UK, and internationally, to cover both.

Aphasia can affect a person's ability to use speech, to understand the speech of other people, to read, to write and sometimes to use numbers and gestures too. It is a difficulty that affects a person's ability to use and process language.

There are many different types of aphasia, no two people experience it in the same way. There is much discussion about classifying the types of aphasia and it may not always be helpful to try to do this. However, you may hear therapists or doctors talk about Wernicke's aphasia. This happens when a person strings words together fluently using normal intonation patterns but the words don't always make sense. The person may even use made up words and they often have great difficulty understanding what people say to them. People with Broca's aphasia communicate often using single words or short sentences. They need to work very hard to say these words but the words themselves make sense. People who have a very severe difficulty both understanding and using communication are often described as having global aphasia.

There are some communication difficulties which can occur alongside aphasia. Apraxia or dyspraxia is a difficulty with programming the muscles that we use to form clear speech. It is a problem with the brain messages for making the movements. It is not a problem with the muscles themselves. Dysarthria also affects the ability to make speech clear. This can be as a result of problems with using the muscles of the mouth, tongue, pharynx, larynx, and muscles for breathing. The speech is unclear, it can sound slurred, or effortful, too quiet or uncoordinated. Dysarthria on its own does not affect a person's ability to understand other people's speech or to read or write. However, it can happen at the same time as aphasia.

As communication is at the core of many of our daily activities aphasia can have a big impact. It affects the ability of a person to do everyday tasks that we take for granted, eg reading a get well card, answering the telephone, watching TV, or shopping. People can find it extremely hard to stay in employment, to fulfil their role in a family, or to keep up their usual social activities and hobbies. They often feel extremely frustrated, and isolated, and there can be breakdown in relationships. Many people with aphasia feel anxious, and depressed and their well-being and quality of life suffer.

A speech and language therapist is the healthcare professional who will diagnose aphasia or other communication problems. It is generally not necessary to get your doctor to refer to the speech and language therapist. You can contact them directly through your local hospital or health centre. They will do some assessments which will help form a picture of what particular challenges a person has and what they are still able to do. The assessment will include an analysis of the linguistic breakdown and also the way a person uses their communication. It will consider how the person is able to communicate messages and the impact on a person's life. Where possible the family will be involved in helping to give extra information to help the therapist to understand the difficulties. Some of the assessments will be formal, others more informal, eg watching someone communicate. As communication is complex there may be several assessments and these can take some time.

As a result of these assessments the therapist will be able to plan what happens next.

- **Monitoring.** If the picture is not yet clear the therapist may need to monitor a person over a longer time so that they can collect more information to help their decision about what should happen in the future.
- **Advice and training.** All relevant family, friends, healthcare professionals and social care staff should be given information about the aphasia. This should include some guidance about how they can help and how to communicate with the person affected.
- **Regular therapy.** The current guidelines suggest that if relevant a person should receive 45 minutes of required therapy every day. However, each area is different in how it organises its therapy services and how many staff are available. It may be appropriate for a therapist to plan some work and ask a therapy assistant to complete it. Sometimes work may be left for a person to complete when the therapist is not there, and family and friends may be able to help with this. Although much of the therapy work is done face to face there are some computer programmes and apps that can help with some aspects of therapy. Talk to your therapist about what may help. As each person experiences aphasia differently their therapy will be very individual. You may also get some more information from a website which shares information about what programmes can help, see www.aphasiasoftwarefinder.org.

Each area organises their services differently so the therapist for the hospital may not be the same one who works in the early stages when a person has gone home. It may also be a different therapist who works with a person over the long term.

What is the treatment for aphasia?

As aphasia and other associated communication difficulties are so individual the therapy plan will be very specific for each person. What helps one person may not help another.

A therapist will focus work on reducing the aphasia as much as possible through specific work and exercises. This change can happen through neuroplasticity which is when the brain uses other parts for functions that were previously done by a part that is now damaged. Therapy will also include advice and training to other people to teach them how changes to their own communication or to the environment can be very helpful. The therapist may recommend making more use of ways that we communicate not using spoken words, eg using writing, drawing, gestures or communication books and charts. There are electronic communication aids which can be appropriate for some people, and there are also apps which can be downloaded that are helpful too.

Therapy for apraxia/dyspraxia will focus on helping a person to produce speech sounds to use in their communication. Progress can be quite slow and people may always have some difficulty.

Therapy for dysarthria will work to improve the quality and naturalness of speech whilst making it easier to understand. If the speech is very difficult to understand the therapist may recommend a specialist communication aid or an app which could help.

Therapy for aphasia may focus for a time on one aspect such as finding the right words to put into sentences and then may move on to another aspect such as reading or understanding instructions. Although therapy can happen with just the person and the therapist, it may be appropriate for relatives to be involved too. Sometimes therapy happens in groups with other people who have similar difficulties.

For people with global aphasia much of the therapy may focus on training other people in their lives to communicate in the best way with the person. This should include family, friends, and if they live in a residential or nursing home it should include the staff there too.

The therapist will continue to inform family and friends (where appropriate) about the progress. Therapy should continue until the therapist feels that the work will not be any more beneficial. This does not mean that there will be no further change to a person.

A person and their family affected by aphasia may also get help from organisations in the voluntary sector. These vary as to what they can offer and for how long they can help out. Some of these offer help from the moment a person receives their diagnosis, for others the help starts in the later stages. Some offer help for the rest of a person's life. When NHS therapy stops it does not mean that there will be no further change in a person's communication. With work towards developing different skills and more confidence, aphasia and its impact can continue to reduce over time. For more information about these organisations look at the Aphasia Alliance website (see below for details).

Sometimes people want to get support from a therapist who works privately. See the Association of Speech and Language Therapists in Independent Practice website (see below for details) or your local phone book. The Royal College of Speech & Language Therapists website provides more information about other communication difficulties (see below for details).

This leaflet was provided by Gill Pearl and Speakeasy, a specialist aphasia charity based in Ramsbottom, Bury. Copyright for this leaflet is with Speakeasy.

Further help & information

Association of Speech and Language Therapists in Independent Practice

Coleheath Bottom, Speen, Princes Risborough, Bucks, HP27 0SZ

Tel: 01494 488306

Web: www.helpwithtalking.com/

Aphasia Alliance

c/o Speakability, 1 Royal Street, London, SE1 7LL

Tel: 020 7261 9572

Web: www.aphasiaalliance.org

Connect - the communication disability network

St Alphege Hall, King's Bench Street, London, SE1 0QX

Tel: 020 7367 0840

Web: www.ukconnect.org

Royal College of Speech & Language Therapists

2 Whitehart Yard, London, SE1 1NX

Tel: (Information) 0207 378 3012, (Admin) 0207 378 1200

Web: www.rcslt.org

Further reading & references

- [Ongoing Rehabilitation](#); NICE Quality Standards

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