

Good term paper about an acquired neurological language disorder: aphasia

[Sociology](#), [Communication](#)



Discussing the Causes, Symptoms, Treatments, and Prognosis through Modern Medicine

INTRODUCTION

In the modern world we have clear knowledge of so many of the diseases, disorders, conditions that can negatively affect our lives at the day-to-day and long-term levels. When it comes to the brain, the center of our mind and control center of the entire body, it becomes all the more serious. Some of these conditions and disorders have serious neurological effects like Alzheimer's in the aging and elderly. While many neurological disorders are easily diagnosed or have a slow progression allowing the patient to prepare for future problems, some can appear almost instantaneously (Indiana University of Pennsylvania, 2014). These conditions are referred to as Acquired Neurological Disorders. The symptoms come suddenly and with little warning. This can be most devastating when these conditions directly affect a person's ability to communicate. As human beings we pride ourselves on our use of language and ability interpersonally communicate. Losing that ability can be devastating, life-altering, and incredibly isolating for the individuals afflicted. Aphasia is one such condition, which is defined as an acquired neurological language disorder, which can affect a number of communicative responses, ability speak, how they understand, and if they comprehend. In many cases rendering meaningful communication impossible (I-Communicate: Speech and Communication Therapy, 2014). However, there are presently a number of treatments and therapies that can benefit the symptoms and diagnosis of aphasia, making continuing research in this field worthwhile.

BACKGROUND

In the most simple of explanations, aphasia, often present, with a patient who is speaking gibberish. At least, that is how it would be perceived by listeners. It is not unlike these people to know what they intend, but the right words do not come out of their mouths. In the past neurological disorders, like Aphasia, would have been seen not as a medical condition that can be addressed, but as a sign of insanity of some sort. Unfortunately, historically speaking, most neurological and psychiatric condition was diagnosed as madness (Eyongakpa, 2012). After all, if an individual cannot communicate in anything other than gibberish then they cannot effect a meaningful treatment. More so, physicians of early eras would not have had any idea how to treat such a condition. However, in this modern era we have a much better understanding of neurological diseases and disorder, like Aphasia, and how to approach, address, and treat the patients suffering from this devastating diagnosis.

DISCUSSION

Aphasia is a rather complex disorder. There is no single means that its effects a sufferer, severity can vary, there are no universal symptoms, and it can be attributed to different forms of neurological damage. In fact, there are five specific types of Aphasia that a patient may acquire (Lava, 2014).
Expressive Aphasia: Also called Non-fluent aphasia is a type of aphasia that presents when the patient knows what they want to say, but their ability to communicate verbally is limited; this form also affects the patient's ability to write their words as well.

Receptive Aphasia (Fluent aphasia): These individuals can see and read print, but may not comprehend. They may speak in gibberish and even they are unable to understand their own words.

Anomicaphasia: The individual has serious difficulty finding the rights words when they attempt to speak or write.

Global Aphasia: This is the most severe type of Aphasia. In this form the sufferer would be speaking gibberish, an ability to read or write, and a total inability to functionally communicate.

Primary Progressive Aphasia: This form is the rarest and is the only type that begins slowly and continues in progression until it becomes severe. It is also the most difficult to treat. Because there is no definitive cure, people suffering this type will often learn another type of communication, like gestural signals.

While there are a few potential contributors to acquiring aphasia, the majority, 25% to 40%, of instances are caused by strokes. More so, 35% to 40% of adult patients with a diagnosis of stroke admit to having symptoms of one of the types of aphasia prior to or soon after discharge from hospital care (American Speech-Language-Hearing Association, 2014). There are a number of differ types of strokes, ischemic or hemorrhagic, each located in different part of the brain and progress slightly differently. However, what they all have in common is that they cause serious damage to parts of the brain, sometimes to a degree so sever, that recovery is unlikely. Many people equate strokes to explosion inside the head. That comparison makes the level of damage and long-lasting effects of this life-threatening event easier to understand. Today many researchers are focused on attempting to

isolate which types of aphasia and which symptoms; correlate to different types of strokes and effected areas of the brain. This will increase our understanding of aphasia, the human brain, and the future of possible treatment of these conditions (Gorno-Tempini & et. al., 2011). In most cases of aphasia, among adults and the elderly, stroke is the most likely contributor, however, in rare cases of childhood aphasia, it is often attributed to other issues, including brain tumors, injuries, and possible cerebral infections. (American Speech-Language-Hearing Association, 2014)

While it can take time to determine the source and type of aphasia that a patient may be suffering. The physicians must consider the patient's specific condition the location, and severity of the symptom manifesting to determine what approach will often the patient the best possible path to recovery (Kirshner & et. al, 2014). Again, because the condition does not possess universal and identical symptoms the treatment for patients is often rather individual. Firstly, it is necessary to determine what area of the brain has received the damage whether it was caused through disease, injury, or stroke. It is from this point that you can determine if the patient needs language therapies, speech aids, or oratory programs (Schwartz, 2014).

Aphasia is, simply, not a one-size-fits-all condition. Today there are a number of programs, medications, and therapies intended to improve, repair, and aid in the recovery of patients suffering from aphasia. Among these therapies, there are four that have proven to have the greatest success. These therapies focus benefitting, both, the comprehension and speech aspect of the disorder.

Melodic Intonation Therapy: Also called MIT, is most common and beneficial

in treating patients suffering from Expressive, or Non-fluent, aphasia. It uses music and melodies to encourage activity in the right hemisphere of the brain. This can help the patients to remember more words and commit them to their vocabulary that they may have struggling with at the time (Paddock, 2014).

Computerized Script Training (CST): This treatment approach uses technology to aid in aphasia sufferers. The computer provides the patients with scripts containing different day-to-day conversations. This gives them a chance to practice speaking and language in real life settings (Paddock, 2014).

Promoting Aphasic's Communicative Effectiveness (PACE): This approach relies on interactive and direct conversation and interaction with therapists. The patient will be shown singular images or images of simple concepts. They are encouraged to explain what they see as best as they can. This process helps the speaker to become more confident with the use of this speech-language therapy. Over time the images and concepts will become more complex and more difficult to explain, ideally continuing to challenge the patient (Paddock, 2014).

Group Therapy: This approach is very common. It simply is opportunity to place a group of aphasia sufferers and allow them to communicate and attempt to aid each other. While this may not provide the fastest route to treatment it does provide the patients with a more comfortable and less stressful learning environment (Paddock, 2014).

Today many researchers in the area are attempting to understand aphasia and work at innovating new means to treat those individuals suffering from

the disorder. However, many of these modern experts are discovering something that may make the treatment of disorders like aphasia more difficult. Living in a globalized world, where language, interactions, and day-to-day interactions in many parts of the world are communicated bilingually. There are many aphasia sufferers who are experiencing the problem in more than one language, making the efforts to make sense of the chaos all the harder (Insaldo & Ghazi Saidi, 2014). However, despite this new set-back, the overall prognosis of aphasia is a positive one. It may take a long time to fully regain language and speech skills, but as long as the patient remains receptive and those around them support them by finding alternative means of communication in the meantime, then the outcomes will likely be positive. The greatest complication that many aphasia patients suffer from is depression and stress. As mentioned previously, human beings pride themselves on their ability to communicate, it is an essential aspect of every day-to-day life. That said, that loss and the frustrating recovery can lead to poor mental health. It is necessary that these feelings are shared with and addressed by healthcare professionals (Paddock, 2014). Realistically speaking, aphasia is highly preventable. The greatest cause is strokes, therefore tackling the causes and commonality of stroke, then it would dramatically decrease the instances of aphasia experienced all over the world.

CONCLUSION

It would be terrifying to suffer through a frightening and painful stroke event, and then wake-up to find that you cannot speak anything but gibberish. You

realize that you cannot read or write your needs and feelings and no one has any way of understanding what information you may be trying to convey. That said, addressing such neurological language disorders is essential given the commonality of its causative conditions, like stroke. If you are someone or know someone that you care for who are struggling with aphasia, it is necessary to monitor mental health, overall outlook, and encourage the necessary treatments to encourage a more expedient and complete recovery. There have been many people who have recovered much of their linguistic and verbal knowledge and abilities. What is called for today is continuing research that will increase our understanding of the brain and how neurological conditions are experienced by the brain. Having this understanding would lead to better understanding of accessory conditions, like aphasia, and how better to approach and treat them. Communication is one of the most precious, essential, and innately human traits, slighting, diminishing, or eliminating that option cannot be anything but devastating. That said, it is worthwhile that the medical communities dedicate greater research and study to addressing the symptoms, treatments, and prognosis of aphasia, which can only benefit future generations.

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