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Wisdom for Your Life.

Language Impairments Related to Dementia

It Isn't Always Memory

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Our Mission
To serve through healing, education and discovery

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Areas of the brain responsible for language

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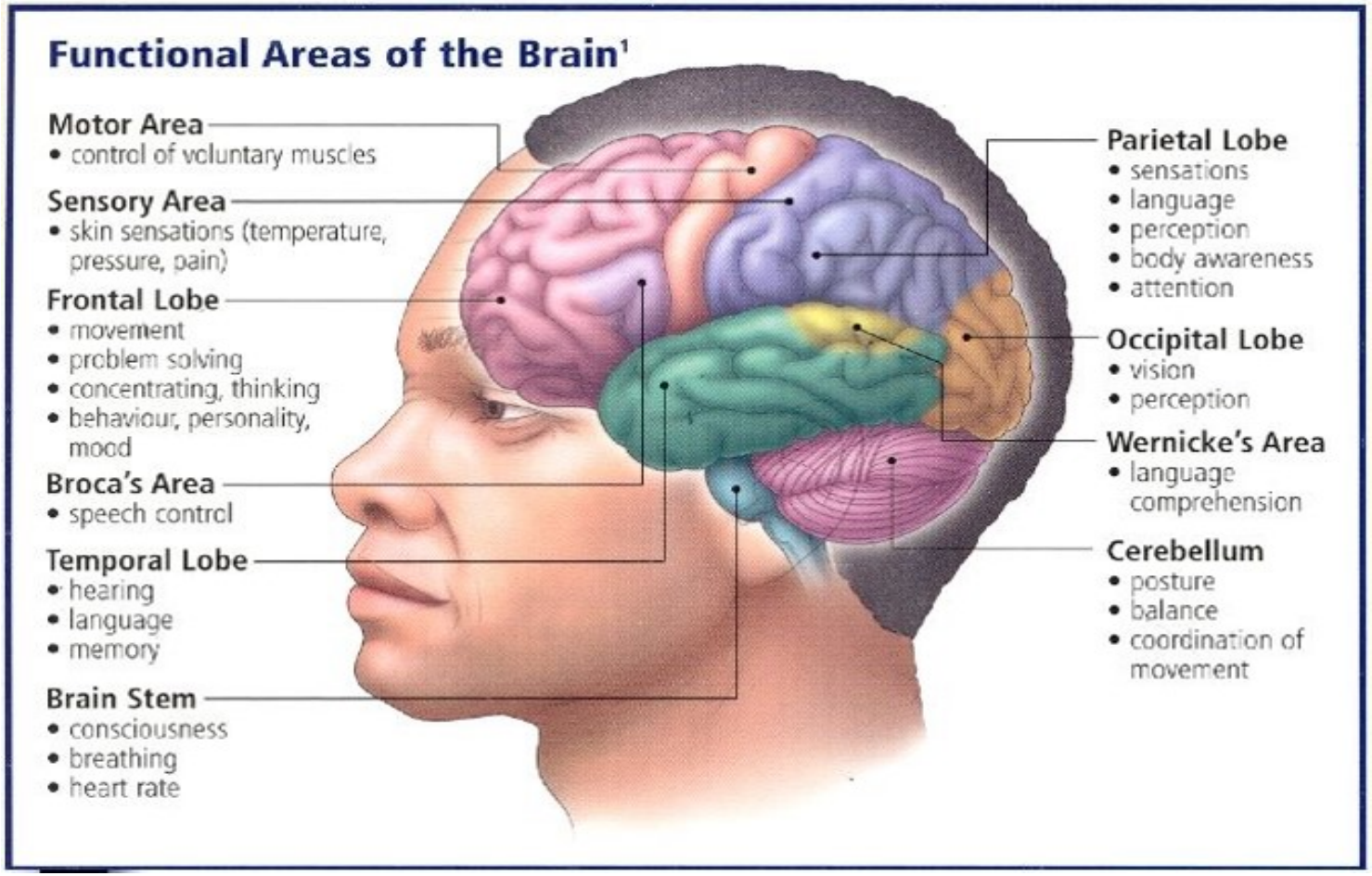

What is language?

- **Expression**
- **Comprehension**
- **Reading**
- **Writing**
- **Gestures**

Aphasia

- **What it is:** An acquired language impairment caused by damage to the brain. It can involve language production, comprehension or both.
- **Expressive aphasia:** the person knows what they want to say, yet have difficulty communicating it to others.
- **Receptive aphasia:** the person can hear someone speaking or read print, but are unable to understand the meaning of the message.
- **Global aphasia:** Difficulty speaking and understanding words.

Language impairments in different dementia types

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- **Alzheimer's disease – language disturbance is not the primary symptom, but occurs later in the disease process.**

Early stage: Mild word finding or object naming difficulty and semantic type paraphasic errors, i.e., “father” instead of “husband". Difficulty processing language rapidly; lose ideas of what to talk about.

Moderate-Severe stages:

- Impaired naming, repetition, comprehension, reading, and writing.
- Paraphasic errors are both semantic and phonemic – “crush” instead of “brush”.
- Can have stereotypic speech - "you got me", "can't say as I do"
- The person may use neologisms or nonsense words. At this point, language impairment can result in undesirable behaviors.

Frontotemporal dementia

- Behavior variant of FTD and language variants (Primary progressive aphasia)
- Behavioral variant is characterized by severe changes in behavior and personality. Language remains relatively intact but can be affected by impaired executive function skills (attention, problem solving) until later in disease process.

Primary Progressive Aphasia

A progressive dementia where language deficits are the primary presenting symptom

- Three subtypes:

  - **Non-fluent**: characterized by effortful, halting speech. Impaired comprehension of complex sentences but single word comprehension is spared.

  - **Semantic**: spared motor speech production and grammar, but sentences are tangential or vague, and lacking nouns.

  - **Logopenic**: impaired word finding during naming tasks and conversation. May seem fluent in casual conversation due to use of circumlocution and automatic speech.

Why do we need to know?

- Accurate diagnosis in order to provide best treatment.
- Understand why and when the patient has difficulty in order to maximize their communication.
- Uncover the individual‘s language strengths as well as weaknesses for developing compensatory strategies.
- Understand how the language impairment progresses in order to prepare for future language needs.

How can a speech-language pathologist help?

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- Assist physician in making accurate diagnosis by providing a thorough assessment of each language domain.
- Provide hope to the patient and family by discovering language strengths to facilitate communication.
- Educate caregivers on techniques to assist patient with successful communication.
- Train patient and caregiver with AAC if needed/desired
- Re-assess and follow patient throughout the progression of illness to determine effective strategies as language impairment worsens.

General Communication Tips

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- Make eye contact and ensure you have the person's attention.
- Cue the person to describe object when they have difficulty finding the word. Encourage use of gestures as well.
- Offer concrete choices to ease word finding – instead of "what do you want for dinner?" , try "would you like spaghetti or chicken?"
- Utilize written words and/or gestures if patient's comprehension is impaired.
- Don't quiz the person or ask a lot of specific questions - e.g., "Now who is this person? I know you know. Who is it?"
- Speak slowly and clearly, and use short sentences.