Lecture 6

Adult Language Disorders

Dementia
Thinking ability gets progressively worse
About 1 in 20 people over age 65 have dementia
About 18 million people in the world currently have dementia
In 15 years it is predicted the number will reach 34 million

Alzheimer’s – most common form of dementia
Progresses slowly
Ends in death – usually 8-10 years after diagnosis
Are gradual, but major changes in the brain
Symptoms
- Progressive deterioration of thinking ability
- Loss of memory
- General disorientation
- Loss of personal care skills
- Personality changes
- Difficulty understanding, naming, being socially appropriate

A LONG GOOD-BYE

Aphasia

Basic definition: Loss/disruption of normal communication abilities due to injury to the brain.

Causes of aphasia
Cerebral vascular accident (CVA) - referred to as a STROKE
- thrombosis (70 %) - slowing of the blood stream to the brain because of "hardening of the arteries" - often seen in older people.
  At risk for “hardening of the arteries”
  - high blood pressure
  - high cholesterol levels
  - cigarette smoking
  - diabetes
  - being over-weight
  - lack of exercise
  - “Western diet”

- Embolism (10 %) – foreign material carried in the blood stream to another part of the body
- Hemorrhage (20 %)
  - High blood pressure
  - Aneurism

Warning signs of stroke
- numbness or weakness in face, arm or leg
- difficulty speaking or understanding
- difficulty swallowing
- sudden confusion
- severe headaches
- dizziness or loss of balance
- sudden blurred or decreased vision
- sudden change of mental ability

Three simple questions
- Ask person to smile
- Ask person to raise both arms
- Ask person to repeat a simple sentence
- One more thing – ask person to stick out tongue

Trauma
Penetrating (open head injuries)
Closed head injuries
Tumors

Disease

Prognosis (how much better will the person get?) – depends on several things
- where the brain is injured, what type, and how much
- personality
- education
- age
- motivation
- time before starting therapy
- IQ
- Associated problems
- How much spontaneous recovery occurred
- Resources – including availability of therapy, support of family and friends
- General health
- Skill of the clinician

Any of the following MAY occur with head injury
Motor and sensation problems
Vision problems
Seizures
Dysarthria
Catastrophic reactions – crying a lot
Euphoria – too happy – doesn’t realize something is wrong
Loss of memory
Dysphagia – swallowing problems
Maybe reduce intelligence
Perseveration
Loss of ability to concentrate
Increased irritability
Automatic speech
Apraxia

APHASIA – caused by damage to the left side of the brain. Usually affects BOTH language expression (talking and writing) and reception (understanding speech and reading)
  Receptive (fluent) aphasia (also called Wernicke’s aphasia)
  Expressive (non-fluent) aphasia (also called Broca’s aphasia)
  Global aphasia – more severe and widespread damage to the brain

Right Hemisphere Syndrome – damage to the right side of the brain that can lead to thinking and communication problems – often caused by traumatic brain injury
Nonlinguistic Problems – may have trouble with
  Attention
  Memory
  Orientation
  Recognizing faces of people they know
  Left-side neglect
  Impulsivity
  Not aware of any problem
Linguistic Problems
  Usually don’t have severe language problems
  May have subtle problems with
    Knowing how to use and interpret language
    Understanding non-literal language
    Understanding emotions expressed in social situation
Extralinguistic problems
  Problems with conversational rules
  Problems identifying was is important (the main point)
  Problems interpreting body language and facial expressions