

Contents

<u>Definition</u>	2
<u>Prevalence and incidence</u>	2
<u>Signs and symptoms</u>	2
<u>Causes/risk factors</u>	3
<u>Pathophysiology (mechanism of disease)</u>	3
<u>Prognosis and complications</u>	4
<u>Diagnosis/detection</u>	4
<u>Treatment</u>	4
<u>Patient support</u>	5
<u>External websites</u>	6
<u>References</u>	6

Definition

Aphasia is a complex language and communication disorder resulting from damage to the language centres of the brain.¹

There are different types of aphasia: Broca's aphasia, Wernicke's aphasia, anomic aphasia and primary progressive aphasia (PPA). For more information about the different types of aphasia, visit the Stroke Association's **Types of aphasia** page.

Note that, as described in the National Institute for Health Research (NIHR) **Engaging with people who have aphasia** document, "*Aphasia*" is used nationally and internationally as an umbrella term to cover all types and severities of the language processing difficulty. Previous use of "dysphasia" has not been helpful for people living with it; there is confusion both with the similar sounding "dysphagia", and there is conflict with the international preference for 'aphasia' which causes difficulty when searching for and sourcing help if there are two different terms in use.²

(Dysphagia is the term used to describe a swallowing disorder).

Dysarthria (difficulty speaking) is a condition that effects the muscles that are used for speech. Dysarthria is different from aphasia; for more information about this condition, visit the NHS page **Dysarthria (difficulty speaking)**.

[Return to contents](#)

Prevalence and incidence

Around a third of **stroke** survivors experience some level of aphasia and it is estimated there are more than 350,000 people with aphasia in the UK.³

12 percent of stroke survivors are still aphasic at six months, and between 30 to 43 percent of those affected will remain severely affected in the long term.⁴

[Return to contents](#)

Signs and symptoms

Aphasia can cause problems with:

- speaking – this is known as expressive aphasia
- reading
- writing
- understanding – this is known as receptive aphasia
- using numbers
- dealing with money
- telling the time.³

Symptoms vary between individuals.

In the following Stroke Association video, *Aphasia after a stroke*, people who have had a stroke and suffer from aphasia speak about what it is like, and a speech and language therapist offers expert information about aphasia.

This video is hosted on Vimeo; you will need to have an account to watch it. An account can be created for free by clicking on the title of the video below and following the instructions on Vimeo to register.

Stroke Association – Aphasia after a stroke



[Return to contents](#)

Causes/risk factors

Causes of aphasia include:

- **stroke** (the most common cause)⁵
- head injury
- brain tumour
- neurosurgery
- brain infection, eg, encephalitis
- neurological diseases, eg, progressive supranuclear palsy, multiple sclerosis
- substance misuse
- **dementia** (PPA).⁴

[Return to contents](#)

Pathophysiology (mechanism of disease)

As a result of damage to the language centres of the brain, the pathways for language comprehension or production are disrupted or destroyed. For most people, this means damage to the left hemisphere of the brain (which is linked to language) but can also occur following damage to the right hemisphere of the brain.⁴

The following Ted-Ed talk *Aphasia: The disorder that makes you lose your words* by Susan Wortman-Jutt explores the different types of aphasia, and the way in which the Broca's and Wernicke's areas of the brain are linked to language.

Susan Wortman-Jutt – Aphasia: The disorder that makes you lose your words



[Return to contents](#)

Prognosis and complications

Aphasia may improve on its own without treatment,⁵ but the outcome is difficult to predict due to the variation in the way that it affects different people.⁶

PPA is typically progressive, which means that those with this form of aphasia tend to lose all ability to communicate eventually.⁷

There are several complications related to aphasia, which include:

- isolation
- anxiety
- depression.⁵

Section 4, *How does Aphasia affect individuals?*, of the Royal College of Speech and Language Therapists (RCSLT) **Resource manual for commissioning and planning services for speech, language and communication needs (SLCN): Aphasia** describes the effects of aphasia on both the individual and those around them.

[Return to contents](#)

Diagnosis/detection

Diagnosis is usually made after assessment by a specialist such as a speech and language therapist. Diagnosis involves the use of tests to assess a person's ability to understand speech and grammar, express words, phrases and sentences, communicate, and read and write. Imaging techniques such as computerised tomography (CT) and magnetic resonance imaging (MRI) scanning may also be used.⁵

[Return to contents](#)

Treatment

The recommended treatment for aphasia is speech and language therapy. Information on the treatment of aphasia can be found on the NHS **Aphasia, Treatment** page.

The following Dyscover video shows a speech therapist working with a patient with aphasia.

Dyscover – Aphasia: what a difference some help makes



[Return to contents](#)

Patient support

The way that you interact with people with aphasia can make a big difference to their ability to communicate.

The following Stroke Association video describes how Ask, Wait, Listen can be used when communicating with those with aphasia.

Stroke Association – Aphasia etiquette: Ask, wait, listen



The NIHR's ***Engaging with people who have aphasia*** contains lots of information about how to improve communication with those with aphasia. Although it is aimed at stroke researchers, this information can be used by pharmacy professionals who want to improve their communication with people with aphasia. On page 27, it includes a table of difficult words that have been identified as difficult to understand.

The Stroke Association has a ***Communication tools*** page with resources to support those with aphasia. Speakability, the national charity that supports people with aphasia, merged with the Stroke Association in 2015 and runs national self-help groups by and for people with aphasia. There are many national **stroke support groups** which can be found on the Stroke Association website.

In the following video, Janet Rockcliffe shares her personal and emotional stroke story with fellow stroke survivors and carers at the UK Stroke Assembly 2015.

Stroke Association – Janet’s story



Speak with IT are a charity who aim to raise awareness of aphasia and regain or improve their speech, communication skills and confidence using specialist aphasia software.

Speakeasy is a specialist aphasia charity based in Bury that, with a range of professionals and volunteers, help in delivering support and therapeutic activity to people with aphasia and their families. They also offer support to people from outside of Bury.⁸

Patient.info host a leaflet, **Aphasia**, provided by Gill Pearl and Speakeasy, which gives an overview of aphasia and its treatment.

[Return to contents](#)

External websites

CPPE is not responsible for the content of any non-CPPE websites mentioned on this page or for the accuracy of any information to be found there.

All web links were accessed on 15/12/2022.

[Return to contents](#)

References

1. Stroke Association. **What is aphasia?** No date.
2. National Institute for Health Research. **Engaging with people who have aphasia: A set of resources for stroke researchers.** 2014.
3. Stroke Association. **Aphasia and its effects.** No date.
4. Royal College of Speech & Language Therapists. **RCSLT Resource Manual for Commissioning and Planning Services for SLCN: Aphasia.** 2009 (updated 2014).
5. NHS. **Aphasia. Overview.** March 2021.
6. Brain Foundation. **Disorders. Aphasia. Description.** No date.
7. Genetic and Rare Diseases Information Center. **Primary progressive aphasia.** November 2021.
8. Speakeasy. **About aphasia. FAQ.** No date.

[Return to contents](#)

Last review: November 2022

Next review due: November 2023