

1. Who is at risk?

Though more common among older people, aphasia may occur regardless of age, nationalities, and gender. Currently, aphasia affects about two million Americans, and nearly 180,000 people acquire the disorder each year (National Aphasia Association).



2. What are the causes?

Damage to the language parts of the brain is the leading cause of aphasia, usually due to a sudden stroke or head injury. Depending on the type and extent of damage, symptoms are unique for every individual. Communication may be nearly impossible for some, while for others aphasia may be mild by affecting only a single aspect of language. Aphasia may also be accompanied by cognitive problems (memory loss or confusion), and even motory problems (paralysis of an arm or leg).

3. Is recovery possible?

Although many people with aphasia are still told only to expect language recovery in the first 6-12 months after stroke, this is false. **Long-term improvement is possible.** Research has proven that language abilities continue to develop for many years, accompanied by new neurological activity near the damaged brain tissues (NIDCD).

As such, treatment methods are aimed at restoring language and supporting new means of communication. Individual therapy focuses on the specific needs of one person, while group therapy provides the chance to practice communication skills in a wider social context. Family involvement is also essential to provide emotional support and care within or outside the home setting. Through effort and persistence, people with aphasia can regain some of the language abilities to re-engage with their communities.

4. What is the impact?

Language barriers may cause grave social complications. This includes difficulty re-engaging with family and friends, finding jobs, or adjusting to work settings. So oftentimes, people with aphasia feel isolated from the community, resulting in high rates of post-depression and emotional distress (Biomed Central).

Moreover, the inability to resume in meaningful activities and to determine one's own future reinforce disempowerment, hopelessness, and negative sense of identity. In fact, aphasia was reported as the "largest negative impact on quality of life out of 60 diseases and 15 health conditions" (Lam & Wodchis).



5. Why should we care?

Participation in social activities is a key factor that determines one's quality of life. We humans strive to be part of a social community—to engage in activities of choice with the people we love. Even people with aphasia revealed that "doing things" or engagement in valued activities is a vital component of living well with aphasia (Simmons Mackie).

While greater community participation and recreational pursuits are crucial for healthy living, there is a lack of opportunities for people with aphasia. Thus, it is vital to educate and raise public awareness that aphasia is not an intellectual disorder. Creating an environment that fosters growth in both language skills and self respect is the beginning step.

Things to keep in mind

1. Minimize loud auditory distractions
2. Use simple, direct language
3. Be patient with the individual's response
4. Avoid correcting the individual's speech
5. Promote as much independence as possible
6. Encourage any form of communication



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Aphasia

Loss of Language
Not Intellect