Approaches to Therapy in Progressive Aphasia

Cathleen Taylor
Speech Pathologist
War Memorial Hospital
9369 0212
taylorc@sesiahs.health.nsw.gov.au
Frontotemporal lobar degeneration (FTLD)

frontotemporal dementia (FTD),

semantic dementia.

progressive non-fluent aphasia (PNFA)
Semantic Dementia

- Semantic components of language are affected. (Hodges, 1999)
- Fluent (Mesulam, 1982)
Progressive Non Fluent Aphasia (PNFA)

- Phonological (sounds) and syntactic components (sentence order and structure) of language are affected. (Hodges, 2001)

- Non fluent
Anomia

Phonemic paraphasias (sound errors in speech e.g. 'gat' for 'cat')

Agrammatism

Hesitant, effortful speech

Loss of fluency

(Neary et al 1998)
Single word processing model
Case History 1

- 54 yo male
- University graduate level education, lawyer
- Driving, surfing, all personal ADLs
- No reported changes to behaviour or personality
- 2 yr h/o deterioration of speech and language skills.
Speech Sample: Case 1
Symptoms: case 1

- Effortful, groping speech production
- Anomia, (circumlocutes)
- Phonological errors
- Initial sound and whole word repetitions
- Results in overall slowed speech rate ~110-150 SPM (norm 160 -190)
- Syntactical errors
- High level comprehension difficulties, eg logico grammatical relations
Case History 2

- 58 yo male
- Graduate and post graduate level education, now retired
- Driving, golf, all personal ADLs
- Some reported changes to behaviour
- 2 yr h/o deterioration of speech and language skills
Speech Sample: Case 2

21st january04.wav  21st january06.wav  21st january08.wav
Symptoms: case 2

- “Stuttering”: speech rate ~120-150SPM with ~10% syllables stuttered.
- Anomia
- Phonemic errors
- Syntactical errors
- High level comprehension difficulties, eg logico grammatical relations
Case History 3

- 48 yo female
- NESB with 20+yr ho of fluent English (verbal and literate)
- All personal ADLs, some cooking, cleaning etc but with some home help, using public transport independently
- Labile
- 5-6yr h/o speech and language deterioration
Symptoms: case 3

- **severe oral apraxia**
  - unable to perform oral mmts to command
  - unable to consistently phonate - non verbal

- Mild oro pharyngeal dysphagia…MBS results

- Using written language, and sms to communicate.
Assessment

- Comprehensive communication Ax can assist Dx
- Ax should identify level of breakdown in language processing and therefore guide different approaches to Tx (Hillis and Carramazza, 1994)
- Individuals with progressive language impairments are under referred for speech pathology services. (Taylor et al, in print)
Treatment

• Intervention is relevant
• Evidence in literature for effectiveness of intervention
• Full disclosure to individual and significant other.
• Collaborative decision making and goal setting.
Therapies

- **Impairment Based Interventions**
  - Semantic Rx
  - Naming/word retrieval Rx
  - Word finding strategies
  - Fluency Rx
  - Numerous others

- **Participation Facilitation Interventions**
  - Teaching total communication techniques
  - Alternative and Augmentative Communication: life books, portfolios, memory wallets, communication books, ID cards, lists, maps
Treatment case 1 & 2

- Fluency Rx
- Word retrieval
Fluency Rx

- ↓rate of speech
- Smooth contacts
- Respiration
- Effective pausing
- Stress patterns

diplomatic
Word Retrieval Rx
Treatment case 3

- Appropriate AAC-pen & paper, SMS, electronic voice output, picture base
- Responsive vs generative; issue of adynamia
- Dysphagia mx
Review

- Communication needs change
- Ongoing Dysphagia Mx
- 53% of individuals described were reviewed (Taylor et al in press)
Education/ Support

- Education programs; individual and group: enhancing communication
- Australia specific information, web, printed
- Australian Aphasia Association
Enhancing Communication

Supporting Partners of People with Aphasia in Relationships & Conversation

(Lock, Wilkinson & Bryan, 2001)
Errors of meaning

Four weeks ago....
No.... four days ago

Semantic paraphasias

Solution: Perhaps let errors go. Clarify by giving a choice of two or a verifying question.
Word finding difficulties

Solution =
- Give more time
- Binary choice
- Clarify with questions

I saw...oh you know....that one....who goes there....ohhh...
Getting stuck on the same idea

The taxi comes at 4

That’s fine. Don’t forget Roger’s coming to dinner.

The taxi comes at 4

Solution: Pause. Introduce new content in a way that doesn’t require response.
Preventing problems From Occurring

- Prepare the environment
- Gain attention before beginning a gentle touch, a “alerter”
Dealing with problems can stop conversation.
You can choose not to deal with problems!
References and Bibliography:


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