

Aphasia Following Brain Injury

This leaflet offers information about aphasia following brain injury. If you have any further questions or concerns, please speak to the staff member in charge of your care.

What is aphasia and why have I got it?

Aphasia is an acquired language condition, which is typically caused by a brain injury (stroke, tumour, aneurysm etc.). Aphasia can affect a person's ability to speak, understand language, spell and read. The exact difficulties may be dependent on the type and extent of the brain injury.

Aphasia occurs when the language centres of the brain are disrupted (in most people, this is in the left side of the brain), although not everybody with a brain injury will experience aphasia. The severity of the aphasia usually depends on the extent of the damage and there are different levels of impairment ranging from mild to severe. Aphasia may be impacted by other factors, e.g. cognitive ability (i.e. thinking skills), mood and engagement, amongst other factors.

Recognising and working on changes is important, as aphasia can cause difficulty in communicating with others effectively. This can impact a person's relationships with others, their ability to perform daily activities safely and efficiently and their ability to carry out work duties.

This leaflet is designed to help the person with aphasia and those close to them to identify any changes to their communication, to use strategies to support with communication and to signpost how to seek support should it be required or if it is not already in place.

What are the signs and symptoms?

Types of Aphasia

Expressive Aphasia:

Expressive aphasia is a term used to describe difficulties with expressing yourself. This typically includes using words and sentences. It may also affect written communication (spelling).

You may notice the following:

- Not being able to speak
- Hesitating or pausing when speaking
- Taking longer to get the message out
- Having difficulties speaking in full sentences or getting the words in the wrong order
- Difficulty recalling words or words being 'on the tip of the tongue'
- Making errors when speaking: saying the wrong word, a word which sounds similar or a 'non-word' e.g. Saying 'dog' instead of 'cat' or 'sandwok' instead of 'sandwich'
- Being able to describe an object but not name it
- Making spelling or grammatical errors when writing, typing or texting.

Receptive Aphasia:

Receptive aphasia is a term used to describe difficulties with understanding language – both in verbal and written form.

You may notice the following:

- Having difficulty understanding what people say
- Having difficulty with understanding longer or more complex information, e.g. following instructions with multiple stages or information about a topic which is less familiar
- Having difficulty understanding if there's background noise or several people speaking at once
- Having difficulty understanding written information – this may be all written information or just longer text, e.g. being able to understand the headline of a newspaper but not the main body.

What treatments are available?

Speech and Language Therapy

If a person has signs of aphasia whilst in hospital, it is likely they will have been seen by a Speech and Language Therapist. Speech and Language Therapists work with people and those close to them to diagnose and manage communication impairments. Diagnosing a patient with aphasia involves taking many different factors into consideration and this process can take multiple sessions. Speech and Language Therapists can provide support for communication changes in people with brain injury, whether this is in hospital or at home.

General Tips to support

For the person with aphasia:

- Try to communicate in quiet and relaxed settings, where possible.
- If you find that communication becomes worse when tired, try to have any important or more complex conversations at times in the day when fatigue is reduced, e.g. in the mornings / after a rest.

- Alternate activities with a high communicative demand (e.g. complex conversations, reading books) with activities with a less communicative demands (e.g. resting, going for a walk, gardening etc.).
- If communicating is tiring, try to keep social gatherings small to begin with, then gradually increase the number of communication partners.
- If comfortable in doing so, let others know about communication changes and the best ways to support (this will be different for each individual but may include asking people to give you time, not 'talking for me' or asking the person to repeat / slow down).

For the communication partner:

- Gently let the person know if they are not being understood and encourage them to use strategies, e.g. using a similar word, giving themselves time.
- Avoid pretending to understand if you have not.
- Give the person your full attention and look at them when you are talking to them. To get the person's attention, say their name and make sure you receive eye contact.
- Slow down but use adult language and tone of voice.
- Give the person time to process what you have said.
- Consider using gestures or pictures to help the person understand what you have said.
- You may need to rephrase or repeat what you have said if necessary.
- Provide structure to the conversation and talk about one topic / subject at a time. Maintain and extend the current topic rather than changing topics frequently.
- Be patient and give the person time to respond and do not interrupt.
- Do not feel the need to 'talk for the person' unless they specifically ask you to do so.
- If you can see the person becoming frustrated or emotional, try terminating the conversation and returning to it later.
- Give positive feedback for the communication skills they show, making sure to always maintain an adult communication style.

How can a Speech and Language Therapist help?

Following your admission to hospital, you may already have been seen by a Speech and Language Therapist and / or have been referred to see one in the community setting. If you have been discharged from or not been seen by a Speech and Language Therapist and you are concerned about your communication, you should first talk with your GP. They will be able to refer you to a Speech and Language Therapist if appropriate. If the problem is urgent, call 111 or 999. Speech and Language Therapists can provide support for communication changes in people with brain injury. They can uncover any issues and help you to manage them.

Contact us

Contact us If you have any questions or concerns about Cognitive Communication Disorder, please contact Speech and Language Therapy on 020 8725 3662.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



Reference: SLT_ABI_01 Published: February 2023 Review date: February 2025