

COMMON COMMUNICATION AND COGNITIVE CHANGES AFTER STROKE

The brain controls your ability to use language. Speaking, listening and understanding are complex processes. Each involves different parts of the brain. The location of the stroke injury controls the type of communication problem.

Aphasia

Aphasia is a common communication problem after a stroke. There are three types: expressive, receptive and global.

- People with **expressive (non-fluent) aphasia** know what they want to say but have trouble saying it. They can't find the right words or have trouble "getting the words out." Or, they may use the wrong words or leave out words without knowing it.
- People with **receptive (fluent) aphasia** have trouble understanding words other people speak. They may not understand the order of the words or the relationship between the words.
- People with **global aphasia** may be unable to speak, name objects, repeat phrases or follow commands. They also have a hard time understanding what others are saying.

Dysarthria

Dysarthria affects control of the muscles in the face, tongue and mouth. People with dysarthria may know exactly what they want to say. But they may speak slowly. Their speech may sound slurred, muffled, hoarse or nasal.

Apraxia

Apraxia of speech affects the ability to speak. People with apraxia have trouble connecting speech messages from their brain to their mouth. Apraxia of speech may affect more than the power to speak. It often affects reading and writing as well.

Aphasia, dysarthria and apraxia do not cause a loss of intellect. Even though it's difficult for a survivor to speak, it's not because of a lack of intelligence.

MEMORY AND COGNITIVE CHALLENGES

Different parts of the brain control specific types of thinking. Depending on where stroke happens in the brain, problems with certain types of thought may occur. Stroke survivors can have trouble with memory. Planning, organizing ideas or making decisions can also be hard after stroke.

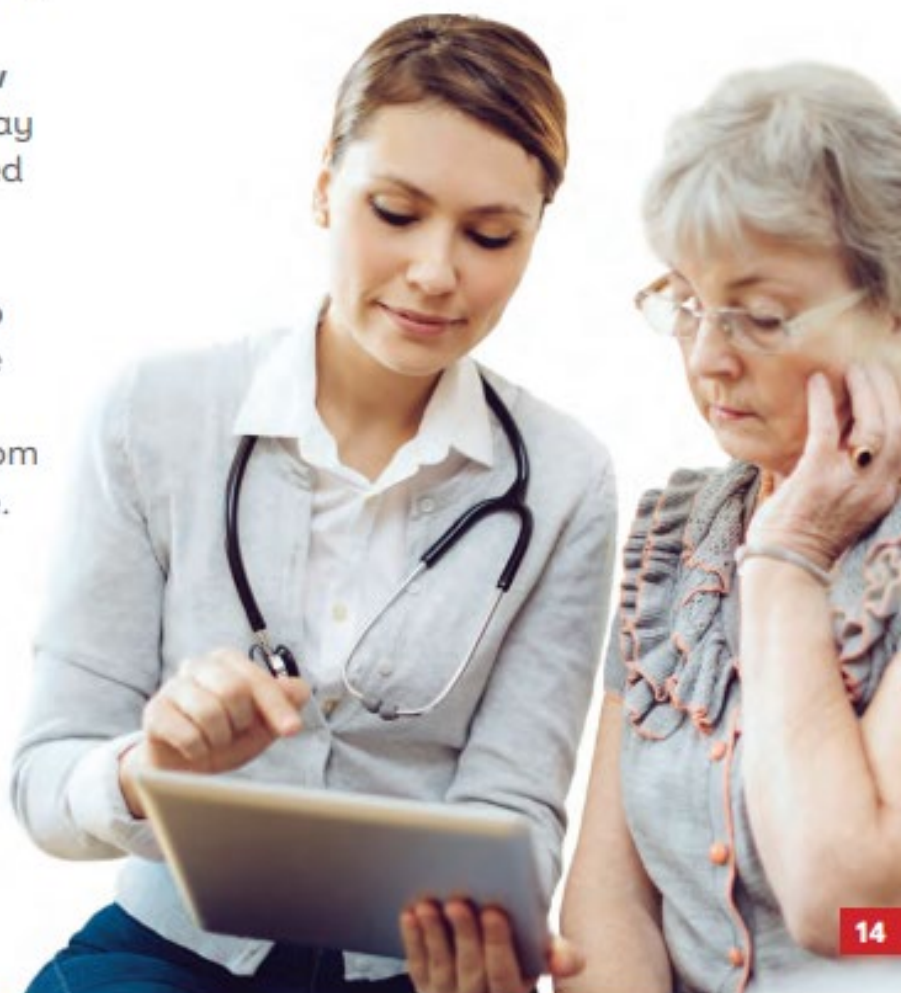
How stroke affects memory

Many stroke survivors face memory challenges. But not all memory problems are the same. A stroke survivor may:

- **Remember for only a short span of time.** For instance, they might remember only two or three steps in a set of instructions. Or, the person might forget whether they have taken their medications or eaten a meal.
- **Have trouble absorbing new information.** The survivor may need to have things repeated over and over.
- **Have problems transferring learning from one setting to another.** For example, in the hospital the survivor might be able to safely transfer from a wheelchair to a bed alone.

But at home, the change in setting may make the person unable to do the same task.

- **Mix up the details of an event.** A stroke survivor might confuse when things happened or who was there. For example, he or she might think a family member visited in the morning instead of the evening before.



HELPFUL TIPS FROM REED AND MARY HARRIS

When Reed Harris had a stroke at the age of 50, it left him almost completely unable to communicate verbally or understand what others were saying. He also had partial paralysis on his right side, profound apraxia, and anomia, the inability to recall or say the correct words. Reed also had some auditory processing issues, causing difficulty with how his brain processed what he heard. Reed and his wife, Mary, worked together on Reed's stroke recovery and they share some of the most helpful things they've learned along the way:

Patience is a virtue

The Harrises emphasize that it's important to be **PATIENT** with all of the **ATTEMPTS** (successful or not). And remember, lack of speech does not mean there is a lack of hearing.

Act with patience

- Demonstrate: Show how to perform the task.
- Break all actions into smaller steps.
- Clarify the next step.
- Repetition – Approach the 20th time as if it were the first.

Communicate with patience

- SLOW it down.
- E-NUN-CI-ATE.
- Come close/make eye contact/touch.
- Do NOT finish sentences unless asked to.

- When questioning: **MULTIPLE CHOICE** is better than YES/ NO.
- BE specific. Allow time to respond.

Long-haul tips

For couples new to stroke recovery and aphasia, Mary says, "Reed and I resoundingly respond together with the words, 'Never give up!'" Through their own experience and that of so many people they have come to know, it's critical to:

- Be creative and customize the plan for recovery. Everyone is different. Remember that even a conversation with a pharmacist can be a source of motivation and speech therapy!
- Be persistent in the endeavor to recover.
- Celebrate the tiny steps of progress.
- Life is the best therapy, so live it!

"THE EXPERIENCE OF STROKE AND RECOVERY HAS ENRICHED US AS INDIVIDUALS AND AS A COUPLE"

Lastly, Mary shares that the day of Reed's stroke, "...changed the entire course and purpose of our lives. But we go on. We have learned to adapt. While our lives are forever changed, we feel that the experience of stroke and recovery has enriched us as individuals and as a couple. The stroke was our mulligan, our second chance. Our lives are enriched and fulfilled, and we have a greater sense of purpose."

**REED AND
MARY HARRIS**

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