Center for Aphasia



and Related Disorders

Summer, 2004

Volume 4, Issue 1

Aphasia News

In the Good Ol' Summertime

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Heard? The annual Summer Picnic is July 28th! See page 5 Greetings Friends,

Well it's summertime once again, and we are looking forward to some new beginnings here at the Center for Aphasia and Related Disorders. As we announced in the last newsletter, our Center has moved to a new location in Admin Building 2, which has been remodeled specifically for the Center. We are anxious for you to come visit us in our new home. We will be having an open house this coming Fall.

In other news, our esteemed colleague, David Wilkins, has taken a faculty position in the Department of Speech and Communication Studies at San Francisco State University. Congratulations David! Luckily for us, he will still be collaborating with the Center and working here one day a week.

We would also like to welcome our new research associate, Chaitee Sengupta, who is spending the summer at the Center. She is studying to be a speech pathologist, and is also helping us out on the research front. Welcome Chaitee!

We are very excited about our new Center and hope that it will allow us to better serve our patients' needs, as well as facilitate our ongoing research. We sincerely hope you will be part of this new beginning.

Hope to see you at the annual summer picnic on July 28th!

Sincerely,

Nina Dronkers, Director, Center for Aphasia and Related Disorders VA Northern California Health Care System

 well or to understand what they're hearing. Global aphasia, as its mess uggests, affects many aspects of law are you?") but not much more. Unfortunately, these automatic phrases are not meaningful, but rather may be utered in response to a variety of questions (similar to recurring utterances). "Global aphasia, as its may aspects of lam any aspects of lam aspects of lam aspects of lam any aspects of la	In these aphasias, patients may lose the a	ability to speak	tions. Other pa	atients with Global aphasia are only able to earned or automatic phrases (e.g., "How are
sia, as its name suggests, affects many aspects of language including both speaking and understanding. In this "matic phrases are not meaningful, but rather may be utway, it can be a very difficult disorder to treat and can be heartbreaking for partients and caregivers alike. Here, we reside are sponses of Global aphasia and discuss newer forms of treatment that offer hope to people who suffer from this severe form of aphasia. Overview of Language Language is a very complex process indeed. We now know that there are separate brain circuits responsible for a whole host of sub-processes involved in language. The following is a simplified chart that lists just a few of the many processes involved in listening and responding to another person. analysis of speech sounds from other speaker processing the meaning of the message formulating a response to what you just heard programming/coordinating your mouth and tongue muscles to speak monitoring your speech for mistakes Unlike other forms of aphasia which may affect only one or two of these steps, Global aphasia affects many and specter of the stain. Global aphasia is a rather large one that encompasses a significant portion of the left hemisphere of the brain. This large lesion is the culprit for the devastand may what is being said to them, and are also under speaker and language comprehension. Symptoms of Global Aphasia Patients with Global aphasia affects many and spect of the spreaders or the speaker and language comprehension. Symptoms of Global Aphasia Patients with Global aphasia affect many and spect of the spreaders many and spect or the very simple yeaking and aphasia are also unable to uter meaningful messages. They may even have a reserve with which to do so. Symptoms of Global Aphasia Patients with Global aphasia have difficulties both in understanding what is being said to them, and are also under of the left (anguage) herais share abilities, are eare with which to do so. As described above, some patients with Global aphas	well or to understand what they're hearing	g. Global apha-	vou?") but no	ot much more Unfortunately these auto-
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difficulty responding to very simple yes/no questions (e.g., "Are we in Martinez?"). Some patients with Global aphasia may exhibit what are known as recurring utter- VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM	able to utter meaningful messages. They may even have		petitive uttera	nces. What is the brain basis of these abili-
(e.g., "Are we in Martinez?"). Some patients with Global aged? There is some evidence that these automatic and overlearned phrases are generated by regions within the VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM	difficulty responding to very simple yes/no questions		ties, if much	of the left (language) hemisphere is dam-
aphasia may exhibit what are known as recurring utter- VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM	(e.g., "Are we in Martinez?"). Some patients with Global		aged? There 1	s some evidence that these automatic and
VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM	aphasia may exhibit what are known as recurring utter-		mases are generated by regions within the	
	VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM			

Aphasia Profile: Global Aphasia

by Juliana Baldo

ances (e.g., "yes yes," "I do, I do, I do"). That is, they

repeat the same word or phrase in response to most ques-

tions. Other patients with Global aphasia are only able to

Over the last several newsletters, we have profiled vari-

ous types of aphasia, including Broca's aphasia, Wer-

nicke's aphasia, conduction aphasia, and anomic aphasia.

Aphasia Profile: Global Aphasia (cont'd)

intact right hemisphere of the brain. The r is also capable of supporting intonation in cal ability, and emotional expression. A abilities that are sometimes preserved in For example, one interesting research Global patients are better able to read en words (e.g., "love," "die") than neutr "table," "pencil"). Treatment of Global Aphasia Earlier studies of Global aphasia con-	ight hemisphere n speech, musi- Again, these are Global patients. finding is that notionally laden al words (e.g.,	 Suggestions for Although it may person who has you can do to he Use touch to support. Simplify yo possible. Be response (e.) 	<i>Communicating with Global Patients</i> y seem difficult to communicate with a Global aphasia, there are a few things hp: o gain the patient's attention and to show ur speech, using yes/no questions when e sure to first establish a reliable yes/no g., head nod, eye blink). 3. Use simple facial expressions and
cluded that speech therapy treatment	"Current thi	nking in the	gestures, focusing on those used in the
was not very effective with this patient			person's therapy.
group. Unfortunately, such conclusions	treatment	of Global	4. Be patient and allow him/her time to
led to some patients not getting ade-	anhasia is t	to focus on	respond to you, in whatever way they
quate treatment. As with other aphasias,	apilasia is i		are able.
most recovery occurs during the first	non-verbal	strategies,	
year following stroke, and newer re-	anop og a	stura and	Concluding Remarks
search has shown that improvements	such as ge	isture and	Global appasia can be a very difficult
can be seen in Global patients as well.	draw	ing"	struggle for both the patient and caregiv-
Current thinking in the treatment of		_	pression are common in this group
Global appasia is to focus on non verbal			Therefore it is important for both the
strategies, such as gesture and drawing r	other than trying	individual with	aphasia and caregivers to seek out help
to rehabilitate the speech/language syste	em which is so	and support wh	en necessary As more is learned about
severely disrunted. There is evidence t	that Global na-	the brain basis of	of this disorder it is hoped that more ac-
tients' communication abilities do indee	d improve with	curate prognose	es can be made along with improved
training on the use of drawing and gestures. There are a		therapeutic inter	ventions
number of standardized gestural systems that may be		P	
taught to Global patients by speech pathologists (e.g.,		For more information on global aphasia, go to	
Amer-Ind Code). By focusing on Global patients' pre-		http://www.stroke-info.com/global aphasia.htm	
served abilities, clinicians can help facili	tate their ability	*	
to communicate with caregivers.	-	If you have more	re questions about global aphasia, please
		contact Juliana I	Baldo at (925) 372-4649.
Other forms of treatment for Global aph	asia include the		
use of Melodic Intonation Therapy (MIT). MIT involves		
training the patient to vary their intona	tion, pitch, and		
rhythm, while they utter a phrase. Because these proc-			
esses (intonation, etc.) are associated with	the right hemi-		
sphere, it is thought that NIII is making use of preserved			
administration heards. Visual Action therapy			
(which involves matching nictures to actions) and com			
nuter-assisted devices Research on the	effectiveness of		
these treatments has shown them to be somewhat limited.			
however.			

Face to Face

"Never give up!

Follow your

body. When

you're tired, lay

down. But never

give up."

I recently had the chance to sit down and chat with Ramona who has been an extremely enthusiastic member of our Wednesday speech group. She graciously agreed to talk to me about her life before and after her stroke.

JB: Where were you born?

R: I was born in Manila, Philippines. I lived there until I was 12 years and we moved to Quezon City.

JB: How did you meet your husband, Howard?

R: My brother-in-law was married to my older sister. I just turned 20, and Howard swept me off my feet. He courted me, and after 6 months, my Dad gave the go ahead.

JB: How did you end up in California?

R: Howard was sent to California with the military. We only had \$48! But we knew we would have a roof over our heads.

over our neaus.		taik wen. i could answer by writing.
JB : What did you do for work?		I wanted to get back to my normal
R : I was gonna be a stewardess with a P	hilippines	flow of life.
airline, but they ground you if you get m	arried.	JB : How long was it before you were talking
[Later], I taught ESL [English as a secon	nd lan-	again?
guage] for 15 years. The school calls me	for my	R : One and a half months before I made sense. I
expertise still.		have to learn from A to Z all over again. I
JB: How many languages do you speak?	?	thought if I can help others [teaching ESL], then
R : I speak 7 languages.		how can I help myself? I bought books to prac-
JB: Wow. You and Howard have childre	en, right?	tice. And I had a pad nearby—I taught myself.
R : Yes, we have 3 boys—'64, '65, and '	66.	Howard came every day [to the hospital] without
JB : Do they live nearby?		fail. And whenever I feel distraught, I say a
R : One lives in Dixon, Vacaville, and the	e baby	prayer.
moved to Lake Havasu, Arizona.		JB : You help lead a stroke support group, right?
JB : Do they have children?		R : Yes, I lead a stroke group at VacaValley. I
R : I have 6 grandchildren—3 of each [be	oys and	am so proud of it. I am listed with the American
girls].		Heart Association and the American Stroke As-
JB: So you finally got your girls. Do you	u see your	sociation. What is hard is that I cannot talk loud.
family a lot?		My vocal cords were affected.
R: Yes.		JB : What advice would you give to someone
JB : When did you have your stroke?		who's had a stroke?
R : In April 4, 1990, as I was at home, tr	ying to get	R : Never give up! Follow your body. When
my puppy, a pug, a drink of water. I was	going to	you're tired, lay down. But never give up.

the laundry room, and I told Howard to call 911 because my head was aching. Everything was blank in my vision.

JB: Did the ambulance come?

R: Yes. They talk to me, and I can't answer. **JB**: Did you go to the hospital?

R: They took me to VacaValley Hospital. They took an MRI. After the aneurysm stopped bleeding, they did surgery at North Bay Hospital. The doctor told my husband that I might die. And that if I lived, I would be a vegetable.

JB: Well you sure proved them wrong!

R: I bit the anesthesiologist.

JB: You BIT the anesthesiologist?
R: [laughing] Yes, I don't remember it—it was during surgery. But later when he saw me again, he said, "Is this the lady who bit me?"
JB: Did you get speech therapy?
R: Yes. I was surprised I could not talk well. I could answer by writing. I wanted to get back to my normal

Center for Aphasia & Related Disorders Annual Summer Picnic

When: Wednesday, July 28th 12:30-3:00 p.m. Where: Nancy Boyd Park in Martinez What to bring: a dish or drink to share Questions: call Juliana (925) 372-4649

Map & Directions to Nancy Boyd Park:



Current Brain News

How the Brain and Mind Mature by BBC.co.uk

Scientists have discovered that the brain's center of reasoning is among the last areas to mature. The finding, by a team at the US National Institute of Mental Health, may help to explain why teenagers often seem to be so unreasonable. Researchers used imaging techniques to show "higher order" brain areas do not develop fully until young adulthood.



The research is published in the journal Proceedings of the National Academy of Sciences. The decade-long study used magnetic resonance imaging to follow the development of the brains of 13 health children every two years as they grew up. The aim was to get a better picture of how the brain develops so that it would be easy to pin down abnormalities that occur in conditions such as schizophrenia.

Teeth and Parkinson's Disease by TulsaWorld.com

Cells derived from the inside of a tooth might someday prove an effective way to treat the brains of people suffering from Parkinson's disease.

A study in the May 1 issue of the European Journal of Neuroscience shows dental pulp cells provide great support for nerve cells lost in Parkinson's disease and could be transplanted directly into the affected parts of the brain.

Using dental pulp has other advantages besides its availability. The cells produce a host of beneficial "neurotrophic" factors, which promote nerve cell survival.

Sleeping is Good for Your Memory by Tanguy Chouard

A good night's rest is hard work for parts of your brain, say US neuroscientists. Regions related to learning show increased activity in sleepers who spent their evening mastering a new skill, they say.

The discovery shows that sleep is valuable for consolidating new information and is not a simple 'standby' mode. Local brain processing during the night led to new skills being more firmly cemented, the research indicates.

GED GED

Gambling and the Brain by ScienCentral

What goes on in the brain of a gambler? David Zald, psychology professor at Vanderbilt University, and his team used positron emission topography (PET) to observe the brain activity in people who were given gambling-like activities to perform.

They found that the feeling of excitement might be linked to the release in the brain of dopamine, a chemical associated with the pleasure people get from eating, sex, and drugs.

VA NORTHERN CALIFORNIA HEALTH CARE SYSTEM

Game Zone

Unscramble the President's name, using the clues to help you (answers below):
 He was known as "Dutch" and he loved jelly beans: nlaodr gaearn
 He was from Georgia and grew peanuts: mymji treacr
 He helped bring about the end of World War II: rarhy mutnar
4. He was disabled, and he helped end the Great Depression: krnlniaf sorveetlo
5. He made the Emancipation Proclamation that freed the slaves: hbraaam ncinoll
6. He was an important General in the Revolu- tionary War: egreog snghitnoaw
Answers: I.Ronald Reagan 2.Jimmy Carter 3.Harry Truman 4.Franklin Roosevelt 5.Abraham Lincoln 6.George Washington
7 7 7 7

CENTER FOR APHASIA AND RELATED DISORDERS		
Aphasia News		
Center for Aphasia and Related Disorders 150 Muir Road 126 (s) Martinez, CA 94553		
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Nina Dronkers David Wilkins Jenny Ogar Sharon Willock Carl Ludy Luci Varian Juliana Baldo Chaitee Sengupta We would also like to thank the members of the Stroke Support Group and their families & The Speech Pathology staff	If you would like to receive this newsletter or you have comments/suggestions, e-mail Jenny at jenny.ogar@med.va.gov or write to: Center for Aphasia and Related Disorders VA Northern Calif. Health Care System 150 Muir Road 126 (s) Martinez, CA 94553 We welcome your comments and questions!	