

Center for Aphasia



and Related Disorders

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Aphasia News

Summer is Here Once Again!

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Have you Heard?

The annual Summer Picnic is July 13th!

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Dear Friends,

Well the birds are chirping, and the weather has finally turned warmer. Summer is upon us! And with the change of season, we have an opportunity once again to update you on our latest goings-on here at the Center for Aphasia and Related Disorders.

We have been very busy working on our NIH-funded research project on language, and that is going well. Many of you have graciously agreed to help us out by serving as research participants, and we thank you so much for giving your time. We really appreciate it!

The Center has been busy not only with our usual gang, but we also had a recent visitor from the University of California, San Diego—Sue Moineau. She is a speech pathologist who is doing research on how a person is able to perceive speech when it is distorted, for example, on a scratchy telephone. She also tested participants on a study aimed at understanding the brain basis of music perception.

Another exciting research project recently brought me to Taiwan. Along with colleagues at UC San Diego, we are studying what aphasia looks like in different languages. That is, do the same aphasia syndromes we see at our Center also occur in other countries where the language is very different? Also, do strokes in the same area of the brain lead to similar speech problems across different languages? We will update you on what we find in an upcoming issue.

Last, I want to remind you that our Annual Summer Picnic is coming up on July 13th. Hope to see you there!

Sincerely,
Nina Dronkers, Ph.D., Director

Cognitive Abilities in Patients with Aphasia

by Juliana Baldo, Ph.D.

Aphasia is unfortunately a common syndrome associated with injury to the left cerebral hemisphere. The disruption of speech and language is devastating to patients because their ability to communicate is impaired. While much research and therapy is devoted to the treatment of speech and language deficits, there has been little focus on other aspects of cognitive functioning that may be affected in patients with aphasia, such as memory, attention, and problem solving skills.

In part, the failure to evaluate other cognitive abilities is due to the fact that the loss of speech and language is the most obvious impairment in aphasic patients and thus becomes the focus of evaluation and treatment. Another reason is that aphasic patients are often not given full neuropsychological evaluations, because many of the tests used in assessment require that the patient have normal speech and language.

Clinical observations made in our center, as well as feedback from caregivers, suggest that patients with aphasia sometimes have other cognitive deficits. These deficits are unexpected by both patients and their families, because they are prepared only for deficits in the area of language. This lack of preparation and education can pose a potential safety risk when patients return to doing daily tasks without first being evaluated.

A relatively small number of research studies have addressed the issue of cognitive deficits in patients with aphasia, and the results are mixed. Some studies have found that certain aspects of cognitive functioning (e.g., memory) are impaired, while other studies find little evidence of cognitive impairment, even in patients with quite severe aphasia.

We have recently published a research study that

found that complex problem solving relies to some degree on inner speech and language (Baldo, Dronkers, Wilkins, Ludy, Raskin, & Kim, 2005). We showed this both in stroke patients with varying degrees of language difficulty as well as in normal undergraduates. You can download a copy of this study at our website: www.ebire.org/card/baldo.

“Some patients with aphasia may experience mild to moderate difficulties in other areas besides language.”

The cause of cognitive deficits in aphasic patients following stroke is unclear, and competing theories have been proposed. One theory suggests that cognitive impairment is due to the loss of verbal skills. For example, some tasks rely on our ability to talk ourselves through a procedure, such as when you’re trying to assemble something or cooking a recipe from directions. Also, things like trying to remember a phone number require you to repeat the number to yourself in your head. All of these tasks rely on intact “inner” language. In fact, studies have shown that doing mental arithmetic or repeating words to yourself actually activates the same muscles as if you were actually talking (e.g. the tongue and lips).

A second theory as to why other cognitive deficits may occur in patients with aphasia is that some aspects of cognition are dependent on brain regions in the left hemisphere that are also affected by the same stroke that caused the aphasia.

In short, some patients with aphasia may experience mild to moderate difficulties in other areas besides language, such as in memory and attention. At the same time, many people with aphasia are well able to do all the tasks of daily living without difficulty, such as driving, shopping, and cooking. It is important to have any cognitive difficulties addressed by a healthcare provider.

If you have any questions, please contact Juliana at (925) 372-4649 or juliana@ebire.org.

Ask a Neurologist: Road to Recovery

with Robert Knight, M.D.

Q: How long after a stroke can I expect to keep improving?

People can expect to improve for at least 2 years but further recovery can often be seen for several years.

Q: What are the best things I can do to help speed my recovery?

The best things to do are first to find out the cause of the stroke and do everything you can to prevent a second stroke. For instance, changes in lifestyle such as getting more exercise, stopping smoking and controlling blood pressure not only decrease the risk of a second stroke but will also help recovery. Depending on the type of damage, speech, cognitive, or physical therapy are all important to help recovery. Newer methods utilizing pharmacological methods (i.e. medication) to enhance recovery are currently under clinical investigation.

Q: What should I do if I feel like I'm not improving anymore?

Discuss your condition with your primary physician to assess if all venues for therapy have been explored.

Q: Are stroke patients at greater risk for a 2nd stroke than a person who has never had one?

If two people have the same risk factors and one has had a stroke and one has not, they are at equal risk for having a subsequent stroke.

Q: What can I do to prevent a 2nd stroke?

Most strokes are either due to atherosclerosis (hardening of the arteries due to fat deposition) or due to clots forming in the heart and traveling to the brain blocking an artery. The main risk factors for atherosclerosis are lack of exercise, obesity, high cholesterol, hypertension, diabetes and smoking. All of these risk factors can be reduced by life-style changes, diet changes and medications. Heart disease leading to clots traveling to the brain often require anti-clotting medications such as coumadin.

Q: What are the warning signs of a second stroke and will the symptoms be the same as the first?

Often there are no warning signs. This is why it is so important to control risk factors. The typical warning sign is a 'TIA' which stands for Transient Ischemic Attack. A TIA is a temporary neurological deficit (10 minutes to 24 hours) due to a reversible blockage of an artery. The TIA may have the same symptoms as the first stroke, but might be completely different depending on which artery has atherosclerosis or which artery received a clot from the heart.

Q: What's the difference between a 'TIA' and a stroke?

A TIA is a temporary blockage of an artery and a stroke is a permanent blockage. A TIA can be viewed as angina which is a temporary blockage of blood to the heart muscle. Similarly, a stroke is the same pathology as a heart attack. Blood has been cut off to either a part of the brain in a stroke or part of the heart in a heart attack.

Q: What is a 'lacunar infarct'?

A lacunar infarct is used to describe strokes typically less than a half of an inch in diameter. They are very frequent in patients with diabetes or hypertension.

Q: Why is it that some people recover more abilities than others who've had a stroke?

There are several factors. The most important are the size and location of the stroke. Larger strokes in critical brain locations result in poorer outcomes. Also, the younger the age of the person the more they will recover. Another important factor is the degree of rehabilitation received: the more the better.

Q: Why is it that I can walk and dress myself, but I still have trouble speaking?

This has to do with the way the brain is organized. Different areas support different functions. So, one can have walking problems after a stroke with completely intact language. Conversely, one can damage the language area and have trouble speaking but if motor areas are unaffected, there will be no difficulty walking.

Dr. Knight is a Professor of Neuroscience at UC Berkeley and a long-time colleague at the VA and our Center.

Bay Area Support Groups for Stroke and Aphasia

Pat Martin Stroke Support Group of Contra Costa County

Mt. Diablo Medical Center, Concord, or John Muir Medical Center, Walnut Creek; *Contact:* Ann Dzuna, B.S., MBA, (925) 376-6218. Email: ADZUNA@COMCAST.NET

Stroke and Head Injury Support Group

Washington Hospital, Washington West in Fremont; *Contact:* Karen Benedetti, (510) 818-6253.

CSU Hayward Aphasia Group

California University - Hayward, Speech, Language & Hearing Clinic; *Contact:* Shelley Simrin, M.A., CCC-SLP, Clinic Director, (510) 885-4762 or (510) 885-3233. Email: ssimrin@csuhayward.edu

Interpersonal Skills - Stroke Support Group

College of Marin, Disabled Student Services Program, in Kentfield; *Contact:* Maureen Green, M.A., CCC-SLP, (415) 457-8811 ext. 7702

Veterans Stroke Support and Communication Group

VA Outpatient Clinic, Speech; *Contact:* Jennifer Ogar, CCC-SLP, (925) 370-4129; Email: jenny.ogar@med.va.gov

Aphasia Center of California

Oakland, CA ; *Contact:* Roberta Elman, Ph.D., CCC-SLP, BC-NCD, (510) 336-0112; Email: RJEIman@aol.com
Website: www.aphasiacenter.org

Peninsula Stroke Association Support Group Network

Palo Alto; *Contact:* Clara Roa, Program Director, (650) 565-8485. Email: clara@psastroke.org

Stroke Club

Stonestown Family YMCA, San Francisco; *Contact:* Kathy Orsi (415) 759-9632 ext. 217

Stroke/Communication Group

City College of San Francisco. *Note: Must call to register, this is a Group Speech Therapy Course; Contact:* Judi Kaplan, M.S., CCC-SLP, or Joyce Foreman (415) 561-1005. E-mail: KPLNJ@aol.com or jforeman@ccsf.org

West Contra Costa County Stroke and Aphasia Support Group

Doctors Medical Center, San Pablo; *Contact:* Flo Leverenz, CCC-SLP, (925) 676-7733.

Valley Care Medical Center Stroke Support Group

Pleasanton, CA 94588; *Contact:* Wanda Sidun, MSW, Alvin Encarnacion, PT, Matthew Stokes, OT at 925-447-7000 x 5247

Eden Hospital Stroke Support Group

Castro Valley; *Contact:* Liz Whitaker, Sylvia Dawson at 510-727-2761

Easter Seals Society Stroke Support Group

Oakland.; *Contact:* Susan Ewing M.A., CCC-SLP at 510-835-2131

Cal State University Sacramento Aphasia Group

Maryjane Reese Language, Speech, and Hearing Center in Sacramento; *Contact:* Lynda Oldenburg, Clinic Coordinator, 916-278-6601; *E-mail:* oldenburgls@csus.edu

Food!

Friends!

Singing!

Fun!

Stroke Support Group Annual Summer Picnic!

When: Wednesday, July 13 12:30-3:00 p.m.

Where: Nancy Boyd Park in Martinez

(directions below)

What to bring: a dish or drink to share if you can

Questions: Call Juliana (925) 372-4649

Directions to Nancy Boyd Park:

From Highway 4, take the Alhambra Ave. exit

Go South on Alhambra Ave. for 3/4 mile to Truitt Ave.

Go left on Truitt Ave.

Make first left on Valley Ave.

You will see park in front of you once you hit Church St.

Returning to Work and Driving

by Jennifer Ogar, M.S.

Many people with aphasia consider returning to work after having a stroke. Communication abilities such as speaking, reading, and writing may have been affected and can impact career options. With this in mind, there are a number of community resources available to help people rejoin the workforce.

Vocational rehabilitation counselors are specially trained to evaluate and advise people returning to work. They can consult with your employer to help modify your job to suit your skills and abilities. Job coaches (often vocational counselors) may go to work with you initially to assist in your back-to-work transition. If you are looking for a new career, vocational counselors can help with retraining and job searches.

If returning to work full-time is not an option, you may want to consider returning to work part-time, or volunteering.

State Rehabilitation Departments

You can call one of the offices listed below to make an appointment with a counselor. When you go to your first appointment, you will be asked to bring a copy of your work history and a form of identification. Before meeting one-on-one with a counselor, new clients typically attend an orientation to vocational services.

Antioch Branch Office: 925-754-7700
 Richmond Branch Office: 510-232-7062
 Fairfield Branch Office: 707-428-2080
 Concord Branch Office: 925-602-3953

Private non-profit vocational rehabilitation services are also available at:

Phoenix Enterprises: 925-687-3790
 Rehabilitation Services of Northern California: 925-687-9675

Driving

After a stroke, many people have their driver's license suspended. Some must retake their driving exams in order to have their license returned by Department of Motor Vehicles. The DMV must make special accommodations for people who have aphasia, for example, you may have the test read aloud to you.

Private tutors, trained to work with people retaking their driving exams, are also available. You can contact Safest Way Driving School at: 925-933-3181.

If you are a veteran, the VA in Palo Alto has a driving rehabilitation program that can assist with retraining. You should contact Ed Brodd at: 650-493-5000, ext. 65624.

Game Zone

Word Search: Find the Fruits

T R P V M E L O N S
 A A P R I C O T E T
 N S N I W I K B C A
 G P E G P M A H T R
 E B X P E N E J A F
 L E G N A R O V R R
 O R E N R R I T I U
 N R A Y S W G N N I
 A Y A P A P P L E T
 H C A E P O G N A M

APPLE
 APRICOT
 BANANA
 CHERRY
 GRAPES
 KIWI
 MANGO
 MELON
 NECTARINE
 ORANGE
 PAPAYA
 PEACH
 PEAR
 RASPBERRY
 STAR FRUIT
 TANGELO



Finish that Song: Star Spangled Banner

Oh, say, can you see, by the dawn's early _____,
 What so proudly we hailed at the twilight's last _____.
 Whose broad stripes and bright stars, through the perilous _____,
 O'er the ramparts we watched, were so gallantly _____ .
 And the rockets' red glare, the bombs bursting in _____,
 Gave proof through the night that our flag was still _____ .
 O say, does that star-spangled banner yet _____ .
 O'er the land of the free and the home of the _____ .

(Answers: light, gleaming, fight, streaming, air, there, wave, brave)

Aphasia News

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We would also like to thank the members of the
Stroke Support Group and their families
&
The Speech Pathology staff

Newsletter Information

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:

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We welcome your comments and questions!