

FUNCTIONAL COMMUNICATION DIFFICULTIES AMONG APHASIA PATIENTS

By

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Title: "Functional Communication difficulties among Aphasia Patients"

Aim of the study: To find out the functional communication impairments among the Aphasia patients.

Methodology: This is a quantitative type of cross sectional survey study where 100 samples were assigned purposively from Savar, CRP & Mirpur, CRP. The Communication Checklist-Adult (CC-A) was used for the study. Data was analysed by using descriptive statistical analysis (SPSS= Statistical Package for the Social Sciences) method.

Result: The majority of the participants 32% who experienced difficulties in language several times a day. In pragmatics skills, there were the highest rate of 41% who experienced difficulties in several times a day. In social engagements, the highest rate of 30% who experienced difficulties in social engagement several times a day or always.

Conclusion: Functional communication difficulties is very common problem in the Aphasia patients. Investigator mainly focuses the socio demographic characteristics and functional communication ability in the Aphasia patients. In this study, among the 100 participants more of the participants 72% (72) were male & 28% (28) were female. The result showed that the highest number of participants 35% (35) age range was (31-40) & the lowest number of the

participants 14% (14) age range (61-70). The result of the study, investigator was found the highest rate of 32% who experienced difficulties in language several times a day or always and the lowest rate of 20% had never experienced difficulties in language & the highest rate of 29% who had not strengths in language structure and the lowest rate of 19% strengths in language structure several times a day or always among the total 100 participants. In pragmatics skills, there were the highest rate of 41% who experienced difficulties in pragmatics skills several times a day or always and the lowest rate of 14% who had never experienced difficulties in pragmatics skills & the strengths in pragmatics skills, the highest rate of 35% who had never strengths in pragmatics skills and the lowest rate of 18% had strengths in pragmatics skills several times a day or always. In difficulties in social engagements the investigator found that the highest rate of 30% who experienced difficulties in social engagement several times a day or always and the lowest rate of 13% who had never experienced difficulties in social engagement and the lowest rate of 5% had strengths in language structure several times a day or always among the total 100 participants.

5.1 Limitation

The investigator tries her level to complete the study, but still the study was not out of all limitation. There were some situational barriers while considering the result of the research.

- The main limitation of the research was appropriate tool selection to measure functional communication difficulties among Aphasia patients. It was very rare & difficult to get access those tools for investigator at this time. Investigator selected "Communication Checklist-Adult (CC-A)" tools but has to change some questions as it was not relevant in context.
- The available literature review also a fact, as it was said before most of the studies conducted on functional communication based background.
- The limitation of the study was small sample size.
- This research is not generalized for the whole context of Bangladesh.

5.2 Recommendation

It will be helpful to do further study in this recommendation for selecting a new topic.

- Study can be done in others area in Bangladesh.
- Study can be done with larger group of sample so that the more impact will come.

• Identify the characteristics of each targeted areas.

References:

- Abel, S., Weiller, C., Huber, W., Willmes, K., & Specht, K. (2015). Therapy-induced brain reorganization patterns in aphasia. *Brain*, 1097-1112. doi:https://doi.org/10.1093/brain/awv022
- Armstrong, E., & Ferguson, A. (2010). Language, meaning, context, and functional communication. *Aphasiology*, 480-496. doi:https://doi.org/10.1080/02687030902775157
- Aten, J. L., Caligiuri, M. P., & Holland, A. L. (1982). The efficacy of functional communication therapy for chronic aphasic patients. *Journal of Speech and Hearing Disorders*, 93-96. doi:https://doi.org/10.1044/jshd.4701.93
- Badarunisa, B. M., Sebastian, D., Rangasayee, R. R., & Kala, B. (2015). ICF-based analysis of communication disorders in dementia of Alzheimer's type. *Dementia and Geriatric Cognitive Disorders Extra*, 459-469. doi:https://doi.org/10.1159/000441183
- Bailey, J. D., & Gilligan, A. C. (1997). Biological control of pathozone behaviour and disease dynamics of Rhizoctonia solani by Trichoderma viride. *The New Phytologist*, 359-367. doi:https://doi.org/10.1046/j.1469-8137.1997.00774.x
- Berthier, M. L. (2005). Poststroke aphasia. *Drugs & aging*, 163-182. doi:https://doi.org/10.2165/00002512-200522020-00006
- Bhowmik, N. B., Abbas, A., Saifuddin, M., Islam, M. R., Habib, R., Rahman, A., . . . Wasay, M. (2016). Ischemic Strokes: Observations from a Hospital Based Stroke Registry in Bangladesh. *Stroke Research and Treatment*, 2016, 13. doi:https://doi.org/10.1155/2016/5610797
- Bonita, R., Mendis, S., Truelsen, T., Bogousslavsk, J., Toole, J., & Yatsu, F. (2004). The global stroke initiative. *The Lancet Neurology*, 391-393. doi:https://doi.org/10.1016/S1474-4422(04)00800-2
- Chemerinski, E., & Robinson, R. G. (2000). The neuropsychiatry of stroke. *Psychosomatics*, 5-14. doi:https://doi.org/10.1016/S0033-3182(00)71168-6

- Clark, D. G., & Cummings, J. L. (2003). Aphasia. *Neurological Disorders*, 265-275. doi:https://doi.org/10.1016/B978-012125831-3/50220-3
- Damasio, A. R. (1992). Aphasia. *New England Journal of Medicine*, 531-539. doi:DOI: 10.1056/NEJM199202203260806
- Dronkers, N., & Baldo, J. V. (2010). Language: aphasia. *Encyclopedia of neuroscience*, 343-348. doi:https://doi.org/10.1016/B978-008045046-9.01876-3
- Eslinger, J. P., & Damasio, R. A. (1981). Age and type of aphasia in patients with stroke. *Journal of Neurology, Neurosurgery & Psychiatry*, 377-381. doi:http://dx.doi.org/10.1136/jnnp.44.5.377
- Fridriksson, J., Nettles, C., Davis, M., Morrow, L., & Montgomery, A. (2006). Functional communication and executive function in aphasia. *Clinical linguistics & phonetics*, 401-410. doi:https://doi.org/10.1080/02699200500075781
- Fucetola, R., Connor, L. T., Perry, J., Leo, P., Tucker, F. M., & Corbetta, M. (2006). Aphasia severity, semantics, and depression predict functional communication in acquired aphasia. *Aphasiology*, 449-461. doi:https://doi.org/10.1080/02687030500390177
- Hicks, L. R., Gautam, B. A., Van Voorhees, D., Osborn, M., & Gentner, B. (1999). An introduction to the NMFS Marine Recreational Fisheries Statistics Survey with an emphasis on economic valuation. *Marine Resource Economics*, 375-385. doi:https://doi.org/10.1086/mre.14.4.42629280
- Irwin, W. H., Wertz, R. T., & Avent, J. R. (2002). Relationships among language impairment, functional communication, and pragmatic performance in aphasia. *Aphasiology*, 823-835. doi:https://doi.org/10.1080/02687030244000086
- Islam, M. N., Moniruzzaman, M., Khalil, M. I., Basri, R., Alam, M. K., Loo, K. W., & Gan, S. H. (2013). Burden of stroke in Bangladesh. *International journal of stroke*, 211-213. doi:https://doi.org/10.1111/j.1747-4949.2012.00885.x
- Karbe, H., Kertesz, A., & Polk, M. (1993). Profiles of language impairment in primary progressive aphasia. *Archives of Neurology*, 193-201. doi: doi:10.1001/archneur.1993.00540020069020
- Kertesz, A., & Sheppard, A. N. (1981). The epidemiology of aphasic and cognitive impairment in stroke: age, sex, aphasia type and laterality differences. *Brain: a journal of neurology*, 117-128. doi:DOI: 10.1093/brain/104.1.117

- Mesulam, M. M., Thompson, K. C., Weintraub, S., & Rogalski, J. E. (2015). The Wernicke conundrum and the anatomy of language comprehension in primary progressive aphasia. *Brain*, 2423-2437. doi:https://doi.org/10.1093/brain/awv154
- Otal, B., Olma, C. M., Flöel, A., & Wellwood, I. (2015). Inhibitory non-invasive brain stimulation to homologous language regions as an adjunct to speech and language therapy in post-stroke aphasia: a meta-analysis. *Frontiers in human neuroscience*, 236. doi: https://doi.org/10.3389/fnhum.2015.00236
- Pedersen, P. M., Vinter, K., & Olsen, T. S. (2016). Aphasia after stroke: type, severity and prognosis. *Cerebrovascular diseases*, 35-43. doi:https://doi.org/10.1002/14651858.CD000425.pub4
- Rousseaux, M., Daveluy, W., & Kozlowski, O. (2010). Communication in conversation in stroke patients. *Journal of neurology*, 1099-1107. doi:https://doi.org/10.1007/s00415-010-5469-8
- Wade, D. T., Hewer, R. L., David, R. M., & Enderby, P. M. (1986). Aphasia after stroke: natural history and associated deficits. *Journal of Neurology, Neurosurgery & Psychiatry*, 11-16. doi:https://doi.org/10.1002/ana.410380416
- Watila, M. M., & Balarabe, S. A. (2015). Factors predicting post-stroke aphasia recover. *Journal of the neurological sciences*, 12-18. doi:https://doi.org/10.1016/j.jns.2015.03.020
- Whitehouse, A. J., Coon, H., Miller, J., Salisbury, B., & Bishop, D. V. (2010). Narrowing the broader autism phenotype: a study using the Communication Checklist-Adult Version (CC-A). *Autism*, 559-574. doi:https://doi.org/10.1177/1362361310382107

[N.B. For better understanding of the study, please see hard copy & for any further information please contact: nijhumslt8@gmail.com]