

The Speech Clinic
430 Park Grove Lane
Katy, TX 77450

Tel 281.579.1515
www.thespeechclinic.net
thespeechclinic@hotmail.com



May is Better Hearing and Speech Month Communication Takes Care

From the desk of

Kausar H. Zafar, M.A., CCC-SLP

Every May we bring to you information about our field of speech-language pathology. The purpose is to build awareness of the different areas of communication and swallowing that can be addressed by speech-language pathologists. We also want to highlight new developments in the medical field that have relevance to speech pathology. This year, I would like to highlight different variants of Aphasia in children and adults and its impact on communication.

Spotlight Topic

Frontotemporal Dementia (FTD)

As many as fifteen percent of dementia cases among Americans are related to a spectrum of disorders called frontotemporal dementia (FTD). FTD is characterized by the slow atrophy of parts of frontal and temporal lobes of the brain, resulting in negative change in language, personality, and social behavior. FTD generally develops in people ranging from 45 to 65 years old. In contrast, Alzheimer's Disease affects people over age 65. FTD is not a single disorder but includes several types: Progressive Non-Fluent Aphasia, Semantic Dementia and Behavioral Variant Frontotemporal Dementia. It is not yet clear what causes FTD but until a treatment is developed, therapy for the disorder focuses on addressing symptoms including speech therapy, antidepressants and other approaches.

Primary Progressive Aphasia (PPA)

PPA is caused by degeneration in the part of the brain that controls speech and language (the left or "dominant" side of the brain in the frontal, temporal, and parietal regions). This type of aphasia begins gradually, with speech and language symptoms that will vary depending on the brain areas affected by the disease. These syndromes result from a variety of underlying diseases but Frontotemporal Dementia and Alzheimer's Disease are most often the causes. PPA has three variants:

Semantic Variant PPA: The most common complaint of this variant is increasing difficulty naming people, objects, facts and words. As the disease progresses, they also lose the meaning of conceptual knowledge for the words that they are trying to name. They may not understand conversation. Speech production and memory for day to day events are usually spared.

Non-fluent Agrammatic Variant PPA: Patients with this variant have difficulty producing words. They have difficulty producing language fluently even though they retain the meaning of words. They have difficulty articulating words. Over time they start speaking in shorter sentences, omitting smaller words.

Logopenic Variant PPA: Wordfinding difficulty is common. Speech production skills are spared. They speak slowly often thinking about the words they want to say.

Treatment of PPA: People with language difficulty benefit from speech therapy to help them learn alternative ways to supplement and compensate for their lost skills. Maintaining adequate communication and social connections is critical. Unlike aphasia resulting from stroke or head injury, people with PPA don't typically improve with time, but a speech-language pathologist may be helpful in maximizing abilities and explaining other ways to communicate. Non-verbal techniques for communication such as gesturing or pointing to pictures may help people express themselves. Augmentative communication devices can be helpful in communicating wants and needs.

Primary Progressive Apraxia of Speech a Distinct Neurodegenerative Syndrome (PPAOS)

Mayo Clinic researchers have shown that Primary Progressive Apraxia of Speech (PPAOS) is a distinct syndrome. It differs from Primary Progressive Aphasia (PPA) and can be the sole presenting sign of neurodegenerative disease. It is a disorder of speech motor planning or programming. It is associated with slow onset and progressive loss of speech production, with some patients eventually becoming mute. PPAOS can be difficult to distinguish from PPA. It can also be confused with dysarthria which arises from disruptions of the neuromuscular control of speech rather than programming of speech. Some features of PPAOS include slow overall speech rate, lengthened intersegment durations between sounds, syllables, words and phrases, including intrusive schwa. Reduced words per speech breath group relative to maximum vowel duration is also noted. Unfortunately there are no treatments for these disorders at this time. Speech language pathologists can train patients to utilize augmentative communication devices, gesture, and communication boards to aid communication.

Landau-Kleffner Syndrome

Landau-Kleffner Syndrome is considered extremely rare, is also referred to as acquired epileptic aphasia. Development during childhood is normal for the first three to seven years with an acute interruption and regression of communication skills. These children cannot understand or produce language that they previously produced and responded to appropriately. The primary neurological feature is the development of abnormal EEG reading, often discernible only in sleep conditions. About one third of the individuals with Landau-Kleffner Syndrome never develop seizures; medications can control seizures for those who do. Landau-Kleffner Syndrome does not present regression like Autism, it is primarily a language regression rather than a social one. A speech-pathologist is the key professional in intervention efforts for Landau-Kleffner Syndrome while medical issues and treatment need to be addressed and coordinated. Intensive services should begin immediately to recoup language abilities that were suddenly lost. With early treatment, numerous cases reported regaining language skills.

SLP Fun Facts

By Rachel Murphy, M.A., CF-SLP

- ◆ One in every five Americans (36 million) have some form of hearing loss.
- ◆ One out of every 700 newborns in the USA are affected by cleft lip and or palate.
- ◆ Many famous people overcame speech and articulation disorders including Thomas Jefferson, Humphrey Bogart, Winston Churchill, and Elton John.
- ◆ By the first grade, roughly 5% of children have noticeable speech disorders.
- ◆ More than 3 million Americans stutter.
- ◆ Every day 33 children are born with hearing loss, making it the most common congenital condition in the United States.
- ◆ According to the American Speech and Hearing Association, one in six Americans has a communication disability.
- ◆ Like other children, most bilingual children speak their first words by age one and use two-word phrases by age two.
- ◆ Children who learn two languages before the age of five have altered brain structures and as adults have much denser gray matter.



Help Your Child Learn to Ask and Answer Questions

By Lauren Lara, M.A., CCC-SLP

Curiosity is a part of human nature, especially for children. As children learn about the world around them, they ask many questions to satisfy their curiosity. Children with language disorders, however, often don't ask questions about the world around them. They may even appear uninterested in gaining new information about their environment. This is often because the language delayed children have difficulty stringing words together to form effective questions. Typically developing children acquire the ability to ask yes/no, what, where, and who questions around age three, and why, how, and when questions by ages 5-6. If your child has not met these milestones, there are many things that can be done to encourage asking and answering questions. Provide interesting activities for the child to play with, that encourage learning more about the world. While participating in everyday activities, model asking and answering questions to your child (ex: "What will we do next? Put it in the oven!"). When your child attempts to ask a question, get down to their eye level and be patient, providing them plenty of time to formulate their thoughts into a question. After the child asks, or attempts to ask a question, do your best to provide an answer, thus rewarding them for their attempt. While the ability to ask effective questions is important, it is important to also practice answering questions with your child. Try to ask types of questions that you are confident your child can answer to reduce frustration and to provide success. Make sure your child is focused before asking him questions, allow time for your child to think of a response before answering, and use an equal number of comments and questions in conversation to model appropriate conversation skills to your child. Be patient as your child develops skills in asking and answering more abstract questions, such as why, how, and when. Your child must first develop a grasp on cause and effect relationships as well as time concepts before he is able to answer these more difficult types of questions. Asking questions while reading books also helps children develop the ability to answer questions, as well as important pre-literacy skills.



References:

- Mind, Mood, & Memory Massachusetts General Hospital Newsletter; Volume 12, Number 4, April 2016
- Joseph KA, et al. Characterizing a neurodegenerative syndrome: Primary Progressive apraxia of speech. Brain. 2012; 135:1522
- University of California San Francisco, Newsletter July 2013
- Gail. J. Richard, Debra Reichert Hoge, The Source for Syndromes; LinguSystems
- M. Ann Marquis, M.S, CCC, Beth Witt, M.A., Communication Skill Builders Inc. (1998)