Aphasia, which impairs a patient’s ability to express himself and to understand what’s being said, may become apparent in various ways. The cortical area that’s responsible for integrating the myriad pathways required to comprehend and form language is called Broca’s area. It’s located in a convolution adjoining the middle cerebral artery. This area controls the combinations of muscular movements needed to speak each word. Broca’s area is so close to the left motor area that a disturbance in the motor area often affects the speech area. This is why so many patients who are paralyzed on the right side (due to damage or injury to the left side of the brain) can’t speak, whereas those paralyzed on the left side are less likely to have speech disturbances.

A speech therapist will assess stroke patients’ communication needs, describe the precise deficit, and suggest the best overall method of communication. Most language intervention strategies can be tailored for individual patients, who’ll be expected to take an active part in establishing goals. A person with aphasia may become de-
pressed. The inability to talk on the telephone, answer a question, or participate in conversation often causes anger, frustration, fear of the future, and hopelessness.

Nursing interventions include strategies to make the atmosphere conducive to communication. This includes being sensitive to the patient’s reactions and needs and responding to them in an appropriate manner, while always treating the patient as an adult. Offer strong emotional support and understanding to allay anxiety and frustration.

A common pitfall is completing the patient’s sentences. Try to avoid this tendency because it will frustrate the patient and deter him from practicing putting thoughts together and completing sentences. A consistent schedule, routines, and repetition will help him function despite significant deficits. Give him a written copy of the daily schedule, a folder of personal information (birth date, address, relatives’ names), and checklists to help improve his memory and concentration. He may also benefit from a communication board with pictures of common needs and phrases. As needed, the board may be translated into several languages to accommodate your patients.

When talking with the patient, first gain his attention. Speak slowly and keep your instructions consistent. State one instruction at a time, and give the patient time to process what you’ve said. Use gestures to help him understand. Speaking is thinking out loud, and the emphasis is on thinking. Listening and sorting out incoming messages requires mental effort; the patient will have to struggle against mental inertia and will need time to organize a response.

Remember to talk to your patient with aphasia during care activities so he has some social contact.