

Communication problems after stroke

Many people have communication problems after a stroke. About a third of stroke survivors have some difficulty with speaking or understanding what others say, and this can be frightening and frustrating. This factsheet is aimed at family members and carers who support people with these difficulties. It explains the types of problems that can arise, the help and support available, and offers some tips to aid communication.

What is a stroke?

A stroke is an **injury to the brain**. The brain controls everything we do including everything we interpret and understand. A stroke can cause problems with communicating if there is damage to the parts of the brain responsible for language. These functions are controlled by the **left side** of the brain in most people. As one side of the brain controls the opposite side of the body, many people who have communication problems after stroke also have weakness or paralysis on the right side of their body.

Stroke can also cause communication problems if **muscles** in the face, tongue or throat are affected.

How can stroke affect communication?

The range of communication problems someone has will depend on where in the brain the stroke happened and how large an area was damaged.

A stroke can affect how you speak, understand speech, read or write.

A stroke can affect communication in different ways. The main conditions that can happen after stroke are:

- aphasia
- dysarthria
- dyspraxia.

Aphasia

Aphasia (sometimes called dysphasia) is the name for the **most common language disorder** caused by stroke. Aphasia can affect how you **speak**, your ability to **understand** what is being said, and your **reading** or **writing** skills. It does not affect intelligence, although sometimes people think it does.

Aphasia can be very mild, and sometimes only affects one form of communication, such as reading. However, it is more common for several aspects of communication to be affected at the same time.

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There are different types of aphasia:

- If your problems are mainly with understanding what is being said, this is called receptive aphasia.
- If you mostly understand others, but have difficulties expressing what you want to say, this is called expressive aphasia.
- A combination of problems that changes all or most of your communication may be referred to as mixed aphasia, or global aphasia if the effects are severe.

Below are some examples of the different ways aphasia can affect you.

People with receptive aphasia may:

- not understand much of what other people say and feel as though others are talking in an unknown foreign language.
- not understand when people speak in long, complex sentences and may forget the start of what they said.
- not understand others if there is background noise or if different people are talking in a group.
- be able to read newspaper headlines, but not understand the rest of the text.
- be able to write but unable to read back what they've written.

People with expressive aphasia may:

- not be able to speak at all. They may communicate by making sounds but not be able to form words.

- have difficulty speaking in normal sentences. They may say only single words or very short sentences, missing out crucial words. They may write in a similar way.
- speak with frequent pauses and be unable to find the word they want to say – yet it may be on the tip of their tongue.
- answer 'yes' or 'no', but mean the opposite so their answers are not reliable.
- think of the word they want to say, but another word comes out – for example, 'milk' instead of 'water'.
- speak at a normal rate, but much of what they say is unrecognisable and has limited meaning. They may not realise this and others may wrongly think they are confused.
- describe or refer to objects and places, but not be able to name them. They miss out the words they can't think of.
- say only a few set words in answer to any question. They may be emotional words, such as swear words.
- get stuck on a single word or sound and end up repeating it.

Dysarthria

Dysarthria happens when a stroke causes **weakness of the muscles** you use to speak. This may affect the muscles you use to move your tongue, lips or mouth, control your breathing when you speak or produce your voice.

Dysarthria does not affect your ability to find the words you want to say or to understand others, unless you have other communication problems at the same time. If you have dysarthria, your voice may sound different and you may have **difficulty speaking clearly**. You may find your voice sounds slurred, strained, quiet or slow. Other people may find your voice hard to understand. If breath control is affected, you may need to speak in short bursts rather than in complete sentences.

Dyspraxia

Dyspraxia is a condition that **affects movement and coordination**. Dyspraxia of speech happens when you **cannot move muscles in the correct order and sequence** to make the sounds needed for clear speech. The individual muscles you use to produce clear speech may be working well and you may have no weakness or paralysis, but you cannot move them as and when you want to in the right order and in a consistent way.

If you have dyspraxia, you may not be able to pronounce words clearly, especially when someone asks you to say them. You may try several times to repeat them and may want to keep trying to correct yourself. At times, you may be unable to make any sound at all.

It can be frightening and distressing to have difficulty communicating after stroke. It can be difficult to join in conversations and this can be very frustrating. If the ability to read is affected, everyday activities such as choosing from a menu or reading signs or prescriptions can become problems.

What other effects of stroke affect communication?

Stroke can cause other problems that affect a person's ability to communicate well. It may help to be aware of these during conversations:

Changes to the emotional content of communication

A stroke can sometimes cause subtle changes to emotional aspects of speech. For example, your tone of voice may sound 'flat' or your facial expression may not vary. You may have difficulty understanding humour or when to take turns in conversation. You may be aware of these effects and frustrated by them, or you may be unaware. These types of changes can happen even if there are no other communication problems after stroke. They are due to changes on the right side of the brain and can be misinterpreted as depression.

Changes to perception

A stroke can alter your vision and sometimes your hearing. This can make reading and writing problems worse. Make sure the doctor is made aware of such problems so that they can be fully assessed. (See our factsheet *F37, Visual problems after stroke* for more information.)

Tiredness

Many people find that they feel very tired after a stroke, both physically and mentally. Having a conversation may also take more effort than it used to, and other people may not realise this. The ability to communicate can vary significantly depending on how

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tired or stressed someone is feeling. (See factsheet *F18, Fatigue after stroke* for more information.)

Memory and concentration problems

Stroke can affect your short-term memory and aspects of your thinking processes, such as the ability to focus and concentrate. This can make communication slower and more difficult. (See our factsheet *F7, Cognitive problems after stroke* for further information.)

Physical problems

Physical weakness or paralysis after stroke may affect facial expressions and body language. Physical problems can also make writing difficulties worse if your dominant hand is affected. Physical pain or discomfort can be a distraction. Swallowing problems are also common after stroke and often associated with dysarthria. (See our factsheets *F33, Physical effects of stroke* and *F5, Swallowing problems after stroke*.)

Changes to mood or personality

It can be frightening and frustrating if a stroke has affected your ability to communicate. Changes in the brain caused by the stroke can also affect mood, emotions and personality in other ways that can be difficult to control. (See our factsheets *F10, Depression after stroke* and *F36, Emotional changes after stroke* for further information.)

What are the treatments for communication problems?

Anyone who has communication difficulties after their stroke should receive a **full**

assessment of their difficulties from a **speech and language therapist (SLT)** with specialist knowledge in stroke and rehabilitation. In hospital, this should be arranged by the multi-disciplinary stroke team as soon as possible after the stroke. If the person affected is at home, their GP can make a referral to community SLT services or they can contact their local hospital's Speech and Language Therapy Department directly.

First, the therapist will **assess their strengths** in language and communication skills. The SLT will use various tests to try to establish the precise nature of their problems. It is possible to have aphasia, dysarthria or dyspraxia after stroke, or a combination of these conditions. The therapist will establish the best methods of communication, and will explain the nature of the problem to the stroke survivor, their family and the rest of the medical team.

The therapy someone has will depend on the nature of their communication difficulties and their general health following the stroke. It is likely to involve a variety of **practical exercises** to help rebuild their communication skills. If they have dysarthria, it is likely to involve **physical exercises** to help strengthen their muscles.

The SLT will establish the stroke survivor's personal needs and priorities for communication and their goals for therapy. Their progress will be monitored and support will be offered for as long as therapy is beneficial. (See our factsheet *F14, Speech and language therapy after stroke* for further information.)

It helps greatly if other people such as health professionals, care staff, family and friends can be involved in supporting

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communication needs. You may be offered advice on how to help your loved one communicate effectively. **Practising communication skills may help their recovery.**

Therapy should also look at **other ways of communicating** besides speech. This may involve gestures, communication charts or possibly an electronic aid. The SLT can assess whether a communication aid will be helpful in the short or long-term. They will take account of other effects of the stroke, such as reading, writing or visual problems, when choosing an aid.

There are a wide variety of **communication aids** available. These include simple charts to point at such as our communication chart, or more specialised equipment, including electronic aids and software programmes. The therapist can also assess whether home-based computer-supported therapy would help recovery. Contact us for a copy of our communication chart, and see our resource sheet *R5, Electronic communication aids and software* for more information on these aids. (See page 9 for contact details.)

The NHS has a small number of **Communication Aid Centres** that provide specialist assessments and support for people who may benefit from communication aids in the longer term or from adaptations to enable them to use computer technology. Referral is usually required from an SLT.

What other help and support is available?

Our **Communication Support Services** in some areas of England, Northern Ireland and Wales can help support stroke survivors

with a range of communication needs. These services aim to help identify their needs and provide advice and support to help people affected by stroke get back into life in the community. **Contact the Stroke Helpline** or see our website to find services in your area.

Communication groups can be an important part of ongoing recovery and our Communication Support Services offer these. They give people the chance to practise and improve their communication in a supportive environment. Other voluntary organisations and charities, including **Speakability** and **Connect**, also run groups and projects in some areas to support people with communication difficulties after stroke (see 'Useful organisations' at the end of this factsheet). There are also some local charities that run groups; ask the SLT if there is one near you. There are more general **stroke clubs** in many areas, as well as peer support groups for younger people affected by stroke. Contact us for details of what is available near to you.

How much recovery is possible?

The rate and level of recovery is different for everyone after stroke. It depends partly on the severity of the damage the stroke has caused and partly on the individual's general health at the time.

Many people will not make a full recovery from aphasia and may be left with some degree of long-term difficulties. It can take longer for people to recover from aphasia than some of the other effects of stroke. People with severe aphasia sometimes only begin to respond to therapy many months after a stroke. Generally speaking, therapy has proved to be beneficial for dysarthria and severe long-term problems are rare.

What about important decisions on finances and care?

Communication problems after stroke may mean that your loved one is **unable to communicate their wishes** about things that are important to them, such as decisions on their **treatment or future care**. Problems with **finances** may also arise. For example, they may suddenly be unable to provide a signature. The medical professionals caring for the stroke survivor, or a social worker, should advise them and their family or carer of the procedures to follow if someone else may need to apply for the right to make decisions in their best interests. See 'Useful organisations' on page 9 for the contact details of organisations that can provide guidance.

What about support with any longer-term difficulties?

Not being able to express yourself clearly when you want to can be very isolating. It is not unusual for people with aphasia to feel **depressed** and frustrated, especially if they can no longer participate in the activities they used to enjoy. It can also be very tiring, as trying to communicate may require a lot of effort.

The stroke survivor may need help to try to **express their feelings** about the changes in their life since their stroke. Individual or couples **counselling** may help this process, as may other types of psychological support or therapy. Sometimes, SLTs use a counselling approach to explore any problems and to identify ways to help people re-engage in life.

It may be possible for an SLT to accompany an individual to their appointment (although

not all counsellors will agree to this). If this is not possible, you can contact the organisation **Connect** (see 'Useful organisations'). They offer a counselling service to people with communication problems, although this service is currently only available in London and Bristol.

Using other means of **self-expression** during leisure time can be helpful. For example, music, photography, art, or drama therapy may be rewarding. The part of the brain that recalls song lyrics and music is different to the part that recalls spoken language, so singing can be a good way for people to express themselves, and can help people to recall words and phrases. For this reason it may be used as part of their therapy.

It is important that your loved one is supported to learn to live with any remaining communication difficulties. They may need support to explore social activities, take up voluntary work, return to work or change career. Being referred back to an SLT at a later date for further specific treatment or assessment of their needs may be helpful. They can also be assessed by an occupational therapist for practical help and advice on returning to work or participating in leisure activities. Their GP can refer them to both of these specialists.

Tips for helping conversation

Helping someone with aphasia to understand you:

- Keep your own language clear and simple.
- Speak in a normal tone of voice.
- Don't rush the conversation. Give the person time to take in what you say and to respond.
- Assume the person can hear and understand well, in spite of any difficulties responding, unless you learn otherwise.
- Stick to one topic at a time using short sentences. For example, instead of saying, "Your wife called and she will be here at 4pm to pick you up and take you home", say: "Your wife called." (pause) "She will be here at 4pm." (pause) "You can go home then."
- Use all forms of communication to help reinforce what you are saying, such as clear gestures, drawing and communication aids.
- Use adult language and don't 'talk down' to the person with aphasia. Even if someone understands little or nothing, remember they are not a child.

Helping someone with aphasia to express themselves:

- Don't interrupt them. Watch out for when they are finished, or when they are looking for help. Ask if your help is needed before giving it.
- If it helps them to remember things, make

use of a diary, calendar or photos. Lists of words or options to select from can help.

- If they can't think of a word, ask how it is spelt. Write down the first letter or syllable as a prompt.
- Write down key words with a marker pen. Write clearly in lower case and don't underline. Keep the lists of words to refer back to.
- If they prefer, guess the word they can't find and ask if it's correct.
- If they are keen to find the right word, give them more time to respond, or guess their meaning and check if you're correct. Otherwise, if they prefer and you've understood the message, just carry on the conversation.
- If easier for them, establish the general topic of their message by asking careful questions that only require a 'Yes' or 'No' answer. Give them plenty of time to respond. Don't ask too many questions too quickly, as they may feel overwhelmed and become frustrated.
- Look as well as listen – you will get a lot of information from natural gestures, facial expressions and body language. Check these are consistent with their message.
- Encourage them to give you extra help. Ask if there is anything they can point to, gesture, write or draw to help you understand. If they write or draw for you, allow extra time if they are learning to do so with their non-dominant hand.
- If they are repeating a single sound or word, it may help to distract them by

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changing topic or activity. Allow time for their memory to clear before asking another question.

- Don't pretend to understand. If you're having difficulty, be honest and tell them: "I'm sorry, I don't understand – let's try again." Or arrange another time to come back to the topic – and don't forget!

Other useful tips:

- Remember they may have difficulty with attention and concentration. So minimise distractions such as background noise. Focus on just one topic and one person at a time.
- At the start of conversation, check the person is comfortable and there are no problems. If they normally wear glasses, a hearing aid or dentures, make sure these are available. This can make a big difference to communication.
- Check you have both understood before moving to another topic. Summarise what they said and ask if this is correct. If not, try asking a question in a different way.
- Try to keep conversation natural and meaningful to them. Talk about real hobbies and people.
- Look at a photo album together and talk about the places visited and the people in the photos.
- A personal file, with useful, meaningful information about the person, their life and their interests, will be a way for them to talk about themselves. This can also take the pressure off speaking.
- Keep a diary of visits and what you talked about. Encourage family and friends to write in it when they come. Point out progress others have noticed and that they may have not.
- Tell them in advance if you want to discuss something important, so you can both prepare.
- Don't be afraid to acknowledge when you both feel frustrated or tired, or if you have a day when communication seems impossible. This happens! It may be no-one's fault if conversation breaks down.
- If you're extra busy, it may help you both to agree regular times for communication practice. This might be short periods (around 30 minutes) and planned at times when you are both relaxed.

Useful organisations

All organisations are UK-wide unless otherwise stated.

Stroke Association

Helpline: 0303 3033 100

Website: stroke.org.uk

Email: info@stroke.org.uk

We provide information and support to people affected by stroke. Contact us for details of our communication support services in your area.

Our resources:

Communication card: Credit card size, states "I have had a stroke and find it difficult to speak, read or write, please give me time to communicate". Also has room for name, address and emergency contact.

Communication chart: An aid to communication consisting of four sides of A4 with the alphabet, numbers, a clock and pictures for common words, for example, 'hungry', 'hot' and 'cold' (£1).

Aphasiahelp

Website: www.aphasiahelp.org

An aphasia-friendly website built by a team of researchers and a group of people with aphasia. It has information about aphasia and people can register and look for a pen pal.

Aphasia Now

Website: www.aphasianow.org

This website was created by and for people with aphasia and lists support groups and different resources to help people with aphasia.

Communication Matters

Tel: 0845 456 8211

Website: www.communicationmatters.org.uk
Members' organisation for people with complex communication needs, their carers and families, and professionals. The website has links to communication aids centres.

Connect

Tel: 020 7367 0840

Website: www.ukconnect.org

Provides practical one-to-one and group therapy, and runs courses in London and Bristol for people affected by aphasia.

Resources:

The Stroke and Aphasia Handbook, by Susie Parr, Carole Pound, Sally Byng and Bridget Long, provides easy to understand information on all aspects of life following stroke from the early days to picking up the threads months and years afterwards (£20).
Better Conversations - a booklet for relatives of those with aphasia to guide them towards better communication (£7.50).

Speakability

Helpline: 0808 808 9572

Website: www.speakability.org.uk

Provides resources for professionals and people affected by aphasia, has a variety of publications, and runs conversation groups around the country.

Speech and language therapy bodies

Association of Speech and Language Therapists in Independent Practice

Tel: 01494 488306

Website: www.helpwithtalking.com

Their website includes a search function for private speech therapists across the UK.

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Royal College of Speech and Language Therapists

Tel: 020 7378 1200

Website: www.rcslt.org

The UK training and professional body for speech and language therapy.

Disclaimer: The Stroke Association provides the details of other organisations for information only. Inclusion in this factsheet does not constitute a recommendation or endorsement.

Advice on making decisions for others

Office of the Public Guardian and the Court of Protection (England and Wales)

Tel: 0300 456 0300

Website: www.publicguardian.gov.uk

Office of the Public Guardian in Scotland

Tel: 01324 678300

Website: www.publicguardian-scotland.gov.uk

Office of Care and Protection (Northern Ireland)

Tel: 028 9072 4733

Website: www.courtsni.gov.uk

Provides information regarding mental capacity, Powers of Attorney and/or appointment as 'deputy' by the Court of Protection.

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For sources used, visit stroke.org.uk

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