

## USF communication disorders researchers prepare to 'Speak Out' on aphasia

TAMPA, Fla. (December 9, 2003) - In preparation for hosting the National Aphasia Association's (<http://www.aphasia.org>) June, 2004 conference, Speaking Out, University of South Florida researchers in the [Department of Communications Sciences and Disorders](#) are raising local and national awareness about aphasia, a language and speech impairment caused most often by stroke or traumatic brain injury.

"Aphasia is a disorder that few people learn about until someone they know experiences it," says Gail Pashek, an assistant professor who specializes in research on the treatment of communication disorders like aphasia. "This conference will provide an opportunity for stroke survivors, their families, and rehabilitation professionals to communicate, connect, and learn about new research and treatment options for aphasia."

A disability affecting about one million Americans, aphasia causes a variety of difficulties in the production and comprehension of speech as well as reading and writing. According to the National Aphasia Association, there are several kinds of aphasia, with varying severities. The most severe form is 'global aphasia' that leaves those affected able only to produce few words and recognize little or no language. 'Broca's aphasia' means that speech output is severely reduced to short utterances and sound formation comes with great effort. While a person with Broca's aphasia may understand speech fairly well, writing abilities may be very limited. 'Mixed non-fluent aphasia' means that a person may have sparse and difficult speech with great limits in word comprehension. 'Anomic aphasia' is the term applied to the inability to supply words for what one wants to say.

"Some people with aphasia understand speech well, but have difficulty finding specific words they want to use," says Jacqueline Hinckley, an assistant professor who researches therapies for aphasia and specializes in bi-lingual aphasia. "This is extremely frustrating for them and those around them and, as a result, people with aphasia can become isolated."

With USF home to one of the nation's foremost research and treatment centers for aphasia, hosting the national conference provides a unique opportunity to step up efforts to educate the public about this devastating disorder and its treatment options. Because increasing age is a risk factor for stroke, and because the Tampa Bay area is home to a higher than national average of those over age 65, Pashek and Hinckley estimate that the number of stroke survivors with aphasia is higher here than in most U.S. communities.

"We want stroke survivors, their families and rehabilitation professionals in the Tampa Bay area to be aware of our upcoming conference, the information and resources we have to offer, as well as our ongoing treatment options backed up with the latest research," says Pashek. "The USF Aphasia Clinic offers long-term group and individual treatment for aphasia, and at less cost than other facilities since Medicare and other third-party funding has become increasingly limited and generally inadequate for people requiring rehabilitation following a stroke."

Medication is not yet a standard of care for aphasia, but some medications that may improve communication after stroke are being tested.

"We suspect that drugs in the testing stages may be most beneficial when combined with traditional speech therapy that can help those with aphasia more fully utilize their remaining skills and learn compensations,' explains Pashek.

Hinckley and Pashek recently presented aphasia therapy research results at an international conference in Vienna, Austria. Hinckley discussed special aphasia therapy for bilingual patients and Pashek presented research findings from a clinical drug trial.

"Therapy is complex for people who are bilingual,' says Hinckley.

According to Hinckley, while language-producing and comprehension areas of the brain are the same for all languages, aphasia may impact differently those who are bilingual because learning pathways for the first and second languages are different.

"Native language seems to depend on implicit memory and learning while second language learning likely uses explicit learning,' explains Hinckley. "Therapy in one or the other language may have varying effects, depending on when a person learned the second language and how often the person uses each of the two languages.'

In Vienna, Pashek reported on pilot study results on the effects donepezil hydrochloride, currently used to treat symptoms of Alzheimer's disease but which may hold hope for improving language performance for people with stroke-related aphasia.

"After six weeks of treatment with donepezil, our patient made consistent gains in language, thinking skills and in motor speech abilities,' says Pashek.

For research studies, Pashek and Hinckley are enrolling volunteers who have aphasia due to stroke. Regular clinical services are also available at the [USF Communication Disorders Center](http://www.cas.usf.edu/csd/). For more information about the Center (<http://www.cas.usf.edu/csd/>) or about our current research studies, call 813-974-9844.

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