OPEN ACCESS Freely available online

Journal of Communication Disorders, Deaf Studies & Hearing Aids

Perspective

Cognitive Deficiencies and Management of Aphasia

Michelle L. Kloc*

Department of Neurological Sciences, University of Vermont, Larner College of Medicine, Burlington, VT, USA

DESCRIPTION

There is growing evidence that many people with aphasia frequently exhibit co-occurring non-linguistic cognitive deficiencies in domains like attention, memory, executive skills, and learning, even though aphasia has typically been characterised in terms of language difficulties. According to some theories, cognitive deficiencies, such as those related to attention and working memory, are the root causes of language difficulty in aphasic individuals. Others contend that cognitive impairments frequently co-occur, are comparable to cognitive impairments in stroke patients without aphasia, and represent general brain dysfunction after damage. It is still unknown to what extent attentional and other cognitive deficiencies contribute to language problems in aphasia.

Particularly, short-term and working memory abnormalities are frequently seen in aphasia patients. Both verbal and visuospatial domains can experience these deficiencies. Moreover, performance on language-specific tasks including naming, lexical processing, sentence comprehension, and discourse generation is frequently linked to these deficiencies. Some patients with aphasia, but not all, have been found to perform poorly on attentional tasks, and their performance on these tasks is correlated with their language skills and cognitive capacity in other domains. Even people with mild aphasia, who frequently score very low on language tests, have shorter reaction times and interference effects in their non-verbal attention skills.

People with aphasia can exhibit executive function abnormalities in addition to short-term memory, working memory, and attention problems. For instance, those who have aphasia may exhibit difficulties in self-monitoring, initiating, planning, and cognitive flexibility. According to other research, those who have aphasia perform less quickly and efficiently on executive function tests. The degree to which cognitive evaluations depend on language skills for successful performance is a crucial caveat in the measurement and treatment of cognitive deficiencies in adults with aphasia. The majority of research have made an effort to get around this problem by using non-verbal cognitive tests to assess cognitive function in aphasic individuals.

It is unclear, nevertheless, how much of these tasks are actually "non-verbal" and unmediated by language. One study, for example, discovered a relationship between language and nonlinguistic performance, except when nonlinguistic performance was assessed using 'real life' cognitive tasks. Wernicke's aphasia is frequently characterized by language problems, and this may have an impact on how quickly and well therapy works. Language gains may result from spontaneous recovery, but they may not be as significant without speech-language treatment as they would be with it. Treatment is more beneficial than no treatment for those who are experiencing acute Broca's aphasia, and better results are shown when the patient engages in therapy.

The best outcomes were shown in acute and post-acute stages with two or more hours of therapy per week. Low-intensity therapy was virtually as beneficial as no therapy, whereas high-intensity therapy had the best results. Individuals with global aphasia, also known as irreversible aphasic syndrome, frequently make very modest improvements in auditory comprehension and do not recover any functional language modalities *via* therapy.

In light of this, people who have global aphasia may nevertheless be able to communicate effectively with others using gestural means under familiar circumstances. There are few process-oriented treatment alternatives available, and no matter how thorough therapy is, persons may not develop competence in language use as readers, listeners, writers, or speakers.

Nonetheless, setting sensible and moderate goals can improve people's daily routines and quality of life. After the first month, the majority of people's linguistic abilities only partially or completely recover. The outlook is bleak, with 83% of those who were globally aphasic after the first month still being so after a year. Some patients have such severe functional limitations that the process-oriented treatments they are currently receiving with no signs of improvement, making therapy unaffordable.

Correspondence to: Michelle L. Kloc, Department of Neurological Sciences, University of Vermont, Larner College of Medicine, Burlington, VT, USA, E-mail:klockml@gmail.com

Received: 21-Feb-2023, Manuscript No. JCDSHA-23-22049; **Editor assigned:** 24-Feb-2023, PreQC No. JCDSHA-23-22049 (PQ); **Reviewed:** 13-Mar-2023, QC No. JCDSHA-23-22049; **Revised:** 20-Mar-2023, Manuscript No. JCDSHA-23-22049 (R); **Published:** 27-Mar-2023, DOI: 10.35248/ 2375-4427.23.11.241

Citation: Kloc ML (2023). Cognitive Deficiencies and Management of Aphasia. J Commun Disord. 11: 241