



Primary Progressive Aphasia and AAC 'HOW TO' GUIDE

About PPA

Primary Progressive Aphasia is defined as a type of frontotemporal dementia caused by a buildup of a bad protein TDP-43 and genetic mutations wherein an individual is unable to produce verbal language.

- PPA usually starts as a mild speech and language impairment that worsens.
- Symptoms vary depending on which areas of the brain have been affected.
- As time goes on, the individual is likely to have severe language production and comprehension impairments.
- Reading and writing also become impaired.
- Memory becomes impaired at varying levels.

Types of PPA

- **Logopenic:** impairment in word finding, telegraphic speech, circumlocutions, and difficulties repeating. There is often frequent pausing in speech while searching for words (generally associated with an 'Alzheimer's-like' dementia.)
- **Semantic:** impairment in word recognition and word finding, comprehension.
- **Non-fluent/agrammatic:** slow, halting speech, difficulty with sentence structure and word pronunciation, impairments in syntax/grammar. 'Jumbled' speech.

Considerations prior to initiating a trial:

SEVERITY:

- a. Oral reading and/or repetition:** If feasible, we will want to begin voice banking so that we can add your patient's own speech to the device. Practice scripting/repetition on the device during or outside of therapy. Use the device as a visual cue to assist in communication breakdown.
- b. Deficit awareness:** If poor, an involved care partner will be valuable to assist with communication breakdown and device navigation (eg: When a care partner asks what the person with aphasia [PWA] wants for lunch, navigate to the lunch folder and present an array of options if the patient is unable to answer verbally.)
- c. At least moderate impairment:** Insurance requires at least mod impairment, but if your patient is in the beginning stages of PPA, it may be beneficial to introduce it early on for voice banking and familiarity. The device is a tool to assist with communication, even in earlier stages.

DIAGNOSIS ACCEPTANCE:

- a. Denial:** Education and training regarding the diagnosis of PPA as a whole may be required before introducing any AAC. Traditional therapy is not always beneficial for these individuals, and it may take time for a patient/family to accept the diagnosis.
- b. Interest in voice banking or utilizing compensatory strategies to enhance communication in the home:** Begin with simple, attainable goals for AAC use in the home (eg: having the device out, open, and available when breakdowns occur). Low tech AAC may be considered initially if PWA and/or care partners are not as motivated or on board to utilize compensatory strategies to assist the patient.
- c. Myth busting for AAC:** Educate that a device is just a tool to assist their loved one. Scientific evidence backs that AAC does not hinder or limit a patient's verbal communication-- it enhances it.

Goal Management for PPA (Fried-Oken 2008):

FOR SHORT TERM GOALS:

1. We want to... “compensate for progression of language loss (not stimulate the language system to regain skills).”
2. We also want to start early. “Begin compensatory treatment as soon as possible. Be proactive so the person with PPA can learn to use communication strategies and tools.”
3. Finally, we want to “include primary communication partners in all aspects of training, with outreach to multiple partners.”

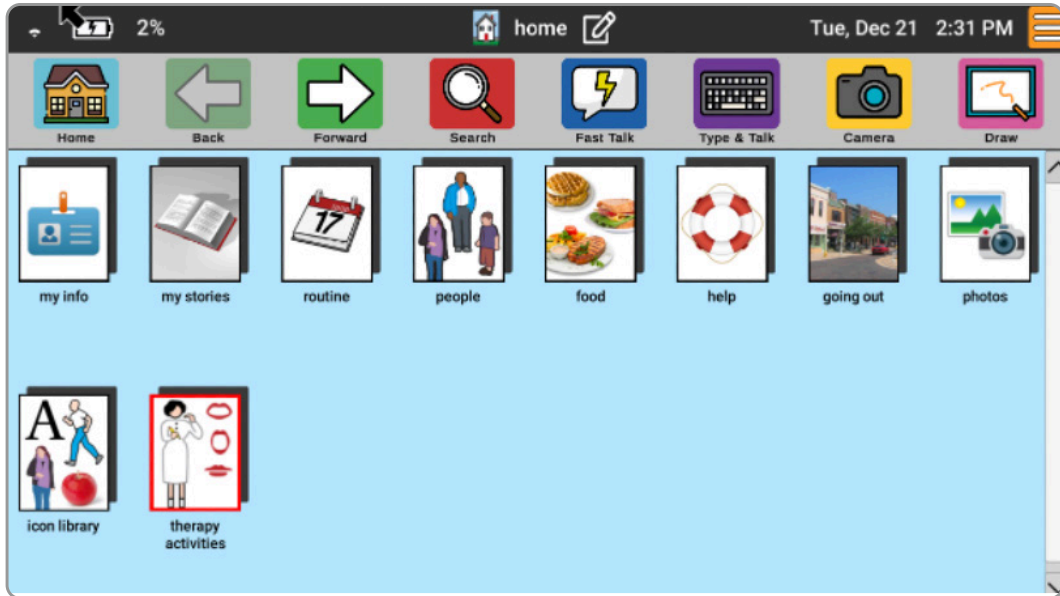
FOR LONG TERM GOALS:

1. Decrease frustration and increase communication
2. Enhance overall understanding in the functional communication setting
3. Eg: “PWA will be able to express pain related to illness or mood”
4. Eg: “PWA will increase independence and safety”

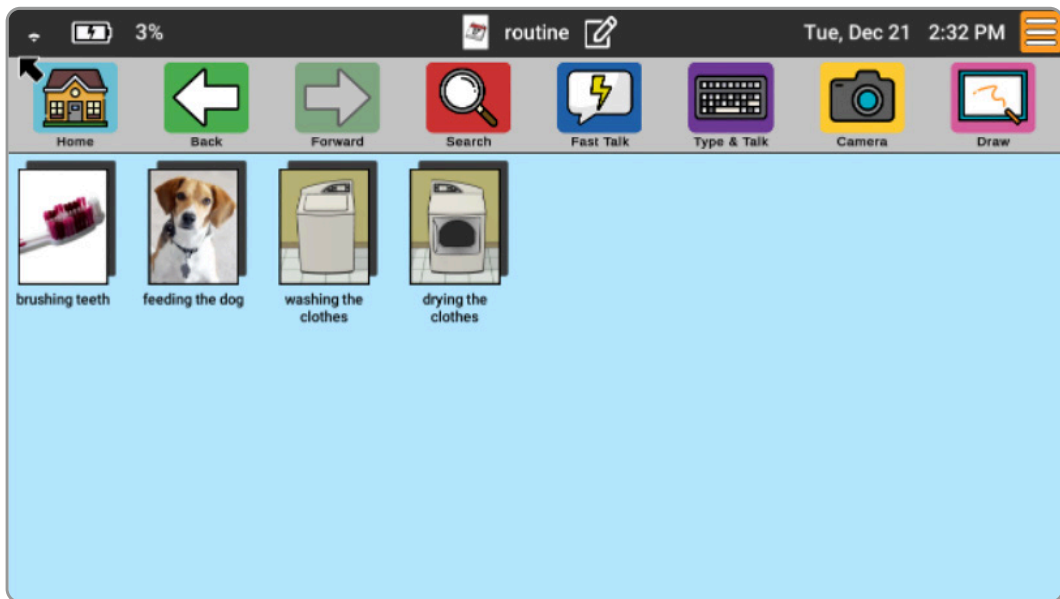
Clinical Tips for your Lingraphica Trial

- Be patient. It is important to let our patients know that this device is just a tool for them to use when communication breakdowns occur.
- Message banking in the patient’s own voice increases meaning and ownership.
- Most patients see “...stronger maintenance of the condition when implementing compensatory treatments and tools” (Fried-Oken 2008). In other words, AAC use can help maintain communication skills in people with PPA.
- Most patients will require support with the device. Involve care partners to provide maintenance on the device (charging it, turning it on, leaving it out and open) will lead to a more successful trial.
- Prepare for future memory needs. Use the device as a digital memory book - store memories, names and messages from family members, life stories (see below for customization ideas!) Great for creating attachment to the device and buy-in!
- Collaborate with us. We are here any time you need for any barriers that pop up and are ready to problem solve!

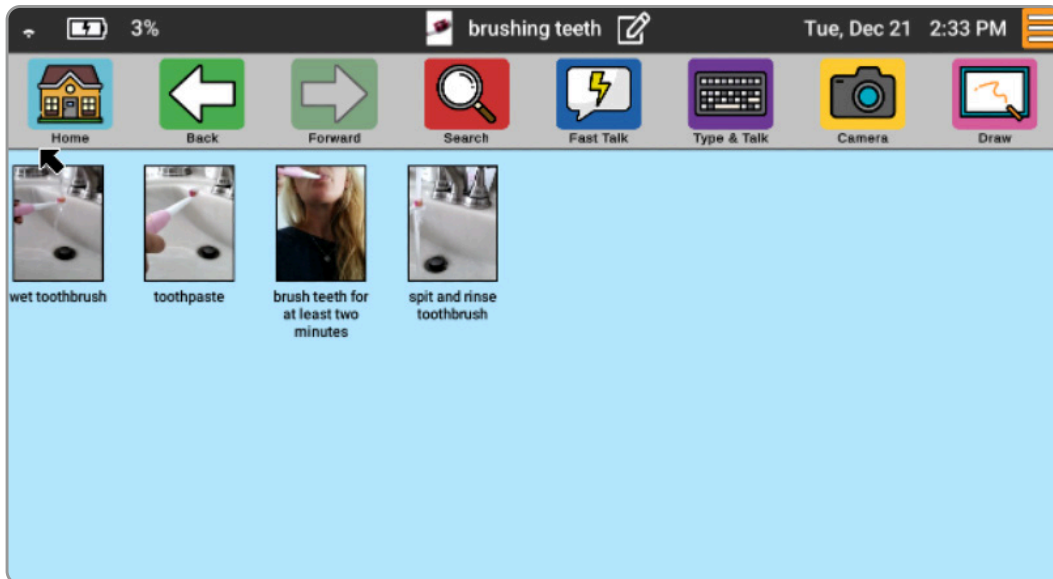
Customized homepage:



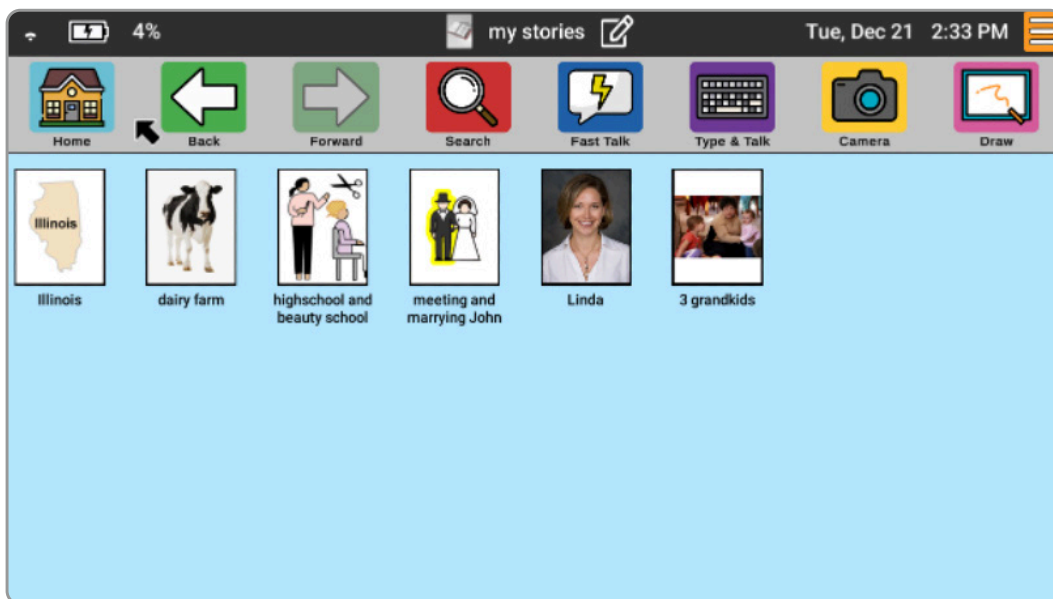
Customized routines:



An example of a routine:



Stories/memories:



Visit our website to learn more!

<https://www.aphasia.com/aac-devices/ppa-aac-device/>