

Naming Disorders Anomic Aphasia

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Naming disorders, as a symptom, is always found in all aphasic patient. The patient although has a clear understanding of what he is trying to name or what he is told to write, but needs longer time or can not articulate it. Sometimes he substitutes with other words or even produces jargon words. Assessment and intervention are complicate and delicated the most important functions of the clinician. The goal of word-retrieval activities in treatment is to improve the patient's cognitive performance and to teach method to circumvent the vocabulary when needed.

Keywords: Anomia, Naming disorders, Word-finding difficulty, Anomic aphasia

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Naming is a complex psychological function that can be disturbed in a variety of ways by cortical and subcortical lesions. Naming requires the making of decision or a process of identifying the object, that is, deciding that it is a member of a certain class and then finding its appropriate name. Luria⁽¹⁾ gave the following example: if we are thinking of a word "inkpot", it denotes an object containing ink, as well as evokes the whole code of functionally equivalent objects, within the context of writing, drawing, etc. Furthermore, "inkpot" can evoke a series of words with morphological similarity, e.g. inkstand, egg, cup etc., or even words with a similar phonetic structure, e.g. stinkpot. Thus, to find a proper name for a proper meaning, we have to make a choice between these connections. In the case of common objects, this process is automatized. In case of unfamiliar objects whose names are not automatized, however, it becomes more complicated and may be quite difficult.

Anomia as a symptom

Everyone has an occasional naming disturbance, as a symptom, it is probably the most common finding in aphasia⁽²⁻⁴⁾. It presents in almost all kinds of aphasic disorders, including Broca's, Wernicke's, Transcortical motor and Conduction aphasia⁽²⁻⁷⁾. It may be the residual following recovery from any kind of

aphasia, and most recovered aphasics still suffer difficulty in word finding to some degree^(5,7). A patient with naming disorder requires more time than normal people to produce words in response to pictures and questions^(5,7,8).

Naming disorder is known by many other names including anomia^(2,5,8), anomic aphasic⁽⁹⁾, amnesic aphasia⁽¹⁰⁾, semantic aphasia⁽¹⁾ and nominal aphasia⁽¹¹⁾. However, these terms will not be discussed in here. The disorder in its purest form is manifested in the patient's inability to use common names for the part of what he wishes to talk about^(9,11,12) for instance⁽¹¹⁾, upon representation of a common object like a "fork", the patients may respond with

-A word which sounds like the name fork, such as "pork" or "fort" or "nook".

-A word which is related to the function of the object, such as "knife" or "spoon".

-A word which is totally unrelated.

-No word at all.

The prevalence of responses in the first two categories is usually found in the anterior aphasic patient, while the last two types are most often seen in the predominantly posterior patient. Either type of aphasic patient, however, may respond in any of the four ways mentioned above^(9,11,12).

Type of naming disorders^(13,14)

The presence of naming disorders may be conspicuous in spontaneous or conversational speech. In one, the anterior type of patients with nonfluent

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speech, the patient appears to perform well on semantic tasks. Mostly, the patient knows the meaning of words he desires, and is able to recognize his errors. When making an error, he keeps on trying to select the correct word but has limited inability to retrieve phonological information about a word or cannot articulate it⁽¹⁵⁾, or when offering cues supports the patient, he is capable of producing a target word. Also his deficits in naming involve the struggling to retrieve target words, or often not being able to retrieve the target at all⁽¹⁶⁾.

The posterior patient with fluent speech, in the second type, usually tries to produce a desired word and fails by substituting it with “empty speech”. Some give up after one abortive effort, or he may try a time or two to get a word out and then gives up, questioning the clinician as to its correctness. The patient’s speech output is infrequently aided by prompting. Furthermore, he often refuses cues and sometimes even refuses the correct word^(4,9,17).

Naming disorders as a syndrome

When a naming disorder becomes the predominant feature in aphasia, the term anomic aphasia is used. The characteristics of aphasic disorder^(9,18) which difficulty in retrieving words can be called anomic aphasic are shown below:

Language Characteristics of Anomic Aphasia

Conversation speech	Fluent, but empty
Comprehension of spoken language	Normal to mild defect
Repetition of spoken language	Good
Confrontation naming	Defective
Reading aloud:	Normal to poor
Reading Comprehension	Normal to poor
Writing:	Similar to spoken language

In free conversation, the speech of the anomic patient may be produced easily and fluently with normal articulation, prosody and syntax. At the same time, the lack of substantive words or substitutions of many nonspecific words that often fails to communicate the idea satisfactorily, result in an empty quality. Sentence structure is preserved except for word-finding pauses. Nouns, particularly proper names, are most involved, but verbs and adjectives also may be affected. Replacement of specific words by generalizations, and indefinite words, e. g. thing, it, that, what etc. are common, and sometimes lead to semantic paraphasia, and

circumlocutory output. Reading and writing are variable with abilities ranging from normal to very poor. Sometimes, a patient will be able to write a word that he cannot say, suggesting that its written and auditory representations were stored separately. Anomic aphasia may be the consequence of a recovered aphasia of another aphasia type, however, true anomic aphasia is its own aphasia type. Physical symptoms are variable, and some patients have no symptoms of one-sided weakness or sensory loss⁽¹³⁾.

Site of lesion

The characteristic of aphasia depends on the site of the lesion. The location of the pathology capable of producing word-finding difficulty is widely variable and either hemisphere may be involved, although it is commonly associated with the left, language dominant hemisphere^(1,4,19). Approximately 60% of patients with a naming problem had dominant hemisphere parietal-temporal junction locus for pathology^(19,20-22). The other 40% varies widely depending on the functional mechanism interfering with lexical retrieval⁽²⁰⁾.

Assessment and Evaluation

A comprehensive diagnostic evaluation of the patient’s ability to understand, speak, read and write is imperative^(9,23-25). However, the following assessment of naming problems, which is the most difficult part of managing the patient, has provided for the systematic comparison of naming performance across various situations and contexts, including cross-modality comparisons^(9,18,23-26) (oral and written).

1. Evaluating conversational speech, noting word-finding problems and dividing them into word production or word agnosia categories.
2. Test ability to name/write the words by visual presentation from the following categories; objects, parts of objects, body parts, colors, geometric shapes, numerals, letters, and actions.
3. Test ability to name items presented to touch.
4. Test ability to write to dictation.
5. Test ability to name from auditory cues (hand clapping, whistle, etc.).
6. Specifically test items related to illness and hospital (thermometer, nurse, bed, pan, etc.).
7. Test ability to name items from a functional description (e.g. What is the machine that a housewife uses to clean carpets?).
8. Test ability to accept and benefit from cues when word finding has failed (i.e., Can the correct name





be given if a phonetic cue is offered or if a sentence is given that the desired word would complete?)

9. Test ability to present lists of words by categories (e.g., automobiles, animals, words beginning with a specified letter) in a specific amount of time.
10. Test ability to generate as many words as possible beginning with particular letters in 1 minute (The letter-fluency task).

Management and Rehabilitation

The goals of treatment ⁽²⁷⁻³¹⁾, behaviorally based, are to facilitate word retrieval, to teach ways to circumvent the problem when it occurs, to develop compensatory strategies for dealing with residual deficits, and to foster generalization to untrained words or to different communicative situations. Teaching the patient to use cues or strategies is a major aspect of naming treatment ⁽³²⁾. Every task that has been used to improve his performance involves phonological (i.e. repetition, phonemic cueing, spelling words, reading aloud in the presence of the picture ⁽³³⁾), orthographic ⁽³⁴⁾ (i.e. writing) and semantic tasks ⁽³⁵⁾ (i.e. matching words or giving definitions to pictures, categorizing the pictures).

In summary, an integrated understanding of naming ability of the patient is crucial. The ultimate goal of the therapy is to improve the patient's communication. In addition, the same treatment can work in different ways for different individuals. In pursuit of this goal, with the comprehensive evaluation, clinicians should begin to formulate a more accurate and complete picture of the complex of factors that contribute to the naming in aphasia, and it is essential to begin with tasks in which patients may experience some success, or therapy should progress gradually from items or tasks which are less difficult to more difficult one, and finally working on various situational contexts in which patients' naming abilities are facilitated best would seem to be necessary.

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ความบกพร่องในการใช้ศัพท์

ปริยา หล่อวัฒนพงษ์

ความบกพร่องในการใช้คำศัพท์เป็นลักษณะอาการที่พบได้ในผู้ป่วย อะเฟเซียทุกชนิดและทุกราย ผู้ป่วยต้องใช้เวลา นานกว่าคนปกติในการนึกหาคำพูดหรือเขียนสิ่งที่เขาต้องการสื่อความหมายกับผู้อื่น ลักษณะของความบกพร่องในการใช้คำศัพท์ในผู้ป่วยแต่ละคนแตกต่างกันไปขึ้นอยู่กับความมากน้อยของความบกพร่อง และชนิดของอะเฟเซีย การตรวจวินิจฉัยและการให้การรักษาทางภาษาแก่ผู้ป่วยกลุ่มนี้เป็นเรื่องที่ยุ้งยากและละเอียด ซับซ้อน หลักทั่วไปคือการทดสอบทางการพูดและภาษาอย่างละเอียด รวมทั้งการประเมินการใช้คำศัพท์ของผู้ป่วย ในหลาย ๆ สถานการณ์เพื่อค้นหาวิธีการและขั้นตอนแก่ผู้ป่วยในการนำคำศัพท์นั้นๆ มาใช้ได้ถูกต้องเมื่อต้องการใช้

วัตถุประสงค์: เพื่อให้ผู้อ่านได้มีความรู้ ความเข้าใจเกี่ยวกับ ความบกพร่องในการใช้คำศัพท์ ซึ่งจะพบได้ในผู้ป่วย อะเฟเซีย เพื่อเป็นแนวทางในการดูแลรักษาหรือส่งต่อผู้ป่วยได้อย่างเหมาะสม

