

SUBURBAN LIFE



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O V E R C O M I N G

In her recovery, aphasia is cause of word problems

By BARBARA UNDERWOOD
SPECIAL WRITER

On days when I have little else to remind me that I have had a stroke, I have aphasia. Aphasia is my constant companion. Aphasia is forever. Aphasia is invisible.

Aphasia is a total or partial loss of the power to use or understand words. It was a word I scarcely knew until two years ago. Then I had a stroke and subsequently learned, first hand, the meaning of aphasia. I am still learning.

Jan. 21, 1991, was the day that changed my life. At about 8 a.m. on that day, without warning, I collapsed on the steps of Pierce School in Birmingham. I was there to take pictures as part of my job as the publications specialist for the Birmingham Public Schools. I have since retired.

I was taken by ambulance, unconscious, to Beaumont Hospital in Royal Oak. Some hours later it was determined that I had had a stroke or cerebrovascular accident. I regained consciousness by early afternoon but remember little of those first few hours or days as a stroke survivor. And what I was not aware of for some time was that my entire right side was totally paralyzed.

I do remember in the first days following the stroke eating with my left hand, but it seemed to be because that was the only choice I had. I do not remember thinking consciously that my right hand wouldn't work so I would have to use my left hand. I just didn't give it a chance. The doctors said later that it is called "right side denial." Besides, I have always been ambidextrous to the extent that I call myself a "right-handed southpaw" so it was easy to eat left-handed — most of the time.

'Good rehab candidate'
For 10 days I was a patient at Beaumont during which time I was identified as "a good rehabilitation candidate" and was to be transferred to rehab when a bed became available. My 23 days in rehab began Feb. 1, and Feb. 23 I came home with a wheelchair which I never used and a cane which I abandoned after 10 days because I found it more bother than it was helpful.

Many people have praised me for my hard work in my successful recovery from the stroke. I won't argue that I did put a lot of effort into my therapy, but I believe what happened was also due in large part to just plain luck. After the stroke, when I began to realize my limitations, I hoped things would get better and never imagined they wouldn't. If the physical, occupational and speech therapies prescribed for me would help that to happen, I was willing to give them a try. A certain amount of motivation on my part, as well as help and encouragement from family, friends and health care professionals also contributed to my recovery.

Statistics on strokes make it clear to me that I am one of the lucky few among the survivors. Strokes are the third leading cause of death in the United States and kill 150,000 people each year. In "A Clinical Approach to Aphasia," John C. Rosenbek and Leonard L. LaPointe note for every 100 survivors, 10 remain that live virtually without impairment. The remainder are more seriously affected.

The same authors also note, "It does not help anyone to look forward to the past. After becoming aphasic, one will never be again as he or she had been. But for many aphasic people, improvement is possible, and for most, it is inevitable."



Warning may precede attack



Along with knowing the warning signs of stroke, it's important to be aware of preventative measures. A Beaumont Hospital speech pathologist outlines the risk factors and discusses what the future is like for those who survive a stroke.

A stroke seldom strikes without warning, although most people would dispute that and maintain that a stroke is "a bolt out of the blue." That is because, "Most people do not know the warning signs of a stroke," according to Susan Adair Ewing, a speech pathologist at William Beaumont Hospital's Speech and Language Pathology Department and co-author of a book and two videotapes dealing with stroke and its frequent companion disability, aphasia.

A stroke is caused by rupture or obstruction of an artery of the brain. Aphasia is a loss of communication which affects the ability to use and comprehend words. It may affect one's ability to speak, listen, read or write.

When a stroke occurs in the brain's left hemisphere, aphasia in some degree is the result. If a stroke occurs on the left side of the brain, paralysis on the right side of the body may occur.

For too many people, their first awareness of the ramifications of a stroke comes after one has struck. Ewing believes being knowledgeable about prevention measures should be a first step, followed by familiarity with the indications that an individual's physical conditions are right for a stroke.

Risk factors include high blood pressure, heart disease, being overweight, failure to exercise and

high cholesterol level. Warning signs that a stroke may be imminent or actually is occurring include a sudden weakness of the face, arm and leg on one side of the body, problems with speech and/or vision, headaches and dizziness or unsteadiness.

Occasionally strokes do "just happen" and knowing the signs and symptoms make little difference. Stroke victims may be left without memory, movement or ability to speak, but intelligence, as a rule, is not impaired — only the ability to express their thoughts and knowledge. A stroke does not affect intelligence, Ewing emphasized.

"The image of a stroke victim is of someone who is housebound, who drools and who is confined to a wheelchair," she said. "And there also is a public perception that a stroke affects intelligence."

"People also need to realize that aphasia is not just the loss of verbal expression," she added. "It involves the area of receptive language (listening and reading) and expressive language (writing, spelling, formulating ideas). Therefore aphasia is not just a speech problem."

It is possible for a stroke survivor with aphasia to progress from no speech initially, to return of speech with some word-finding problems. It is most dependent on where the stroke occurs in the brain and the degree of permanent damage to the brain.

People who have had strokes are

living longer with less impairment than previously because of improvements in the medical management of stroke patients, Ewing said.

The designation of the 1990s as the decade of the brain by the federal government has resulted in more money being available for research and to bring about a change in the public perception of strokes and their impact on human life, Ewing said.

Her interest in speech pathology began when she was an undergraduate at DePauw University in Greencastle, Ind., where she was an English major.

"I saw the disabilities that could occur as the result of a stroke," she said. "In speech pathology I saw all kinds of communication problems such as stuttering, voice disorders and articulation problems in children."

This led her to specialize in that field, with emphasis on anatomy, physiology and other medical aspects of speech pathology. A speech and language pathologist working in a hospital setting in Michigan must have completed a hospital internship and must have at least a master's degree before beginning to practice.

Susan Adair Ewing is co-author with Beth Flatsgrof of the book "Pathways: Moving Beyond Stroke and Aphasia." Both women are speech pathologists at the Beaumont Hospital and Rehabilitation Center in Birmingham.

A videotape with the same name as the book also is available, as well as a videotape "What Is Aphasia." The materials are part of the William Beaumont Hospital Speech and Language Pathology Series published by Wayne State University Press.

STATISTICS:

More than half a million people in the United States alone have strokes each year. Stroke survivors number in excess of two million. Strokes are the major cause of disability each year among adults in the United States. These are sobering statistics but there are more.

• Strokes kill nearly 150,000 people each year. They are the third largest cause of death, ranking only behind heart attack and cancer.

• Half of all stroke survivors are still alive seven years later, but most do not recover fully.

• It has been estimated that one in three stroke survivors need help caring for themselves, one in five need help walking and seven out of 10 cannot return to their previous jobs.

• For every stroke survivor there is at least one caregiver. The American Heart Association estimates the cost of stroke-related health care at more than \$13 billion a year. Of the nearly two million Americans considered disabled as the result of a stroke, almost one-third are wage earners from 35-65 years of age who are unemployable because of their disability.

There is little doubt that stroke has a profound effect not only on the survivor but on virtually everyone associated with a person who has had a stroke. While a stroke alone has a major impact on everyone it touches, its companion disability, aphasia, merely adds to the woes of an individual or family whose life has been altered by a stroke.

John C. Rosenbek and Leonard L. LaPointe, in "A Clinical Approach to Aphasia," note "For every 100 survivors of stroke, 10 return to work virtually without impairment, 40 retain mild residual disability, 40 remain so disabled they require special services and 10 need institutional care."

See STROKE, 2C



Stroke's aftermath: Barbara Underwood continues to use a word processor, although her typing has slowed.

With dramatic life change, husband becomes his wife's caregiver

By BARBARA UNDERWOOD
SPECIAL WRITER

The moment Donald and Phyllis Shoemaker awoke at sunrise on July 27, 1983, their lives changed irrevocably.

With no warning and no preparation, both entered a new phase in their previously somewhat routine and satisfying lives. She became a stroke survivor and he became a caregiver — a word that isn't even in the dictionary but seems self-explanatory.

"There are millions of caregivers and they are all amateurs," Shoemaker says, now that he has had almost five years' experience as one. "The role of caregiver is seldom planned for and usually comes with no previous experience. Becoming a caregiver is a learned activity and we need all the help we can get."

Strokes are always badly timed and usually interfere with long-held plans. Shoemaker says. Phyllis had been a teacher for 40 years and Don worked in the family-founded chemical business. Both had retired. They were planning their first trip to Europe on the QE II with a week in London and a return flight on the Concord. Three weeks before they were to leave, Phyllis had the stroke.

"It was devastating to both of us," says Shoemaker, who lives with his wife in Bloomfield Township. "It changed our lives completely. Life will never ever be the same again. That is perhaps

the main idea a caregiver must accept. We can have hope and we can learn to cope, but nothing is ever the same again."

Despite the changes brought about by his wife's stroke, Shoemaker maintains, "There is still a future for us. Happiness is attainable. Even before the stroke we had much unhappiness in our lives. We accepted it and coped with it. We are doing the same now and will in the future."

Life in the aftermath of the devastation caused by a stroke does change forever because there is no going back, but those changes may be for the better, Shoemaker believes. For example, the bond between a caregiver and a survivor usually becomes stronger than it was before the stroke.

The feelings experienced by caregivers as well as stroke survivors include anger, fear, guilt, sadness and depression. The "Why me?" syndrome is common, Shoemaker said, coupled with "I did not deserve this."

Also, there is a subconscious urge to revert back to life as it was before the stroke, "but my conscious mind tells me that is impossible," Shoemaker said. "Caregivers and survivors alike tend to be jealous and envious of others in their age group who seem to be enjoying life together, but that gets in the way of more positive feelings and they need to realize it could happen to anyone any time."



A strong bond: Don and Phyllis Shoemaker of Bloomfield Township both have hope and have learned to cope.

See CAREGIVER, 2C