

“Nice. Nice, me...me no speak... me therapy, words no. Speech therapy.” Paralyzed on one side of her body, her arm and a leg rigid, one day, E.F, came to my office. She was 33 years old and had had a cerebral hemorrhage that caused a 10-day coma and significant loss of language (written and spoken) and calculation skills, otherwise known as aphasia and acalculia.

Like many other people in the world, after brain damage caused by stroke, trauma, or cancer, she suffered important damage to the nervous system which set off various disorders in language, attention, memory, behavior, reasoning and visual exploration, impacting significantly on her daily life.

Following acquired brain damage, a patient appears completely disoriented in space and time, with memory lapses of the events occurring before the trauma (retrograde amnesia) or difficulty in acquiring new information (anterograde amnesia). At times, the disorder will affect prospective memory that allows us to plan our immediate future (seeing a friend, going shopping, etc.)

In more severe cases, after waking up from a coma, a person may have attention disorders, or even more frequently a marked alteration in behaviour. Family members, in many cases, find great difficulty and discomfort in dealing with their loved ones who are constantly changing their behaviour: lack of inhibition, aggression, inertia, apathy, perservation and impulsiveness!

Often, the person will no longer be able to pay attention to mental tasks for long periods of time (sustained attention); at other times the patient may be easily distracted (selective focus), preventing her from focusing on a single activity. Car accidents tend to damage the frontal lobe, the area that controls reasoning (executive function and problem solving), cognitive flexibility, creativity and decorum.

From the first moments of hospitalization and intensive care, speech and language therapists work as part of the team of doctors and medical specialists who follow the patient through the various phases of observation, the treatment and in informing family members on prognosis and rehabilitation plans and goals. The path for many patients is long. Different specialists will work with the patients at various times, working towards the goal of an improved degree of autonomy and quality of life for the person and their families. Rehabilitation of severe brain injury is complex, requiring multi-professional and interdisciplinary involvement. Speech and language therapists are called to add their expertise, staking an important role in the rehabilitation from the first very moments of intense care, through the evaluation and rehabilitation of the consequences of the injury, up to re-integrating the patient to home life.

Today E. F. is an independent woman. Unfortunately, she no longer works at her same job, but she reads, she writes, she is curious, and she takes part in life in her new condition. The quality of her life is good and she is satisfied. Mission accomplished!

Giuseppe Mancini
Speech and Language Therapist
Università Tor Vergata Roma