

## **Language and communication therapy for mild and moderate Alzheimer's disease patients and their caregivers**

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**Key-Words:** Alzheimer disease (AD); speech therapy; language; communication; caregiver; mild stage; moderate stage.

### **Objective**

The aim of this research is to develop a specific structure of logopedic care adapted to mild and moderate AD and their caregivers. This intervention is based on a multidisciplinary approach gathering together cognition, pragmatic and eco-systemic point of view (Rousseau, 2011).

### **Background**

AD is often defined as a memory disease. However, if memory impairments represent the most common trouble, aphasia is the second most frequent disorder in AD (Grisé, 2010), appearing sometimes at a very early stage (Eustache, 1992). In context of degenerative diseases, if a linguistic rehabilitation doesn't work, a stimulation of efficient linguistic mechanisms could slow down the functional degeneration. According to Lefebvre (2007), at each stage of the disease we can find efficient or semi-efficient processes: semantics, writing, syntax and pragmatics for the mild stage, and semantics, phonology, reading and syntax for the moderate stage. Therefore our work focuses on these processes.

Moreover, given that cerebral degeneration alters the communication processes and impacts social and familial environment (Selmès, 2011), we proposed a simultaneous logopedic intervention among caregivers and AD, in order to improve patients verbal comprehension and enhance their conversational abilities. Communication is defined as discourse style and content. It is composed of attitudes, body expressions too and related to feelings. All of these points were worked with caregivers, adapted to AD patient's capacities.

### **Method**

Language and communication therapy is given at home during 5 months: a break of 2 months is organized in the middle of the therapy in order to measure the benefits of caregiver's support. Couples of AD patients and caregivers are chosen according to severity of AD patients. While cognitive and linguistic assessment is proposed to AD patients, a thymic evaluation and a self-assessment of communication capacities is presented to caregivers. These measures are repeated 4 times: one time before the therapy, one time after 2 months, one time after the break and a last time at the end. The results are based on a comparison between trained and untrained language processes for AD patients in order to observe therapy benefits. We also compare language stability in relation to disease's progression. Finally we measure stress degree and burden feeling for the caregivers.

## **Results**

For AD patients, trained language abilities show better results than untrained language abilities. While disease is developing, language results are constant between the beginning and the end of the therapy. Concerning the caregivers, burden feelings seem to decrease, but stress degree remains the same between the beginning of the therapy and the end of it.

## **Discussion**

Language and communication therapy maintains efficient language processes for the AD patients despite disease worsening. The caregivers cope better with the disease although their stress remains unchanged.

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