

## **Managing Symptoms of Semantic PPA**

Early diagnosis of semantic variant PPA (sv-PPA) is important for effective care planning. Individuals with sv-PPA lose the meaning (or semantics) of words and may develop difficulty recognizing faces and understanding the emotions of others. In addition to these cognitive changes, disinhibited, rigid and compulsive behaviors eventually develop. Some individuals retain insight and may exhibit symptoms of depression.

Tips for managing communication and behavior changes include:

- Develop speech therapy techniques to maximize communication at each stage of progression.
- Maximize information from family to learn the resident's interests, routines and key family and friends.
- A specific goal or care issue should be identified with family and staff, and speech-language interventions should be integrated into the overall care plan.
- Repeated experience or training with personally familiar objects may improve naming and single-word comprehension early in disease.
- Aided approaches (e.g., pictures, simple written words, personalized conversation boards or technology apps) that put words/pictures in front of the person help access vocabulary of daily activities.
- Monitor for eating non-food items (e.g., cat food, coffee grounds, household cleansers).
- Monitor use of shavers, knives, tools, etc. as the meaning of these items and how to use them may be lost.
- Consider nutritional drinks to supplement diet if food fads persist, or diet choices become severely limited.
- Use pictures, words and gestures in combination for context, e.g., pointing to the picture on bathroom door and word "shower" and then pointing to the actual shower was successful.
- If possible, assign same staff members on a regular basis.
- Tell the resident who you are and what you do.
- Astutely observe non-verbal behavior. Individuals may be unable to understand the meaning of bodily sensations, such as saliva. Some patients develop a preoccupation with these internal sensations.
- Evaluate all complaints with good physical examination.
- Try to incorporate resident's routine if possible.
- Posting the resident's schedule provides reminders to the staff, visitors and possibly resident.
- Focus on the present, the here-and-now rather than reminiscence therapy or projections about the future. Recent memories are much better than autobiographical memories, a pattern opposite to that in Alzheimer's disease.
- Identify and maximize retained strengths and interests to develop individual interventions build on personally meaningful history.
- Personally program the resident's iPod. There is a suggestion that music may be disproportionately preserved in sv-PPA.
- Always use a warm, easy-going, calm and quiet voice. An individual with sv-PPA may lose the ability to read emotion, but will still respond at an emotional level to non-verbals.
- Consider that visuospatial skills and calculations may remain throughout the disease. These may offer hidden strengths for creative interventions.