Primary Progressive Aphasia (PPA)

Primary progressive aphasia (PPA) is a gradual decline in the ability to communicate, resulting from degeneration of speech and language networks in the brain. Speech-language pathologists (SLPs) now offer a variety of treatments, with emphasis on rebuilding lost function, supplementing verbal communication with nonverbal modes of expression, and training for communication partners.

Early Stage

- Obtain an evaluation with a speech-language pathologist to evaluate communication abilities thoroughly and establish a baseline for treatment.
- Reduce background noise and distractions to ensure the person with PPA is able to understand the message.
- Face the person, speak slowly and allow time for a response.
- Use compensatory techniques (cueing, clarifying meaning, describing the word) to facilitate successful, rather than perfect communication.
- Include spouse/partner or primary caregiver in speech-language therapy session to supplement training at home.
- Practicing and rehearsing personally relevant words or phrases are used to maintain retrieval and pronunciation.
- Encourage nonverbal communication strategies to supplement when speech is not understood (e.g., “Can you show me?” and offer paper/pencil for concurrent writing/drawing).
- Ask for clarification if a response is incomplete or unclear; do not pretend to understand.
- Suggest that the person carry a card identifying and explaining their diagnosis of primary progressive aphasia.
- Monitor for depression. People with PPA experience frustration and loss over diminishing communication and are at an increased risk of depression.
- Participation in a communication support group can encourage practice and use of language.
- Caregivers may also participate in support groups to learn strategies from other caregivers.
- Evaluate augmentative and alternative communication device or book with SLP, although the individual with PPA may not be interested in these at this stage. (continued)
Primary Progressive Aphasia (PPA) continued

**Middle Stage**

- Use script training developed in speech-language therapy for topics the person would like to discuss in daily life (e.g., information about their diagnosis, family, favorite activities, etc.).
- Use shorter sentences with a more simple structure for improved comprehension.
- Give one direction or ask one question at a time.
- Use questions that offer a choice, rather than open-ended questions (“Do you want coffee or juice?” rather than “What do you want to drink?”).
- Develop a personalized communication notebook or communication wallet (pocket sized cards on keyring). These offer a visual lexicon with pictures of key words, people and activities for access by the person with PPA and communication partners.
- Use all modalities to support communication (gestures, pictures, props, visuals).
- Use affirming statements (e.g., “Take your time, I’ll wait.”)
- With an SLP, evaluate an augmentative and alternative communication device or book.

**Late Stage**

- Use multiple modalities (gestures, writing single words, drawing) as verbal communication becomes increasingly challenging.
- Check for comprehension often.
- Encourage regular use of a communication book, wallet and/or other augmentative and alternative communication device.
- Train home health, adult day and residential care staff to use identified communication strategies and tools.
- Adapt key words, personally meaningful phrases and scripts for changes in setting as an adult day program or residential care is introduced.
- Engage speech-language pathologist for evaluation of swallowing and dysphagia as needed.
- Observe triggers for behavior changes and a generalized increase in symptoms; frustration over an inability to communicate wants or needs is often expressed in challenging behaviors.