

PROFILE OF LANGUAGE DISORDERS IN CLIENTS OF MOTOR TRANSCORTICAL APHASIA

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ABSTRACT

Aphasia is a language disorder that occurs due to an injury to the brain. The classification of aphasia is divided into fluent aphasia and nonfluent aphasia. One of the non-fluent aphasia is transcortical motor aphasia. The characteristics that distinguish Broca's aphasia from other aphasia are disorders in receptive language, difficulty in answering questions, difficulty understanding spoken language, difficulty understanding written language, difficulty writing, accompanied by linguistic symptoms such as ecolalia. The implementation of this research starts from the assessment (observation, interview, and test). The purpose of this research is to find out the language disorder that exists in the client. To see the language disorder that exists in clients, interviews with families and clients are carried out. Then an observation of the client's activity is carried out and a test is carried out to determine the language disorder in the client. The conclusion of this study is that clients experience problems in understanding spoken and written language, clients also have difficulty starting to talk to other people. So the authors recommend that clients get treatment for language disorders.

Keywords: motor transcortical aphasi; clients; language disorder

INTRODUCTION

In its development, speech therapy has a wider scope of understanding by studying matters related to the speech process, including the process of swallowing, rhythm/fluency disorders and other neuromotor disorders of the articulation organs. Meanwhile, the patients ranged from infants to the elderly. Most of the cases that require speech therapy today are cases related to adult/elderly patients. Diseases that make patients get speech therapy services are patients with a doctor's diagnosis of stroke. Stroke is actually already familiar to most people. This is caused by the relatively high incidence (number of new cases) of stroke cases that occur in the community. According to WHO, every year 15 million people worldwide have a stroke. About five million suffer from permanent paralysis.

In the Southeast Asian region there are 4.4 million people experiencing a stroke (WHO, 2010). In post-stroke cases, language processing is disrupted due to brain area dysfunction, which can be in the form of disturbances in one or more language modalities, namely speaking ability, comprehension of spoken language, reading and/or writing. This is due to a problem in the area of the brain that plays a role in language processes in the dominant (left) hemisphere, namely the perisylvian cortex, this area includes Broca's area, Wernicke's, supramarginal gyrus, and angular gyrus, as well as its associated fibers Mersulam (2017). So that in post-stroke cases, speech therapy is needed to train communication skills according to the client's condition.

The occurrence of this stroke condition has an impact on the client's condition after stroke. Factors for the occurrence of stroke are hypertension, smoking, dyslipidemia, diabetes mellitus, obesity, alcohol. This is due to a blockage in the blood vessels. According to Juanidi (2011) there is a

blockage with symptoms and signs according to the part of the brain affected, which can heal completely, recover with disabilities, or death. Thus causing disturbances in noble functions (language, orientation, memory and emotion). One of the classifications of aphasia that experiences problems and disturbances in speech and language, this problem is due to damage to the brain. This disorder is characterized by difficulty speaking, as well as impaired understanding.

METHOD

This research approach is to use a qualitative research method in the form of a case study. The scope of this research is data collection by taking from several aspects and then each aspect is examined, and conclusions are drawn for the aspects studied only. The object of research is a client with a diagnosis of Transcortical Motor Aphasia. The operational definitions of the variables in this study are the ability to pronounce, the ability to tell stories, the ability to name, the ability to understand the client's spoken language and understand the written language. The samples used in this study were families and clients with a diagnosis of Motor Transcortical Aphasia. While the place of research is carried out at the client's house. Data sources were obtained from the family, the client's medical records, data from other experts and the client himself. As for data collection techniques with documentation, interviews, observations and tests on clients. Data analysis techniques use data collection with families and clients. Furthermore, the data is processed, analyzed and conclusions are made.

RESULTS

Based on the results of the author's observation and examination of the client, the client's language comprehension ability seems poor. Clients do not understand and cannot respond when asked several questions such as being asked their name, occupation, number of children and from which area. Clients also often repeat words or questions asked to them. The language used by the client and the client's family is Indonesian. Referring to the data obtained, the author examines the client's language skills using the following TADIR test:

Table 1.
 Profile Of Norma Tadir

		Not Possible	Very Disturbed	Disturbed	A little Disturbed	Normal
Talk	Personal	1	2	3	4	5
Informasi						
Mention		1		3	4	5
Naming		1	2	3	4	5
Sentence Level (F, LS , MS)		1	2	3	4	5
Tell a story No Fluent		1	2	3	4	5
Read sound		1	2	3	4	5
Copy		1	2	3	4	5
Understanding of spoken language Word Level (LS)		1	2	3	4	5

	Not Possible	Very Disturbed	Disturbed	A little Disturbed	Normal
Sentence (LS, MS)	1	2	3	4	5
Understanding of Language Write Word level	1	2	3	4	5
Personal Information	1	2	3	4	5
Write Personal Information	1	2	3	4	5
Dictation	1	2	3	4	5
Word level (F, LS)	1	2	3	4	5
Sentence level (F, LS, MS)	1	2	3	4	5

Mention

The client is asked to state personal information such as name, place of residence, occupation but the client cannot answer these questions. So that the client's score on this test is 1. Then the client is asked to name the animal, but the client is unable to name the animal in 1 minute. When the writer helps the client by giving an example the client still can't mention it.

Naming

The client is able to name as many as 6 objects, the client is on a score of 4, namely 6-7 points. The objects are glass, paying, triangle, yellow, nine, seventeen. To name the sentence level the client cannot do it even with repeated instructions. The client can only follow the instructions from the author.

Tell a story

When asked to tell about daily activities the client cannot tell. The author also lures clients by providing assistance such as asking what clients do in the morning, afternoon and evening. The client just smiles and repeats the client's words. The client's word-per-second score is 0 words per second. So that the smooth running of the client category is not smooth.

Read aloud

The client has good eyesight, the ability to read the client is good even though the client does not understand what he is reading. In accordance with what is in the test, the client reads the word level and sentence level Like (drink, be directed, what is important for him is study and work, I want to go to the market to buy half a kilo of rice). The client scores on this test a 4 for word and sentence level reading.

Mimicking speech

The client is able to imitate the author's speech well. Like (drink, be directed, what's important for him is studying and working, I'm going to the market to buy half a kilo of rice). The client scores on this test a 4 for imitation word and sentence levels.

Understanding of Oral Language

The client is asked to point to the card that the writer told him. To understand the client's spoken

language, the client's good word level can point to (horse, scissors, fourteen, rectangle). But understanding the client's sentence level is problematic. The client could not answer the 6 questions addressed to him.

Understanding of written language

The client's understanding of the written language has a problem the client cannot synchronize between the writing and the picture for words. For words, the client can only show 2 correct pictures of 4 words, namely (horse and fourteen). And understanding the sentence level is also problematic.

Write

The client has problems writing personal information; the client gets a score of 4, slightly disturbed. Dictation score 1 level of words and sentences.

DISCUSSION

Based on the doctor's diagnosis, the client was diagnosed with a non-hemorrhagic stroke. Stroke is classified into two, namely hemorrhagic stroke and non-hemorrhagic stroke. According to Hardika, Yuwono and Zulkarnain (2020) Non-hemorrhagic stroke is a case of stroke that often occurs with a percentage of 85%3, which is caused by blocked blood vessels due to certain diseases. The results of interviews with the client's child, the client experienced hypertension before being diagnosed with a non-hemorrhagic stroke by a doctor. According to Permatasari (2020) one of the risk factors for non-hemorrhagic stroke is hypertension. So that in this case the cause of the client's stroke is hypertension experienced by the client.

Data from initial observations made from a physical perspective on the right side of the client's body experiencing paralysis on the right (legs and hands). To answer questions from other people, clients experience problems. Like if asked the client's name just smiles or repeats the question again. As for clarity, the client's speech is good. The client imitates the speech of others clearly either at the level of words or sentences. So a TADIR determination test was carried out. After carrying out all the TADIR tests, then do an assessment on each test. According to Darmaperwira - Prins R (2000) the method of assessing this test is to assess and give a score to the client's ability to name an animal within one minute, the client's speech ability through items introducing oneself, calling and naming and spoken and written language skills and then the client's ability to write. Based on the data obtained, the Client is unable to state personal information, and mention the name of the animal requested. To name a word-level image the client can do well, while naming for a sentence has problems. The questions given to the client when asked to name and name, the client only repeats and imitates the author's words. This is in line with Alexander and Zumbasen (2016) If there is damage to the media cerebral artery that supplies Wernicke's, Broca's areas and the arcuate fasciculus area it will cause interference with understanding words, speaking fluently and also repeating words. This can be seen when the personal information speaking test is carried out, mentioning, telling stories, and naming the client only repeats the author's words. The client also experiences emotional problems, suddenly the client cries for no reason when the test is carried out. According to Papathanasiku, Coppens, Potagas (2013) Clients with aphasia experience excessive mood problems such as excessive laughing, crying, anger, and sadness. So that when the client cries the test is terminated.

The next test is an oral and written language comprehension test. For the sentence-level comprehension test, the client has problems and cannot answer the author's questions correctly. The client only imitates the cymbal writer's words smiling. Meanwhile, the understanding of written language at the level of words and sentences is also experiencing problems. The client cannot synchronize questions with answers. In the diagnosis of verbal communication disorders related to cerebral damage, it is explained that verbal communication disorders are a decrease, slowdown, or absence of the ability to receive, process, send and use the symbol system according to Maria (2019). Then from the results of the writing test conducted on the client, the client's writing ability experienced problems. This writing test is carried out by reading written personal information, dictation, and writing pictures given to clients. All tests are performed but the results of the writing have problems. The client tries to write but the client writes haphazardly and does not match what is instructed. In some cases of aphasia, the ability to write has problems. According to Pickersgillers & Lincons (1983) The neurological perspective explains aphasia as a language disorder acquired due to a focal brain lesion without any cognitive, motor or sensory impairment. Language disorders occur in all language modalities (speaking, reading, writing, signs).

Based on the test results above, it is known that the client is positive for aphasia with Motor Transcortical Aphasia. The author's analysis is strengthened by the opinion of Darmaperwira - Prins R (2000) understanding and expression of spoken and written language is disturbed. According to Devinsky and Desposito (2004) Clients with a diagnosis of Motor Transcortical Aphasia, can repeat and imitate sentences. Comprehension of spoken and written language is intact, except for complex verbal sequences, such as interpreting a series of relationships (eg, "My mother's brother's sister"). However, lesions extending to the mid-frontal gyms can impair auditory comprehension. So clients of Transcortical Motor Aphasia, have problems understanding things that are more complex such as understanding at the sentence level.

CONCLUSION

Based on the test results it is known that the client is positive for aphasia with the type of Motor Transcortical Aphasia. Aphasia that varies from mild to severe. The results of the TADIR test carried out also showed that the client had problems in speaking. Such as clients having difficulty understanding receptive language (simple commands), having difficulty pronouncing words, naming problematic sentence levels, frequent echolalia, difficulty telling stories, difficulty writing, and difficulty starting to speak. The results of observations made to the client, during the observation the client looks cooperative sometimes the patient also cries. The client's listening attitude during tests and observations is good.

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