CURRENT PERSPECTIVES IN DYSPHASIA pdf

1: Current perspectives on developmental dysphasias | Annick Comblain - www.enganchecubano.com

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Edit Hebbian theory concerns how neurons might connect themselves to become engrams. That is, each element will tend to turn on every other element and with negative weights to turn off the elements that do not form part of the pattern. We may call a learned auto-associated pattern an engram. Work in the laboratory of Eric Kandel has provided evidence for the involvement of Hebbian learning mechanisms at synapses in the marine gastropod Aplysia californica. Experiments on Hebbian synapse modification mechanisms at the central nervous system synapses of vertebrates are much more difficult to control than are experiments with the relatively simple peripheral nervous system synapses studied in marine invertebrates. Much of the work on long-lasting synaptic changes between vertebrate neurons such as long-term potentiation involves the use of non-physiological experimental stimulation of brain cells. However, some of the physiologically relevant synapse modification mechanisms that have been studied in vertebrate brains do seem to be examples of Hebbian processes. The weight between two neurons increases if the two neurons activate simultaneouslyâ€”and reduces if they activate separately. Nodes that tend to be either both positive or both negative at the same time have strong positive weights, while those that tend to be opposite have strong negative weights. This original principle is perhaps the simplest form of weight selection. While this means it can be relatively easily coded into a computer program and used to update the weights for a network, it also prohibits the number of applications of Hebbian learning. Today, the term Hebbian learning generally refers to some form of mathematical abstraction of the original principle proposed by Hebb. In this sense, Hebbian learning involves weights between learning nodes being adjusted so that each weight better represents the relationship between the nodes. As such, many learning methods can be considered to be somewhat Hebbian in nature. The following is a formulaic description of Hebbian learning: Note that this is pattern learning weights updated after every training example. With binary neurons activations either 0 or 1 , connections would be set to 1 if the connected neurons have the same activation for a pattern. Another formulaic description is: This is learning by epoch weights updated after all the training examples are presented. A variation of Hebbian learning that takes into account phenomena such as blocking and many other neural learning phenomena is the mathematical model of Harry Klopf. This version of the rule is clearly unstable, as in any network with a dominant signal the synaptic weights will increase or decrease exponentially.

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2: Formats and Editions of Current perspectives in dysphasia [www.enganchecubano.com]

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Posted on June 25, The Childhood dysphasia Is a language disorder characterized by difficulty in both speaking and understanding speech. People affected by this disorder may not be able to speak using coherent phrases, have difficulty finding the correct words, show difficulty in understanding the message that their interlocutor wants to convey, or they may make use of words that have no meaning in That particular moment. Characteristics of childhood dysphasia Evolutionary or infantile dysphasia is a Specific language disorder , Both in comprehension and expression, which affects a child of intelligence within the mean and who has no other disorder. Language disability in childhood dysphasia is not secondary to other clinical conditions such as deafness, autism , the cerebral palsy , Emotional alterations , Mental retardation Or environmental deprivation. Difficulties in the development of language are, to this day, a fairly common problem. Children with academic delay, although some of them usually present other problems that may affect this, the most commonly relevant is the disability in language development. There is a high percentage of probability that the relatives of children with evolutionary dysphasia have presented delayed speech learning and difficulty learning to spell and read. In addition, a high percentage of these relatives are left-handed or ambidextrous compared to the rest of the population. Possible causes While there is no single theory regarding the origin of dysphasias, there are several postures that have as their cause various biological issues. Some authors argue that it is brain damage or lack of oxygen at birth, while for others the main cause would be in a delayed maturation. There are also some theories that point specifically to a Traumatic brain injury At the right time of delivery. Finally, other authors point out as possible causes of infectious diseases such as meningitis or encephalitis , Which affect the Central Nervous System. In any case, if it was a maturational delay, dysphasia would have a better prognosis, since over time it could be compensated. In case it was due to brain damage, the prognosis would be less positive. If brain damage occurs, the pattern of development will continue to be altered over time. Although the main causes seem to be biological, it is true that there are other environmental factors that may aggravate the disorder. These factors can be a bad family environment or long periods of hospitalization. Types of childhood dysphasia Within the childhood or evolutionary dysphasia, we find two types: Expressive dysphasia In this dysphasia are errors that specifically affect speech production with large differences in intensity. Children who have this type of dysphasia have less emotional and behavioral problems than those who are affected by receptive dysphasia. They have a greater desire for communication, than they demonstrate with their non-verbal communication gestures and eye contact and their vocalizations. Receptive dysphasia In receptive dysphasia, on the other hand, defects occur in the reception of speech, that is, in the understanding of the message that the interlocutor wants to transmit. This is not caused by a hearing loss. The sounds are not differentiated correctly and a good attribution of the meanings of these sounds is not made. These children, in addition to presenting more emotional and behavioral problems, are generally less communicative. In relation to phonological development, there is a delay in relation to children with normal development but in no case appears deviant. Semantic development is a considerable delay in relation to the development of early vocabulary. Childhood dysphasia Within infantile dysphasia, we found acquired childhood dysphasia. A special case that occupies a very low percentage within the dysphasias. S Characterized by a loss in the language already acquired, due to a brain injury or a progressive loss concomitant to the appearance of a Compulsive disorder. Unlike evolutionary or infantile dysphasia which has more cases of occurrence in males , in acquired dysphasia there are hardly any differences of occurrence between sexes. The age at which dysphasia appears is crucial to consider it acquired or infantile or evolutionary. It would be from the age of 3 when it would be considered acquired. Thus, authors Kolb and Whishaw have already stated that in the age range of 3 to 10 years, brain lesions may be the cause of dysphasia. However, recovery can take place over an acceptable period of time since the hemisphere that has not suffered the injury is intact and can take over the functions of language. Although language recovery may occur, children who have suffered an injury at these ages may suffer some other sequelae in language such as hypoproductivity, a significant reduction in language

use. The consequences of hypoproductivity can be a total absence of speech, suppression of the gestual communication or the use of the written language during periods of time that can last between several weeks to years. In relation to language comprehension disorders, they are rare and long lasting in acquired childhood dysphasia. On the other hand, written language disorders often occur when diffuse lesions occur in children aged 7 years and over. In contrast, if the injury occurs from 10 years of age onwards, the disorder will be similar to that occurring in the adult. This is because The hemisphere Who has not suffered the injury becomes more specialized the greater the individual, and is more incapable of adaptation and reorganization to the deficit suffered in the hemisphere of the brain injury. In addition, if the lesion occurs in the dominant hemisphere, there is a better prognosis for speech recovery provided that the non-dominant hemisphere has good abilities to assume linguistic functions. Therefore, the probability of recovery of a brain lesion will depend on two factors: Acquired dysphasia may also appear because of Epileptic seizures. Symptoms that Occur in this case are a sudden and progressive loss, in which a EEG Abnormal at the same time as a compulsive disorder. There is a constant repetition of words which the child does not know their real meaning. There is a notable difficulty in making use of personal pronouns eg, I, you, he, we, etc. Vocabulary is often poor. When organizing a sentence, there are often omissions of grammatical elements. Since they have deficits in both comprehension and expression of words, they often communicate with non-verbal communication using gestures to express themselves with others. These children do not have a special communication motivation. They have special difficulty remembering and repeating long phrases. They have altered both the understanding and the expression of the messages transmitted to them by their interlocutors, not getting to understand well. Difficulty in the acquisition of gender, number and verbal morphemes. Deficit in the conjugation of the various verbal forms, usually using the infinitive generalized. In addition, they usually make little use of prepositions and conjunctions. Although these are the symptoms that occur more frequently in those affected by dysphasia, there are also some symptoms that although they are not the most commonly occurring, they can go hand in hand with the previous ones. Alterations of rhythm in speech. Difficulty to retain and reproduce verbally emitted elements. Some delay in motor skills, laterality acquired late or not defined. Frequent cases of attention deficit and Hyperactivity. Deficit in the discrimination of sounds that are known to be familiar to the individual. Consequences All the factors I have already discussed that significantly affect the child in his socio-emotional development have a number of consequences in his life. The difficulty in communicating at both the expressive and the understanding level in these individuals is notorious, so their motivation to have social relationships is scarce. At the same time, when they see so many difficulties in relating to them, their peers lose interest in doing so on many occasions. For all this, there is a social isolation. A child with these characteristics and socially isolated can be misdiagnosed of other disorders such as autism or deafness. This, undoubtedly, affects your emotional state. These children, and consequently of all the problems that drag, usually present affective disorders, Anxiety states , Or the deficit of self-esteem. And in the worst cases being victims of bullying. Due to all these complications that they suffer in the various areas of their lives, their academic level is also affected, reducing their ability to learn, especially in relation to reading and writing. Treatments Childhood dysphasia may have a good prognosis. Also, in order to mark the appropriate goals for those who are prepared in the treatment, it is essential to be clear the evolutionary stage in which it is. The stage in which the individual is found will identify the biological and psychological maturity available to the child. When establishing the different tools that will belong to the treatment, it is necessary to take into account the individuality of each case. All of them must always be carried out by a specialized professional, in addition to working together with the family and the school. Generally speaking, these are some of the working tools that are quite effective when working with dysphasia: Auditory Discrimination Exercises As I mentioned before, these children have a deficit in the discrimination of different sounds that, previously, we know that knows. The function of these exercises is that they learn to differentiate them and for this they are made recordings and, later, the child is asked to try to guess what sound each one is. Some of these sounds known to the child and that can be used are, for example, sounds of animals common to him, or sounds of nature such as rain. Exercises to increase vocabulary Another convenient exercise in this case to increase their vocabulary is to make known a priori words known to the child and to repeat them for

assimilation. Once these are assimilated, the difficulty level of the words will be increased progressively until the child has already obtained an adequate number. Then, these categories are classified into categories so that the child can use them optimally in their daily communication. Buco-focal exercises The pronunciation of the phonemes is also affected. An effective tool is to perform buco-facial exercises to strengthen and exercise the organs involved in the pronunciation of phonemes. Organs such as mouth, tongue, or breathing are essential in the formation of phonemes so if you exercise consistently this pronunciation may be improved. Current Perspectives in Dysphasia. The history of Mental Symptoms. Descriptive psychopathology since the ninetenenth century. Introduction to Neurogenic Communication Disorders 6th edition St.

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3: What is childhood or evolutionary dysphasia? | Life Persona

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Gale Encyclopedia of Medicine, 3rd ed. Description Approximately one million Americans currently suffer from one of the various forms of dysphasia, and an additional 80, new cases occur annually. The term "dysphasia" is more frequently used by European health professionals, whereas in North American the term, aphasia is more commonly preferred. These two terms, however, can be and are used interchangeably. Developmental Dysphasia is considered to be a learning disability, but will not be the focus of this article. Verbal communication is derived from several regions located in the language-dominant hemisphere of the brain. These include the adjacent inferior parietal lobe, the inferolateral lobe, and the posterosuperior temporal lobe, as well as the subcortical connection between these areas. Disease, direct trauma, lesion, or infarction involving one or more of these regions can disrupt or prevent proper language function. Dysphasia does not necessarily prevent proper cognitive function, so the patient can think and feel with perfect clarity. This can be extremely frustrating for the patient, as they cannot express these thoughts and feelings to others. Dysphasia can occur in a variety of forms, depending on how the communicative disruption manifests. Classically, dysphasia can affect one or more of the basic language functions: Although there are several subtypes of dysphasias, they most commonly manifest in one of three syndromes: This includes the impairment of speech initiation, proper grammatical sequencing, and proper word forming and articulation. Although patients can perfectly understand what is said to them, they have great difficulty communicating their thoughts. It is caused by damage to the lower area of the premotor cortex, located just in front of the primary motor cortex. Others may be able to form single words or full sentences, but only through great effort. Also known as isolation syndrome, transcortical dysphasia is caused by damage to the language-dominant brain that separates all or parts of the central region from the rest of the brain. Additional impairments may occur depending on the extent and location of the damage. Unlike expressive dysphasia, the patient can speak fluently and articulately, but will utilize meaningless words, nonsensical grammar, and unnecessary phrases to the point of becoming incomprehensible. However, they will be completely unaware of their mistakes. Although the patient can speak clearly and at length, many of their words, phases, and sentences will be nonsensical in nature. Additionally, they will experience difficulty in understanding spoken language, if not suffer a complete lack of comprehension. Semantic distinctions between words may become mixed up and jumbled, furthering confusion. They will be unable to correctly name people or objects, causing them to pause or substitute generalized words like "thing". Otherwise, the patient will exhibit few, if any, language impairments. The patient may also suffer the inability to describe people or objects in the proper terms. Global Dysphasia Global dysphasia, the third most common form of dysphasia, results from damage to both the anterior and posterior regions of the language-dominant hemisphere. Although dysphasia may manifest in several ways, the common cause for its onset is damage or trauma to the brain. Stroke, in particular, is the most common cause for dysphasia. Of the half million stroke victims reported annually in the United States , approximately , will suffer some form of dysphasia. Infection, direct trauma, transient ischemic attack TIA , brain tumors, and degeneration can also instigate the onset of dysphasia. Symptoms of dysphasia will quickly manifest after damage to the brain has occurred, and will present in accordance to the particular type of dysphasia suffered. Due to the proximity to areas of the brain that control motor function, expressive dysphasias can be accompanied by noticeable motor impairment. The majority of symptoms will be language related, including: If the patient exhibits signs of difficulty communicating, they will often be referred to a speech-language pathologist. More extensive and standardized language-based tests may be required, including the Porch Index of Speech Ability and the Boston Diagnostic Aphasia Examination. Based on the result of the examinations, the health professional will be able to determine the type of dysphasia inflicting the patient. More extensive damage may require the use of computed tomography or magnetic resonance imaging for an effective diagnosis. In some cases, such as with damage caused by TIA, a full recovery can be expedient and take only a

few days. Unfortunately, most dysphasias can take months, if not years, to recover from. Even after prolonged therapy, many patients never achieve a full recovery. Efficacy of treatment greatly depends on the promptness with which it begins. For this reason, many medical facilities have speech-language pathologists on staff to begin the initial treatment process as quickly as possible.

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Dysphasia can occur in a variety of forms, depending on how the communicative disruption manifests. Classically, dysphasia can affect one or more of the basic language functions: comprehension (understanding spoken language), naming (identifying items with words), repetition (repeating words or phrases), and speech.

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