

Critical Review:
In people with dementia, does giving direct intervention help to decrease anomia, and are gains maintained over time?

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This critical review examines the evidence for the effects and maintenance of direct treatment of anomia in dementia. A search through electronic databases resulted in eight articles meeting the selection criteria, four single-subject designs and four case control studies. Overall, the research indicates that anomia therapy can be effective in people with dementia, and that effects can be maintained over time. Factors of therapy included type of stimuli and learning methods.

Introduction

Dementia is a progressive syndrome in which memory, cognition, behaviour, and even language are affected. An estimated 50 million people around the world have some form of dementia (World Health Organization, 2017). Two types commonly described in the speech and language literature include semantic dementia (SD) and Alzheimer's disease (AD).

SD is the fluent form of primary progressive aphasia (PPA). PPA is a progressive neurocognitive disorder, characterized by an insidious onset and deterioration of language skills (Jokel & Anderson, 2012). SD is characterized by loss of semantic content and is marked by atrophy of the anterior temporal lobe, typically wors

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“language intervention”. Relevant articles were also found using the reference lists in previously obtained articles.

Selection Criteria

Articles were accepted into this review using the following criteria: participants had a label of dementia, treatment focused on the symptom of anomia, and long-term effects of treatment were tracked. The eight final studies accepted into this review include studies that examine anomia therapies for AD and SD.

Data Collection

Studies included in this review included single-subject design studies (4) and case control studies (4).

Results

selection, which can be manipulated to fit what is most functional for the client.

Another factor presented in this review was learning

Jokel, R., Rochon, E., & Leonard, C. (2006). Treating