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Editorial

Progressive language impairments: Intervention and management

A special issue of Aphasiology

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What are progressive language impairments? They comprise a broad range of symptoms involving impaired language processing, ranging from impaired knowledge of the concepts underlying language to impaired ability to articulate speech, and encompassing a wide range of difficulties in comprehending, formulating, or producing language in spoken or written form. By definition, these symptoms worsen over time as a result of neurodegenerative disease, although the rate of decline varies radically and may sometimes include relatively long periods during which change is minimal. We use the term “progressive language impairments” in order to focus on the symptoms occurring in a range of disorders and diseases described under a number of syndrome labels including primary progressive aphasia (fluent and nonfluent), semantic dementia, and progressive anemia. We choose to do this as these syndrome labels may carry different connotations for different researchers and clinicians—in particular for some researchers and clinicians they have implications for the underlying pathological mechanisms. The progressive language impairments described in this special issue of Aphasiology can occur as a result of a variety of pathologies including frontotemporal lobar degeneration or Alzheimer’s disease. The people with progressive language impairments reported here typically experienced language impairments as the most prominent initial symptom, however progressive language impairments can also occur in the context of more generalised dementia. See Croot (2008, this issue) for further discussion.

What then of intervention for progressive language impairments, the focus of this volume? Language impairments have a profound effect on those affected; that intervention is appropriate for language impairments is not questioned for children with developmental language impairments or adults with language impairments.
acquired as a result of trauma, stroke, infection, tumour, or surgery. If treatment is denied or not available for the language impairments of these populations, it is a matter of grave concern. Yet our experience has taught us that the same values are not applied to those individuals whose language impairments progressively worsen over time. We know of one man who showed severe progressive word retrieval impairments but intact cognitive processing, but who was turned away from an outpatient speech pathology service: He was told, “There is nothing we can do.” We have observed the difference in the quality of life of two gentlemen with similar progressive language impairments—one man had a family who actively sought ways for him to continue in his role as a father and grandfather. They explained his communicative problems to his grandchildren, encouraged communication strategies, fostered nonverbal hobbies, and ensured that as far as possible he remained engaged and included. The other man’s family misunderstood the nature of his impairments, believing he suffered from a severe dementia. His lifestyle became restricted, opportunities for communication were limited, and his quality of life suffered as a function of social isolation. We were appalled by the injustice of these examples—as the confused family of the man who was refused intervention asked us, “If speech pathologists can’t help us, who can?”

The aim of this volume is to demonstrate that there IS something we can and should do. In fact there are many things at many levels: impairment-directed interventions, activity/participation-directed interventions, and education and support programmes to train and resource clients and carers. By implementing such interventions we can ensure that families and healthcare services, in cooperation with people with progressive language impairments, understand the nature of the problems, facilitate communication skills, maximise communication opportunities, and optimise quality of life. We hope that this special issue will facilitate understanding of the potential for intervention and overcome any remaining prejudice that intervention is not appropriate for these individuals.

REFERENCE