Recovery After Stroke: Thinking and Cognition

Stroke can cause physical problems. It can also affect cognition. Cognition refers to thinking abilities. It’s how people use their brains to talk, read, write, learn, understand, reason and remember. Losing skills in this area may affect how you manage everyday tasks, take part in rehabilitation, and live on your own after stroke.

Stroke and Thinking Abilities

Every stroke is unique. The effect the stroke has on your thinking abilities depends on where and how the stroke injured the brain, and your overall health.

Each side of the brain controls different things. So, a stroke on one side of the brain will cause different problems than a stroke on the other side.

Damage to one side of the brain can cause loss of language skills (talking, reading, writing, understanding what people say). It can also cause “verbal memory” loss or the ability to remember things having to do with words. Damage to the other side may cause attention, thinking and behavior problems.

Stroke can also damage the front of the brain. In this case, you are more likely to lose your ability to control and organize thoughts and behavior. This makes it hard to think through the steps to complete a task. Front-brain strokes may not affect your ability to do or remember specific things.

Memory Loss

Memory loss after stroke is common, but not the same for everyone. There are many ways your memory can be affected by stroke.

- Verbal memory – memory of names, stories and information having to do with words.
- Visual memory – memory of faces, shapes, routes and things you see.
- If you have memory damage, you may have trouble learning new information or skills. Or you may be unable
to remember and retrieve information.

- Stroke can cause vascular dementia (VaD), a greater decline in thinking abilities. Some experts believe that 10-20% of Americans over age 65 with dementia have VaD. This makes it second only to Alzheimer’s disease as a leading cause of dementia.
- Therapies or medicines almost never fully restore memory after stroke. But, many people do recover at least some memory spontaneously after stroke. Others improve through rehabilitation.

**What may help:**

- Try to form a routine – doing certain tasks at regular times during the day.
- Try not to tackle too many things at once. Break tasks down into steps.
- If something needs to be done, make a note of it or do it right away.
- Make a habit of always putting things away in the same place where they can be easily seen or found.

**Aphasia**

After a stroke, one of the most common thinking problems is trouble with communication. Aphasia is one of these problems. About one million people in the United States have aphasia. Most cases are the result of stroke.

Aphasia is a partial or total loss of ability to talk, understand what people say, read or write. It may affect only one aspect of language. For example, you may be unable to remember the names of objects or put words together into sentences. More often, many aspects are affected at the same time.

There are several types of aphasia. They differ by where the brain is damaged.

- Global aphasia is the most severe form. People with global aphasia can speak few familiar words and barely understand what people say. They cannot read or write.
- Another form is Broca’s, or nonfluent, aphasia. People with this often omit certain kinds of words from sentences, speak slowly and with effort, and have a hard time with grammar. They
mainly speak short statements of less than four words, like “walk dog.”

- People with Wernicke’s or fluent aphasia talk easily. But they use the wrong sounds in words, say the wrong words, or even make up words.

You may recover from aphasia without treatment. Most, however, benefit from therapy by a speech and language therapist. The goal is to improve your ability to communicate with other people.

This is done by helping you get back some of your language skills and learning new ways of getting your message across when needed.

Communication tips:

- Use props to make conversation easier (photos, maps).
- Draw or write things down on paper.
- Take your time. Make phone calls or try talking to people only when you have plenty of time.
- Show people what works best for you.
- Stay calm. Take one idea at a time.
- Create a communication book that includes words, pictures and symbols that are helpful to you.
- The Internet can be used to talk to people via email or to create a personal web page for yourself.

What Can Help

- Contact your local stroke association.
- Join a stroke support group. Other survivors will understand, validate your issues, and offer encouragement and ideas for dealing with memory loss.

Professionals Who Can Help

✔ Neuropsychologist – a doctor who can diagnose and treat changes in thinking, memory, and behavior after stroke. Ask your neurologist for a referral.

✔ Speech and language therapist
Rehabilitation is a lifetime commitment and an important part of recovering from a stroke. Through rehabilitation, you relearn basic skills such as talking, eating, dressing and walking. Rehabilitation can also improve your strength, flexibility and endurance. The goal is to regain as much independence as possible.

Remember to ask your doctor, “Where am I on my stroke recovery journey?”

Note: This fact sheet is compiled from general, publicly available medical information and should not be considered recommended treatment for any particular individual. Stroke survivors should consult their doctors about any personal medical concerns.

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