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## How Do Patients with Alzheimer's Disease Describe Persons, Places and Situations? Description of Difficulties in Linguistic Communication in the Mild Stage of Dementia

### SUMMARY

The paper presents difficulties in linguistic communication in Alzheimer's patients (in the moderate stage dementia) on the basis of empirical studies concerning description as a form of spoken utterance, conducted in a 60-person group as part of the research project 'Narrative and Its Disorders in the Course of Alzheimer's Disease. *The Scale of Narrative Skills* as a Diagnostic Technique in Alzheimer's Dementia (project manager: Dr Aneta Domagała; the 39<sup>th</sup> Competition of Ministry of Science and Higher Education for research projects NN10415339). The present article is the second part of the study on the linguistic abilities of patients with regard to different kinds of description (of persons, interiors, situations) from the angle of the macro- and superstructure of text (Part One of the study presented the results of analyses concerning the moderate stage of dementia – Domagała 2018). The present part, similarly (having selected the same phenomena and scopes of their analyses as previously in the cases of patients with moderate dementia) demonstrates difficulties with defining the theme of utterances that manifest themselves comparatively early (most often in the case of descriptions of situations, least often in the case of descriptions of interiors), showing their incompetence by the patients themselves, their own limitations, inability to meet the requirements related to utterance building from the macrostructural perspective (most often in the case of descriptions of situations, less frequently in the case of descriptions of interiors and descriptions of persons), significant difficulties manifested in some utterances from the superstructural angle (most often in the case of descriptions of persons).

**Key words:** Alzheimer's disease; mild stage dementia; description; spoken utterance

## INTRODUCTION

After having made a comprehensive description of phenomena concerning narrative (Domagała 2015) on the basis of the results obtained as part of the research project *The Scale of Narrative Skills as a Diagnostic Technique in Alzheimer's Dementia* (project manager: Dr Aneta Domagała; the 39<sup>th</sup> Competition of Ministry of Science and Higher Education for research projects NN10415339), an additional comparative assessment of communicative skills with reference to different kinds of description (of a person, interior, situations) was carried out in a group of patients with moderate dementia. The choice of the group was motivated by the fact that in Poland's centers that provide non-pharmacological therapy, the largest group of patients with Alzheimer's disease is those with a moderate stage of dementia – their communicative abilities should therefore be diagnosed in a detailed way, in the context of the proposed therapeutic measures. The results of the analyses are presented in a separate study that shows that difficulties in linguistic communication in Alzheimer's disease can be largely determined (Domagała 2018).

The obtained results gave rise to the need to carry out additional analyses in a group of patients with mild dementia to establish which problems become noticeable already at the first stage of dementia. Since in medicine new opportunities for diagnosing Alzheimer's disease appeared (here: IWG, IWG-2 and NIA-AA criteria – Dubois et al., 2007, 2014, 2016; McKhann et al., 2011; Carrillo et al., 2013, Domagała, Sitek 2018) that allow hopes of far earlier diagnosis and implementation of therapy, including non-pharmacological, the knowledge about communicative skills of people with mild dementia is becoming extremely important: the most advantageous to the patient is an early diagnosis and therapy.

## RESEARCH PROBLEMS

In accordance with the previous findings, the present study discusses the issues of description as a form of oral utterance in the mild stage of Alzheimer's disease. As in the case of people with moderate dementia, the study serves to assess the patients' communication skills important from the standpoint of their functioning in daily life (here: speaking about persons, places, and situations). Because of the criterion of the object described, the diagnosis took into account three different kinds of descriptive texts (as Witosz, 1997, 2001, points out, there are: descriptions of persons /here: description of outward appearance; descriptions of attitudes; descriptions of internal feelings and experiences/; descriptions of the background of events /here: landscape; descriptions of interiors and various objects/ and descriptions of situations.

Description is a basic form of utterance, not only in the educational context, which Witisz presents from many angles; the mechanism of attributing certain properties to objects is the fundamental cognitive function of the human mind.

In persons with dementia, description reveals its specificity – diverse types of discourse (in addition to descriptive discourse there are essentially: narrative, procedural, conversational and explanatory discourse) may require the involvement of different cognitive processes and a differing degree of intellectual effort (Arkin, Mahendra, 2001; Mackenzie et al. in., 2007, Fleming, Harris, 2008). Additional differences may be caused by the internal diversification of the main discourse types, which has so far not been studied in the West. In order not to be confined to the general description of speech disorders, it was decided to take into account utterances determined by genres in the author's studies. Mild dementia is a special stage of Alzheimer's disease inasmuch as speech disorders, at least in some patients, are not yet very pronounced (they will unquestionably be so in the stage of moderate dementia (see e.g. Domagała 2015b, Wolańska 2017, Sitek 2018); in the classical form of Alzheimer's disease it is memory disorders that come to the fore. However, detailed investigations enable documenting linguistic deficits, as well as narrative skills disorders (e.g. Taler, Phillips 2008, Tsantali et al. 2013), extending the findings to cover the preclinical stage (e.g. Wesson Ashford et al. 2006; Laws et al. 2007; Taler, Phillips 2008).

The present study investigated the patients' linguistic behavior in the mild stage of dementia, similarly as previously in patients with the moderate stage of dementia. The goal of the research procedure was to identify patients' communication skills in the mild stage of dementia, in relation to all the studied kinds of description, taking the following scope of phenomena into consideration:

- determining of the theme of utterance,
- normative language behaviors and undesirable behaviors with regard to the utterance content,
- formal organization of utterances

The analysis of generically determined utterances is based on the layer model of discourse of Frederiksen and Breuleux (Osiejuk, 1994) that allows focusing attention on the content of the patient's utterances (from the macrostructural perspective) and on its formal organization (the superstructural level).

## EMPIRICAL MATERIAL

The empirical material used for the purposes of the present article was obtained within the research project in a group of sixty persons with a mild stage of

Alzheimer's disease (30 women and 30 men; the mean age = 76;5)<sup>1</sup>. It contains a total of 180 sample utterances – 60 samples for each of the 3 tasks designed to elicit:

- utterances about people (originally, this was prototypically the description of persons based on the photograph showing two persons- a woman and a girl, in a typical portrait presentation),
- utterances about a place, (originally, this was prototypically the description of an interior based on the photograph showing a typically furnished living or dining room),
- utterances on a situation (originally, this was prototypically the description of a situation based on the photograph showing an adult male and a boy tidying the room).

## RESEARCH RESULTS

### I. Determining the theme of utterance

On the basis of the conducted analyses it was established whether/ how the studied persons define/determine the theme of utterances (a/ about individuals, b/ about a place, c/ about a situation) by generalization according to the presented photographic material. The following behavior categories were identified:

0 – the subject correctly defines the theme when starting his/her utterance; s/he indicates at the beginning that the photograph shows respectively:

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<sup>1</sup> Field studies were carried out at the following centers: Wrocław Medical University's Research and Teaching Center for Dementia Diseases located in Ścinawa – Department of Psychogeriatrics; the Prof. M. Kaczyński Neuropsychiatric Hospital in Lublin – Psychogeriatrics Department; Rev. Jerzy Popiełuszko Nursing Home in Toruń – Daycare Department; Residential Medical Care Facility for Alzheimer Patients in Koprzywnica; Nursing Home for Alzheimer Patients in Górno (John Paul II Independent Public Complex of Healthcare Facilities); Alzheimer Center in Warsaw – Daycare Department and Nursing Home; Community Home of Mutual Aid for the Wola District in Warsaw - Community Center for Patients with Alzheimer's Dementia Syndrome; Community Home of Mutual Aid for patients with Alzheimer's Dementia Syndrome in Krakow (Małopolska Foundation for Assistance to Alzheimer's Disease Patients); Daycare and Therapy Center for Alzheimer's Disease Patients in Płock; Community Home of Mutual Aid for Alzheimer's Disease Patients in Łódź (Łódź Alzheimer Society); Support Center for Persons with Alzheimer's Disease in Kielce; Type-C Community Home of Mutual Aid (in Krzemionkowska St.) in Kielce; Community Nursing Home in Poznan (Wielkopolskie Alzheimer Association); Community Home of Mutual Aid for Alzheimer's Disease Patients and Nursing Home "Kalina" in Lublin; Type-C Community Home of Mutual Aid for Alzheimer's Disease Patients (in Lwowska St.) in Lublin; Community Home of Mutual Aid for Alzheimer's Disease Patients "Mefazja" and "Memory" (Lublin Alzheimer Association) in Lublin. I would like to cordially thank the directors and all specialists in those centers for their help and kind attitude which I felt while conducting these studies, the patients for taking part in the studies – also, their caregivers and families.

a/ two portrayed persons (without inconsistencies regarding their sex and, generally, age),

b/ a room (possibly with emphasis that it is its part or further specification of what room it is, c/ two persons (a man and a boy) tidying the room, with an acceptable specification like: cleaning, removal, putting books in order.

For example, when describing a place:

*To jest tak: jeden, jeden z jakichś wygodnych pokoi, zzz ze stołem głównym, z możliwością biesiadowania [It is like this: one, one of some comfortable rooms with-with-with with the main table, and the possibility of feasting].*

Similarly, albeit linguistically less adequately, in another person:

*Ladny kawalek pokoju [A nice piece of room].*

1 – determines the theme in the course of the utterance, with a slight delay; when starting the utterance s/he encounters obstacles in the reception of the content presented in the photograph or in the linguistic realization of the utterance (e.g. s/he experiences difficulties in recognizing or naming persons, selected objects, actions carried out by persons, situations), which (obstacles) s/he overcomes by him/herself or with a negligible help of the investigating researcher.

2 – the subject does not correctly determine the theme of the utterance – in its course s/he separately treats individual persons (or only one of them), selected objects, human actions, etc., without generalizations or s/he makes wrong generalizations based on selected details.

For example – the patient wants to choose the object s/he is going to talk about (instead of a situation description), and then refers it only to one of the presented persons:

*O tym chłopcu chce pani wiedzieć czy o... (pokazuje mężczyznę) [About this boy you want to know or (pointing to the man)[...] Tatuś coś tam sięga na półkę. Tam po książkę chyba. [Daddy is reaching for something on the shelf. For a book there, probably]. Najprawdopodobniej po jakąś książkę [Most probably for some book]. Tylko mam wrażenie, że on spadnie zaraz [Only it seems to me he is going to fall down in a moment]. No bo tak tylko wisi, widzi, pani, na jednej nodze [Well, because he is only hanging, you see, by one leg].*

Examiner: *Uhm.*

*Tutaj na półeczce coś tam, coś tam jest stare, co trudno określić [Here, on the shelf something, something is old, it's difficult to tell what]. No i... krzesło, to, przystawione do tej szafki [Well and ...the chair, the one put up to the bookcase] Stoi [It is standing]. Tyle, co ja tu zauważyłem. [That's what I've noticed here].*

Similarly, selectively in terms of subject, in another person:

*Tutaj jest y [Here there is...] jest troszki [is a bit...] w tym miejscu starsza osoba na no tego... [in this place an elderly person is, well] ... która książki czy tam coś, nie wiem [who is reading books or something, I don't know].*

The results of comparative analysis are shown in Table 1.

Table 1. Determination of the theme of utterances about persons, a place and a situation in the mild stage of Alzheimer's dementia (here: categories of behavior: 0, 1, 2 – as described in the text).

Category	Utterance about persons (percentage of subjects )	Utterance about a place (percentage of subjects)	Utterance about a situation (percentage of subjects )
0	60.00%	70.00%	33.33%
1	30.00%	26.67%	40.00%
2	10.00%	3.33%	26.67%

The data in the Table shows that in the mild stage of dementia in Alzheimer's disease, some people experience difficulties with defining the theme of descriptive utterance – the least desirable category of behaviors (2) is on average characteristic of one patient in four in the case of situational descriptions, one in ten in the case of description of persons, with patients having the fewest problems with place description. Although the causes of difficulties can be diverse in individual patients, in the context of differentiating the kinds of description the following complication can be emphasized with regard to situational description (the most problematic): activities of people in a specific place, this kind of generalization may become too difficult for the patients.

## II. Utterance in respect of its content – normative language behaviors

With regard to the content of utterances, the most frequent categories of normative behaviors found in the mild stage of dementia are shown in Table 2 (for each kind of description – five categories of behaviors with the highest frequency, including quantitative data determining the frequency of occurrence)

Table 2. Utterance in respect of its content – the most frequent normative language behaviors in the mild stage of Alzheimer's dementia

Utterance	Most frequent categories of normative behaviors	Percentage of subjects
About persons	Correct determination of perceptually accessible objects: persons, also body parts, parts of clothing, personal objects	100,00%
	Correct determination of physical features, and appearance of perceptually accessible objects	96,67%
	Providing of evaluative features of objects, including their constituent parts	56,67%
	Reference to the knowledge of reality, human experiences – invoking of general judgments, commonly shared opinions, beliefs or, if necessarily, specialist knowledge	45,00%
	Determination of mental/psychological features of persons (or other objects treated as animate), their emotions, states of consciousness – without inconsistency with that which is perceptually accessible	21,67%
About a place	Correct determination of perceptually accessible objects: a room and its parts, furniture and utility objects in it, including their parts; the subject perceives and names objects (including their constituent parts) shown in the picture	100,00%
	Correct determination of the physical features and appearance of perceptually accessible objects	80,00%
	Reference to the knowledge of reality, human experiences – invoking of general judgments, commonly shared opinions, beliefs or, if necessarily, specialist knowledge	55,00%
	Providing of evaluative features of objects, including their constituent parts	41,67%
	Determination of past or future actions connected with a given place and imagined by the subject; the subject completes, in an acceptable way, that which is perceptually accessible with 'off screen' information about what may have happened in a place or may occur in the future	23,33%

Table 2 cd.

Utterance	Most frequent categories of normative behaviors	Percentage of subjects
About a situation	Correct determination of perceptually accessible objects persons (also body parts, parts of clothing, personal objects), a room and its parts, furniture and utility objects in it (including their parts); the subject perceives and names objects (including their constituent parts) shown in the picture	100,00%
	Correct determination of actions, states of external activities of persons shown in the photograph without inconsistency with that which is perceptually accessible	100,00%
	Correct determination of the physical features and appearance of perceptually accessible objects	66,67%
	Reference to the knowledge of reality, human experiences – invoking of general judgments, commonly shared opinions, beliefs or, if necessarily, specialist knowledge	56,67%
	Determination of mental/psychological features of persons (or other objects treated as animate), their emotions, states of consciousness – without inconsistency with that which is perceptually accessible	31,67%

It has been found that:

- In their utterances about persons, patients in the mild stage of dementia, regardless of the type of description, most often point to objects (all the subjects although many of them only to a minimal extent), they often give physical features of objects (almost all the subjects in the case of the description of a person, in the case of the description of a place one patient in five does not do this, in the case of the description of a situation – by one in three patients on average) and – in the case of the description of a situation – always take into consideration actions/sates of external activities of persons (although some of them only to a minimal extent).
- Concurrently, with regard to the determination of objects, which is the basis of descriptive utterances, in the mild stage of dementia it is characteristic for patients to give hypothetical information (correct determination of perceptually accessible objects but with reservations like: ‘I’m not sure’, ‘I think/it seems’, ‘perhaps’, ‘presumably’ – building utterances within the frame of modal uncertainty and probability /behaviors of this type were summed up separately, regardless of behaviors taken into consideration in

Table 2/). The phenomenon was most frequently reported in the case of the description of a place (95.00% of utterances; in the case of description of a situation – 60.00%, and the description of people – 28.33%).

- In their utterances patients often seek support in general judgments about reality, pointing out common human experiences (more than half the subjects in the case of the description of a place and description of a situation, less frequently – by ca. 10% – this happens in the case of the description of people).
- Indicating of evaluative features singles out descriptions of persons – most patients do so (in the case of the description of a place evaluative features are taken into consideration by about 40% patients, in the case of the description of a situation – by barely 1,67% of the subjects /here: because behaviors of this kind are rare, the data were not included in Table 2 in the characteristics of description of a situation).

### III. Utterance in respect of its content – undesirable language behavior

The most frequent categories of non-normative behaviors found in the mild stage are specified in Table 3 (together with other quantitative data showing the frequency of occurrence in cases of individual kinds of description).

Table 3. Utterance in respect of its content – the most frequent undesirable language behaviors in the mild stage of Alzheimer's dementia

Most frequent categories of non-normative behaviors	Utterance about persons (percentage of subjects)	Utterance about a place (percentage of subjects)	Utterance about a situation (percentage of subjects)
Pointing unambiguously to one's own incompetence, inability to satisfy the requirements connected with constructing an utterance (according to the notions that the subject has in this respect), avoiding to give specific information about the objects shown in the photograph on account of one's sensed limitations.	36,67%	38,33%	41,67%
Determination of the same objects again (including their constituent parts) or their features – undesirable and unjustified, in the case of multiple repetitions it is diagnosed unambiguously as uncontrollable by the subject.	30,00%	21,67%	18,33%

Table 3 cd.

Most frequent categories of non-normative behaviors	Utterance about persons (percentage of subjects)	Utterance about a place (percentage of subjects)	Utterance about a situation (percentage of subjects)
Errors in determining objects and in describing them – departures from that which, potentially, is directly accessible through observation; inconsistencies from the observation perspective	26,67%	31,67%	21,67%
Dyslogia, giving information contrary to the general knowledge about reality resulting from human experience; statements revealing the lack of structured knowledge about reality in its specific area, unjustified judgments	21,67%	25,00%	33,33%
Self-directed utterances about oneself, personal references	20,00%	21,67%	18,33%
Expanded utterances, not directly related to the theme, that need to be suppressed by the researcher so that the utterance about the objects shown in the picture could be continued; digressions	6,67%	10,00%	6,67%

With orientation towards undesirable language behavior, it can be said that:

- Pointing unambiguously to one's own incompetence, inability to satisfy the requirements connected with constructing an utterance (according to the notions that the subject has in this respect), avoiding to give specific information about the objects shown in the photograph on account of one's sensed limitations, is the most frequent phenomenon, in the mild stage of dementia in the case of each kind of description this feature is present in less than half of the studied patients.
- Irregularities in determining objects and in describing them (inconsistencies from the observational perspective) are reported in the case of each kind of description, most frequently in the case of the description of a place.
- Concurrently, with regard to the determination of objects, which is the basis of descriptive utterances, in the mild stage of dementia it is characteristic for patients to give hypothetical information (incorrect determination of perceptually accessible objects but with reservations like: 'I'm not sure', 'I think/it seems', 'perhaps', 'presumably' – building utterances

within the frame of modal uncertainty and probability /behaviors of this type were summed up separately, regardless of behaviors taken into consideration in Table 3/). The phenomenon was often reported in the case of the description of a place (36.67% of utterances) and situations (33.33% of utterances), less frequently in the case of the description of a person (16.67% of utterances).

- Utterances about people, more often than other types of descriptions, contain uncontrollable repetitions.
- Utterances about a situation, more often than other types of descriptions, contain unfounded judgments, dyslogia.

#### **IV. Superstructure of utterances**

With regard to the superstructural angle of utterances, the following types of utterances were found in the mild stage of dementia:

0 – utterance realized in compliance with the formal structure of description, respectively:

a/ description of a person – primarily, the outward appearance of persons; objects and their features are described one by one, according to convention (e.g. with direction: top – bottom; with hierarchization: significant – insignificant features) or using the so-called comparative description.

b/ description of an interior – objects and their features are determined one by one, conventionally: according to the principles of spatial, hierarchical or locational composition.

c/ description of a situation – based on two situations of reference or one if there is a collective subject; reference situations are distinguished conventionally, e.g. in a spatial relation or in the relation: the explaining object – the object explained.

1 – formally disorganized utterance:

- the lack of structuring of information or absence of the fundamental element of the structure of description (e.g. in the case of the description of persons – the utterance referring to one person without taking account of the other; in the case of the description of a place – utterance reduced to a fragmentary description of an interior, omitting its essential part, e.g. the center of the room; in the case of the description of a situation – the utterance reduced to the reference situation for one of the subjects, omitting the other person )

and/or

- the increased occurrence of pathological symptoms taken into account in the records of undesirable phenomena (such as: uncontrollable repetitions,

renewed reproduction of utterance fragments; expanded utterances losing direct connection with the theme; self-directed utterances; comments on one's own incompetence, difficulties in producing the utterance – see above, pt. III).

2 – substitutive utterance (here: impossibility of determining that the patient activates the structural pattern of description) – despite the researcher's attempts to activate and help the patient, the subject's linguistic behaviors are confined to short answers to the questions, being often considerably disordered also at the level of utterance.

The results of quantitative analysis are presented in Table 4.

Table 4. Superstructure of utterances about persons, place and situation in the mild stage of Alzheimer's dementia (here: categories of behaviors: 0, 1, 2 – in accordance with the description in the text).

Category	About persons (percentage of subjects)	About a place (percentage of subjects)	About a situation (percentage of subjects)
0	75,00%	55,00%	73,33%
1	15,00%	40,00%	23,33%
2	10,00%	5,00%	3,34%

It has been found that:

- Generally, the subjects coped far better with the formal organization of utterances in the form of the description of a person and the description of a situation (difficulties were reported in one in four subjects, on average, than in the case of the description of interiors (difficulties were reported in almost half of the patients) – if category 0 is taken into account. The description of interiors was probably the most difficult because in this case the subjects had no opportunity to focus on persons; their utterances were formally disorganized (category 1).
- Already in the mild stage some people (one patient in ten) build a substitutive utterance (category 2), most often in the case of the description of a person. Since making a description of person was the first task performed by patients, this result may depend on the testing procedure, or diagnostic situation (e.g. the patient's uncertainty of what manner of task execution is expected by the researcher – Domagała, 2015a), in the case of next tasks, substitute utterances were less frequent.

When assessing the formal organization of descriptions, metatextual operators, which (customarily) signal the planning and controlling of realization of utterances, were recorded separately (Ożóg 1990, 1991):

1 – operators connected with the choice of successive objects shown in the photograph; and with the introduction of successive structural elements of description (here from the patients' perspective: "*O czym będę teraz mówić?* [What am I going to speak about now?]), e.g. *Mogę teraz od tego?* [Can I start from this now?]

2 – operators connected with the description of a chosen object – with intention to conclude the utterance on its theme (here, from the patient's perspective: "*Czy mam coś jeszcze powiedzieć o tym, o czym aktualnie mówię?* [Should I say something more about what I'm now talking about?]), e.g.: *No nie wiem, co tu o niej powiedzieć więcej.* [Well, I don't know what to say something more about it/her]

3 – operators signaling the inability to decide whether the utterance can be already finished, whether it is exhaustive (here from the patients' perspective: "*Czy mogę już zakończyć wypowiedź?* [Can I now finish the utterance?]), e.g.: *No i to chyba to jest wszystko, bo... nie?* [Well, that is probably all because ... no?]

4 – operators connected with the conclusion of the utterance – completion of task realization, (here from the patient's perspective; "*Decyduję o zakończeniu swojej wypowiedzi* [I decide about finishing my utterance]), e.g.: *No i tyle mogę, co mogę powiedzieć.* [Well, that's what I can, what I can say]

The results of quantitative analysis are shown in Table 5.

Table 5. Metatextual operators in utterances about persons, places and situations in the moderate stage of Alzheimer's dementia (here: categories of behavior: 1-4 – in accordance with the description in the text).

Category	About persons (percentage of subjects)	About a place (percentage of subjects)	About a situation (percentage of subjects)
1	35,00%	13,33%	8,33%
2	1,67%	6,67%	0,00%
3	31,67%	41,67%	30,00%
4	40,00%	36,67%	25,00%

The figures in the table show that the dominant operators in the patients' utterances are those of the last two categories. Category 3 (the inability to decide about the exhaustion of the theme) usually concerns the description of place (it is also found in a large percent of cases of situational and person descriptions – on average, in one in three patients), category 4 (the formal indication that an utterance is finished) is often found in the case of the description of people and a place, least often in the case of the description of a situation (in one in four patients). In Alzheimer's disease, problems with determining the (beginning)-end of utterance framework are observable in many people already in the mild stage of dementia. Category 1 (the structuring of an utterance and planning its course) occurs by far most often in the case of the description of people. As has been pointed out above, to make a description of persons was the first task performed by patients; the result may therefore depend on the testing procedure or diagnostic situation (e.g. the patient's uncertainty over how detailed a description is expected by the researcher – Domagała, 2015a).

## CONCLUSION

As has been shown in Part One of the study, with regard to the moderate stage of dementia (Domagała 2018), difficulties in linguistic communication manifested when producing spoken utterances can be largely determined and differentiated generically. The present study investigated linguistic behaviors of patients with mild dementia, which allows pointing out phenomena that are observable relatively early although not in all patients.

With regard to the basic levels of structuring of utterance in the mild stage of dementia the following should be pointed out:

1. Problems (manifested in some persons) with making generalizations, determining the theme of utterances, usually (on average in one in four patients) in the case of description of a situation that requires knowing what people are doing in a particular place, what is going on.
2. With the basic descriptive skills being largely retained (here: in all subjects, regardless of the type of description, the determination of objects at least to a minimal extent; in most subjects – description of physical features, the appearance of objects, relatively most efficient in describing persons), in many patients, building utterances in the modal framework of uncertainty and probability was observable, as was giving of hypothetical information (definitely most often in the case of place description that required recognition and naming of successive objects, in the course of description of the object-filled space).

3. Apart from normative descriptive behaviors, there were abnormalities in defining objects and characterizing them, inconsistencies in observation – most often in the case of place description (in this case and in descriptions of situations erroneous information was given comparatively often in the modal framework of uncertainty and probability).
4. In their utterances, patients sought support in general judgments about reality, and in references to general human experience most frequently in case of descriptions of situation and places), which in some persons may serve as a substitute to the description of the reality shown in the photo.
5. Characteristic of some patients (in less than the half of the patients in the case of each type of description) was to explicitly show their incompetence, inability to meet the requirements concerning utterance production (according to the subject's ideas in this respect), and to evade giving specific information because of their sensed limitations.
6. Emergent problems with the formal organization of descriptive utterances, particularly utterances about a place that requires organizing of the object-filled space, with the simultaneous lack of possibility of focusing on human figures.
7. Building of substitutive utterances in the case of description of persons (in one in ten patients), which may have been partly related to the adopted testing procedure (describing a person was the first task performed by the patients).

The observations made about persons with moderate dementia (in Part One of the study) will therefore be valid with respect to some patients with mild dementia, in whom difficulties manifest themselves already in the first stage of dementia. The logopedist will: support the patient by assuming the role of a person that sets and controls the order of the utterances co-created with the patient; determine the theme in the course of therapy, help the patient know his/her way around in the reality by giving hints about what is important; select accessible themes and easy-to-receive graphic materials for the patient, typically presenting reality, meeting the expectations of the observer, in order to allow him/her (patient) to better rely on general knowledge and retained experiences.

In therapy we should take into account the specificity of generically determined utterances.

## BIBLIOGRAPHY

- Arkin S., Mahendra N., 2001, *Discourse analysis of Alzheimer's patients before and after intervention: Methodology and outcomes*, "Aphasiology" 15, 6, 533-569.
- Carrillo M. C., Dean R. A., Nicolasc F., David S. Miller D. S., Bermann R. (2013). Revisiting the framework of the National Institute on Aging-Alzheimer's Association diagnostic criteria, *Alzheimer's & Dementia*, 9, 594-601.
- Domagała A., 2015a, *Logopedic Examination of the Patient with Alzheimer's Dementia*, "Acta Neuropsychologica", 13 (1), 11-23.
- Domagała A., 2015b, *Narracja i jej zaburzenia w ośpieniu alzheimerowskim*, Lublin: Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej.
- Domagała A., 2018, *Jak pacjenci z chorobą Alzheimera opisują osoby, miejsca i sytuacje? Charakterystyka trudności w zakresie komunikacji językowej w umiarkowanej fazie ośpienia*, *Logopedia*, 47-1, 129-144 (w wersji anglojęzycznej: Domagała A., 2018, How Do Patients with Alzheimer's Disease Describe Persons, Places and Situations? Description of Difficulties in Linguistic Communication in the Moderate Stage of Dementia, „Logopedia”, 47-1, 99-114 [edycja cyfrowa: www.logopedia.umcs.lublin.pl]).
- Domagała A., Sitek E., 2018, *Choroba Alzheimera w świetle aktualnych kryteriów diagnostycznych*, [w:] A. Domagała, E. Sitek, *Choroba Alzheimera. Zaburzenia komunikacji językowej*, Gdańsk: Wydawnictwo Harmonia Universalis, 26-44.
- Dubois B., Hampel H., Feldman H. H., Scheltens P., Aisen P., Andrieu S., Bakardjian H., Benali H., Bertram L., Blennow K., Broich K., Cavado E., Crutch S., Dartigues J. F., Duyckaerts C., Epelbaum S., Frisoni G. B., Gauthier S., Genthon R., Gouw A. A., Habert M. O., Holtzman D. M., Kivipelto M., Lista S., Molinuevo J.L., O'Bryant S. E., Rabinovici G. D., Rowe C., Salloway S., Schneider L. S., Sperling R., Teichmann M., Carrillo M. C., Cummings J., Jack C.R. Jr. (2016). Preclinical Alzheimer's disease: Definition, natural history, and diagnostic criteria. *Alzheimer's & Dementia*, 12, 292-323.
- Dubois B., Feldman H. H., Jacova C., DeKosky S. T., Barberger-Gateau P., Cummings J., Delacourte A., Galasko D., Gauthier S., Jicha G., Meguro K., O'Brien J., Pasquier F., Robert P., Rossor M., Salloway S., Stern Y., Visser P. J., Scheltens P. (2007). Research criteria for the diagnosis of Alzheimer's disease: revising the NINCDS-ADRDA criteria. *Lancet Neurology*, 6, 734-46.
- Dubois B., Feldman H. H., Jacova C., Hampel H., Molinuevo J. L., Blennow K., DeKosky S.T., Gauthier S., Selkoe D., Bateman R., Cappa S., Crutch S., Engelborghs S., Frisoni G. B., Fox N.C., Galasko D., Habert M. O., Jicha G. A., Nordberg A., Pasquier F., Rabinovici G., Robert P., Rowe C., Salloway S., Sarazin M., Epelbaum S., de Souza L. C., Vellas B., Visser P. J., Schneider L., Stern Y., Scheltens P., Cummings J.L. (2014). Advancing research diagnostic criteria for Alzheimer's disease: the IWG-2 criteria. *Lancet Neurology*, 3(6), 614-29.
- Fleming V. B., Harris J. L., 2008, Complex discourse production in mild cognitive impairment: Detecting subtle changes, *Aphasiology*, 22 (7-8), 729-740.
- Laws, K. R., Adlington R. L., Gale T. M., Moreno-Martinez F. J., Sartori G., 2007, *A meta-analytic review of category naming in Alzheimer's disease*, "Neuropsychologia", 45, 2674-2682.
- Mackenzie C., Brady M., Norrie J., Poedjianto N., 2007, *Picture description in neurologically normal adults: Concepts and topic coherence*, „Aphasiology” 21, 3/4, 340-354.
- McKhann G. M., Knopman D. S., Chertkow H., Hyman B.T., Jack C. R. Jr, Kawas CH., Klunk W. E., Koroshetz W. J., Manly J. J., Mayeux R., Mohs R. C., Morris J. C., Rossor M. N., Scheltens P., Carrillo M. C., Thies B., Weintraub S., Phelps C. H. (2011). The diagnosis of dementia due to Alzheimer's disease: recommendations from the National Institute on Aging-

- g-Alzheimer's Association workgroups on diagnostic guidelines for Alzheimer's disease. *Alzheimer's & Dementia*, 7(3), 263-269.
- Osiejuk E., 1994, Problematyka dyskursu w neuropsychologii poznawczej, Warszawa: Oficyna Wydawnicza Wydziału Psychologii Uniwersytetu Warszawskiego.
- Ożóg K., 1990, *Leksykon metatekstowy współczesnej polszczyzny mówionej. Wybrane zagadnienia*, Kraków.
- Ożóg K., 1991, *Elementy metatekstowe ze składnikiem mowy w polszczyźnie mówionej*, [w:] *Język a kultura*, T. 4, red. J. Bartmiński, R. Grzegorzczkowska, Wrocław, 183-194.
- Sitek E., 2018, *Mowa w chorobie Alzheimera* [w:] A. Domagała, E. Sitek, *Choroba Alzheimera. Zaburzenia komunikacji językowej*, Gdańsk: Wydawnictwo Harmonia Universalis, 62-70.
- Taler V., Phillips N. A., 2008, *Language performance in Alzheimer's disease and mild cognitive impairment: A comparative review*, "Journal of Clinical and Experimental Neuropsychology" 30 (5), 501-556.
- Tsantali E., Economidis D., Tsolaki M., 2013, *Could language deficits really differentiate Mild cognitive Impairment (MCI) from mild Alzheimer's disease?* „Archives of Gerontology and Geriatrics” 57, 363-270.
- Wesson Ashford J., Borson S., O'Hara R., Dash P., Frank L., Robert P., Shankle W. R., Tierney M. C., Brodaty H., Schmitt F. A., Kraemer H. C., Buschke H., 2006, *Should older adults be screened for dementia?* „Alzheimer's & Dementia” 2, 76-85.
- Witosz B., 1997, *Opis w prozie narracyjnej na tle innych odmian deskrypcji*, Katowice: Wydawnictwo Uniwersytetu Śląskiego.
- Witosz B., 2001, *Między opowiadaniem a opisem (O wykorzystaniu teorii współczesnej lingwistyki w typologii gatunków mowy)*, [w:] *Praktyki opowiadania*, red. B. Owczarek, Z. Mitosek, W. Grajewski, Kraków: Universitas, 23-43.
- Wolańska E., 2017, *Nowe formy rehabilitacji neurologopedycznej jako odpowiedź na nowe formy farmakoterapii w chorobie Alzheimera*, „Poradnik Językowy”, z. 6, 39-52.