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between naming difficulties and aphasia severity (Saber-Moghadam et al., 2022). However, results linking naming difficulties and aphasia severity to demographic variables are contradictory (Johnson et al., 2019). This study aimed to determine the association between naming, aphasia severity, and demographic variables.

Methods: 30 PwA who suffered a left ischemic stroke and non-fluent aphasia were included in this study. There were 20 male and 10 female participants between the ages of 23 and 88 years and they were examined in the period from 1 to 72 months post-stroke. The entire battery of the Croatian version of the Comprehensive Aphasia Test (CAT-HR, Swinburn et al., 2021), was administered to all subjects. Data on the severity of aphasia based on the total score on the Language Battery and performance on the Naming subtest were extracted. Using nonparametric Spearman's Rho coefficient, the correlations between CAT-HR total score, naming, and demographic variables were analysed.

Results: The results showed that naming is highly correlated with aphasia severity, but there was no association of these two variables with age and time post-stroke.

Conclusion: Based on the strong correlation between naming and the severity of aphasia, as well as the lack of association with demographic variables, it seems that the naming abilities of people with non-fluent aphasia are more dependent on stroke related variables and overall aphasia severity than on demographic variables.

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Comprehension of proverbs in persons with TBI: case reports

ABSTRACT

Traumatic brain injury (TBI) leaves numerous consequences on cognitive, language, and communication abilities. TBI often leads to disturbances in comprehending figurative language, which can disrupt the communication process. The purpose of this study was to evaluate the ability of persons who have suffered TBI to understand proverbs in order to draw attention to figurative language/conversation abilities, which is a topic that is rarely investigated.

Method: The sample consisted of 4 subjects with TBI aged 22 to 29 years, who had completed 12 to 16 years of education. Subjects were tested between 4 and 9 months after the injury.

Using magnetic resonance imaging, it was determined that two subjects had a diffuse brain injury, while the other two had a contusion brain injury. The control group consisted of four subjects who equally-matched to subjects with TBI in terms of gender, age, and level of education. The study focused on 10 proverbs that are used often in everyday communication. The assessment of the understanding of proverbs was carried out by two clinicians in the Serbian language. After the subject heard the proverb, he/she was asked to interpret the meaning, while two clinicians recorded the success of the understanding and categorised the subject's answers based on the following: understands the concrete meaning, partially understands the metaphor, and fully understands the metaphor. Descriptive statistical measures were used in this study. The results show that subjects with diffuse lesions had pronounced difficulties in understanding proverbs, while subjects with brain contusions interpreted the proverbs well, but with a delayed latency.

Conclusion: Our data shows that proverb comprehension disorders are more pronounced in people with a diffuse injury than those with a contusion brain injury. Due to the small number of respondents, in this study, we compared only the type of brain injury, not the location. In addition, these results are limited by the size of the sample and cannot be generalised.

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Naming ability in people with aphasia

ABSTRACT

Introduction: Most people with aphasia have difficulties in producing content words on naming tests and during spontaneous speech. The aim of this paper was to examine naming deficits in patients with different types of aphasic syndromes.

Methods: The sample consisted of 24 subjects, who were stratified into fluent and non-fluent aphasia groups according to the characteristics of spontaneous speech. The fluent aphasia group included subjects with Wernicke's (N = 7) and conduction aphasia (N = 6), while the group with non-fluent aphasia comprised of subjects with Broca's (N = 6) and transcortical motor aphasia (N = 5). In all patients, aphasia resulted from stroke. The Boston Diagnostic Aphasia Examination subtests for Visual confrontation naming and Responsive naming, as well as the Boston Naming Test (BNT) were used to assess naming ability. Descriptive (Mean,

Min, Max, SD) and inferential statistical methods (Chi square test, t-test and Mann-Whitney U test) were used to process the data.

The results showed that patients with non-fluent aphasias were significantly more successful on the Visual confrontation naming subtest (U = 33.50, p = 0.02), as well as on the Responsive naming (U = 39.00, p = 0.04) compared to patients with fluent types of aphasia. Additionally, subjects with non-fluent aphasias had significantly higher achievements on the BNT. The groups differed in terms of the representation of types of errors.

Conclusion: Naming deficits occur in all types of aphasia, but are more pronounced in the group of subjects with fluent aphasia.