The subject of the following work is connected with the course of aphasia in the acute phase of ischemic stroke, which is associated with a general question about the dynamics of aphasic symptoms in so-called acute phase of illness, regarding abatement, maintenance or progression, and the connection with the post-stroke recovery process, as well as the factors that may influence aphasia in acute stroke. These issues are important from the point of view of the researcher and clinician. They are a significant problem in both diagnostic and therapeutic aspects.

Patients included in the study group were a group of 120 people who had ischemic stroke for the first time in their lives. All of them were hospitalized in the Neurology Ward on the Stroke Subunit of the District Health Care Center in Starachowice. The study was carried out using the FAST test (Frenchay Aphasia Screening Test), which is a screening test that can identify the presence of aphasia traits. The FAST test was performed twice: the first time on the 2nd day and the second time on the 9th day of the patient's stay in the ward. The study examined the dynamics of aphasia symptoms in four areas according to the content of the test: speech generation, speech understanding, reading and writing. Observations were made aimed at relieving, maintaining or aggravating the symptoms of aphasia, and linking this condition with post-stroke treatment. Similarly (also twice on the 2nd and 9th day) patients included in the study were evaluated using a NIHSS scale (National Institutes of Health Stroke Scale) performed by physicians. This scale assesses the severity of stroke.

Considering the contemporary theories presented in Polish and foreign literature and on the basis of conducted research and individual observations, it was assumed that aphasia in the acute phase of stroke is variable and its symptoms are instable. Therefore a hypothesis was adopted saying that the disorder is developing dynamically in stroke patients with diagnosed aphasia.

The research main task was the assessment of the course of acute aphasia in FAST-based hospital treatment, as well as reliability of FAST test and its usefulness in diagnosing and monitoring aphasia in initial stroke as well as an attempt to identify the benefits and limitations of this research tool for acute stroke application. The purpose of the study was also to investigate factors that may affect the onset of changes in the aphasia speech disorders in acute stroke.

The results of individual studies validate the adopted hypothesis on the variability of aphasia in the acute stroke. By analyzing the results of individual FAST tests, you can clearly see differences in their performance between first and second measurements. Both the
aphasia and the clinical picture of the patient change as the NIHSS varies between the first and second measurements.

By quantitative and qualitative analysis of the collected test material and on the basis of presented analysis results in the form of consolidated tables, graphical representation and by descriptions used, one can observe the course of aphasia as well as stroke according to the applied test procedure and the research tools used.

The following research study also attempts to assess the impact of factors such as age, education, sex on the course of aphasia, and the course of general treatment in stroke. There is a need for further quantitative and qualitative studies in this field taking into account these and other factors as potential determinants of aphasia and stroke.

As the study results indicate, the FAST test is successfully used in acute stroke diagnostics due to its simple design and ease of application. The use of FAST test and NIHSS scale provides the opportunity to determine quantitative changes in order to capture the course of aphasia and stroke itself, becoming a clear evidence of the occurring process. Such diagnostic actions, performed in conscious and deliberate way as well as proper organization in short-term treatment of strokes, which support the selection of a therapeutic strategy, increase the chance of recovering lost functions of patients. They are a sort of initial speech therapy that stimulate the patient to undertake task-based interventions.

Aphasia in the initial phase of stroke is evolving. The results of the study clearly show that a single patient assessment in acute stroke is not enough, as the occurring symptom dynamics verifies and often changes the initial diagnosis. The results highlight that it is mandatory to assume that there is a need for at least double verification of the speech functions of aphasia patients in acute stroke phase. This kind of practice helps to observe the symptoms, facilitate their differentiation, and, consequently, can lead to diagnostic solutions. Never in an acute phase it is sufficient enough to examine a patient only once to reliably describe one's disorder and severity.

It can be stated that in case of evaluation of aphasic speech disorders in acute phase of stroke, the observation of the course and direction of change may have a prognostic value. It seems that it would be worth to conduct further research in this area using, for example, longitudinal study strategies and aphasia patient follow-up observations after undergone hospitalization.