

Intensive speech therapy improves everyday communication in chronic stroke patients, finds study

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Credit: University of Manchester

Intensive speech and language therapy can significantly help stroke patients who have been struggling to communicate for six months or



more, according to newly published research.

Dr Stefanie Abel from The University of Manchester, co-author of new study, says <u>patients</u> with chronic aphasia need far more than they are currently getting on the health services to help them improve their everyday communication and health-related quality of life.

The multicentre RCT study – carried out in Germany and published in *The Lancet* - has for the first time directly demonstrated the superiority of intensive speech therapy to no treatment or treatment at low intensity in chronic post-stroke aphasia.

The project team was led by Dr Caterina Breitenstein, University of Muenster, and Prof Annette Baumgaertner, University of Applied Sciences Fresenius in Hamburg.

Currently, German patients with chronic aphasia - the inability to comprehend and formulate language because of damage to the brain's language network – usually get around 1.5 hours of speech therapy a week, as reflected in the control condition of the present project. This intensity of treatment turned out to be ineffective.

Dr Abel argues intensity should be drastically increased for treatment to be effective.

The 156 patients in the study with chronic aphasia were given speech therapy that was individually targeted at each patient's performance profile.

For example, if speaking in full sentences and word finding was impaired, therapy focused on these tasks, together with training of everyday messages.



The regime was delivered under regular clinical conditions with an intensity of at least 10 hours/week for 3 weeks, resulting in a 10% improvement on average. For patients who received therapy for at least five and up to 10 weeks, effectiveness was even higher.

The team identified significant improvements in verbal communication, linguistic abilities, and quality of life ratings in the immediate and longer-term.

However, non-verbal learning skills and executive functioning were not affected by the regime, underlining, says Dr Abel, the need for treatment to be specifically tailored to the respective deficits to be effective.

Future studies may investigate which level of intensity is required for a similar effect, to allow speech therapy to be both effective and efficient.

Dr Abel was speech therapy supervisor in the project and developed the impairment-based outcome measure, from which all linguistic exercises in the study were derived. She said: "It's one thing to anticipate that higher intensities of speech therapy will improve the verbal communications skills of <u>stroke patients</u>, but it's another to prove it.

"We can now be certain that this more intensive regime will work for the majority of these patients, and could provide important opportunities for them to cope better with this debilitating problem.

"We expect and hope our trial to have great impact on clinical practice and health care for people with aphasia internationally.

"Now the evidence is out there, we hope <u>health services</u> will take note."

More information: Caterina Breitenstein et al. Intensive speech and language therapy in patients with chronic aphasia after stroke: a



randomised, open-label, blinded-endpoint, controlled trial in a health-care setting, *The Lancet* (2017). DOI: 10.1016/S0140-6736(17)30067-3

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