

# Peer-befriending may help people with aphasia

March 29 2021, by Shamim Quadir



Credit: City University London

A new study led by City, University of London suggests that peer-befriending when stroke patients with aphasia are discharged from hospital and active care is withdrawn may help reduce depressive symptoms.

While this is a preliminary finding, it helps pave the way for a larger clinical trial to definitively confirm whether peer-befriending is beneficial to the person with aphasia, their family and carers.

## What is aphasia and its impact?

Aphasia is a complex disorder of language and communication caused by damage to the brain, usually following a stroke. People with aphasia may have difficulty speaking, reading, writing or understanding language.

About a third of people who have a stroke are affected, and there are over 350,000 people in the UK living with aphasia. Many will experience social isolation, reduced wellbeing and poor quality of life as a result of the condition.

Indeed, the psychological needs of people with aphasia seem greater than in the general stroke population, with a reported 62% rate of depression one year after stroke for those with aphasia, compared to about a third of [stroke patients](#) overall.

Depression in people after having a stroke is associated with worse rehabilitation outcomes, increased carer strain, increased use of health care and a higher rate of death.

Despite the greater needs of people with aphasia, they are often excluded from [mental health interventions](#) due to their communication difficulties and from [trials](#) on the effectiveness of psychological therapies for post-stroke depression.

There is therefore a pressing need to systematically evaluate interventions to improve wellbeing for people with aphasia.

## **The SUPERB trial**

The "Supporting wellbeing through peer-befriending' (SUPERB) trial for people with aphasia was a feasibility, randomized controlled trial.

As a feasibility trial it aimed to investigate the intervention and study

processes were acceptable to participants and whether a larger, phase-three randomized controlled trial, to comprehensively investigate the study research questions was feasible.

In terms of clinical outcomes, the SUPERB feasibility trial investigated whether six one-hour peer-befriending visits, over three months, helped reduce the depression experienced by stroke patients with aphasia.

In the trial, 56 people with aphasia after stroke were assigned either to an [intervention group](#) (to receive peer-befriending support as well as their usual care) or a 'control' group which received usual care. A peer-befriender in this case was another person with experience of aphasia after having a stroke.

All participants had low levels of distress (Depression Intensity Scale Circles) and were an average (mean) age of 70 years. They were assessed with questionnaires, including on their mental health, upon being discharged from hospital (baseline), and then four months and 10 months later.

The primary clinical outcome measure of the trial was the difference between the peer-befriending group and the control group on the change in score on the GHQ-12 questionnaire (widely used to assess psychological disorders and strain).

On this measure, participants in the peer-befriending group scored better than those in the usual care group, at 4 and 10 months, which suggests they experienced lower levels of distress/depression. In fact, there was an 88% decrease (95% CI 0.01, 1.01) in the odds of having high distress/depression on the GHQ-12 for those in the peer-befriending group.

Goals for feasibility of recruitment to the trial and acceptability of the

trial to participants, their family and carers, and peer-befrienders were also met, suggesting that a larger, phase three trial may be conducted.

Katerina Hilari, professor of acquired communication disorders, Division of Language and Communication Science, at City, University of London, who leads the project said: "The SUPERB trial showed that it was feasible to organize and run a peer-befriending scheme for people with aphasia, and it was acceptable to those who received it and those who offered it. There was evidence that peer-befriending led to better mood outcomes than usual care alone. Moreover, in interviews, both peer befrienders and those having peer befriending were very positive about it. Peer-befriending is worth exploring further as an intervention to improve mood for people with [aphasia](#); and, pending further evaluation, possibly integrated into routine care. This could improve services for all [stroke](#) survivors."

**More information:** Katerina Hilari et al. Supporting wellbeing through peer-befriending (SUPERB) for people with aphasia: A feasibility randomised controlled trial, *Clinical Rehabilitation* (2021). [DOI: 10.1177/0269215521995671](#)

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