

Target Area: Language/ Communciation/ Speech > Aphasia/ Dysphasia > Apraxia Dyspraxia (oral/ verbal)
 >Semantic/ Word finding

<p>De Jong-Hagelstein et al. (2011). <i>Journal of Neurology, Neurosurgery and Psychiatry</i>82: 399-404</p>	<p>PEDro score - 8 /10</p>
<p>Method/Results</p>	<p>Rehabilitation Program</p>
<p>Design</p> <ul style="list-style-type: none"> ➤ Study Design: RCT ➤ Population: 80 Patients (18-85 years) with aphasia after stroke within 3 weeks post-stroke (inclusion criteria: disorder in verbal communication, semantic disorder and/or phonological disorder) ➤ Groups: <ol style="list-style-type: none"> 1. Experimental Treatment: Cognitive-Linguistic Treatment (CLT) 2. Control Treatment: Communicative treatment ➤ Setting: Patients subsequent treatment settings or at home <p>Primary outcome measure:</p> <ul style="list-style-type: none"> ➤ Amsterdam-Nijmegen Everyday Language Test (ANELT) Scale A (Understandability) at 6 months <p>Secondary outcome measures:</p> <ul style="list-style-type: none"> ➤ ANELT-A at 3 months ➤ Semantic Association Test-verbal ➤ Semantic Association with low image ability words ➤ Semantic Word Fluency ➤ Letter Fluency ➤ Auditory Lexical Decision ➤ Nonword Repetition <p>Results: ANELT-A scores improved in both treatment groups. Almost all improvement occurred in the first 3 months. There was no significant difference in the mean ANELT-A scores in the two treatment groups at 3 or 6 months post-stroke. There was no significant difference between groups in the number of patients who improved more than 7 points on ANELT-A at 3 or 6 months post-stroke. Both treatment groups improved on all secondary measures. There was a significant difference between groups in favour of the CLT on Semantic Word Fluency at 3 months and Letter Fluency at 6 months.</p>	<p>Aim: To improve everyday verbal communication in the first 6 months after a stroke</p> <p>Materials: Speech-language therapists</p> <p>Treatment Plan:</p> <ul style="list-style-type: none"> ➤ Duration: Treatment began 3-weeks post-stroke at the latest. Treatment was provided for 6 months, or shorter if the patient fully recovered earlier. ➤ Procedure: Treatment applied for a minimum of 2 and preferably 5 hours per week. ➤ Content: <ol style="list-style-type: none"> 1. Experimental Treatment (Cognitive-Linguistic Treatment): CLT focuses on the impairment and aims at improving the underlying linguistic processing at the linguistic levels affected. A subcomponent of the treatment, 'BOX', aims to enhance semantic processing and contains many semantic decision tasks using written words, sentences and texts that may also be presented orally. The second subcomponent, 'FIKS', has a similar structure but is directed at phonological input and output routes. 2. Control Treatment (Communicative Treatment): Aims to improve communicative ability by training patients to use their residual language skills, combined with compensatory strategies. Therapists use all verbal and non-verbal strategies available to the patient, for example, written choice communication and communication books. Exercises are personally relevant and embedded in a communicative setting.