CO15-001-e
Apraxia in neurodegenerative diseases
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"bottom up'' and ''top-down'' therapy programs and argue that systematical assessment of transfer of improvements into daily living?
Does therapy of apraxia generalize to daily living?
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Successful therapy beyond the effects of spontaneous recovery has been demonstrated for two domains of action affected by apraxia: Defective use of tools and object and production of communicative gestures for compensation of severe aphasia. However, significant improvements were mainly confined to items that had been directly trained during the therapy sessions. There was at best very limited improvement of untrained items. Published studies did not systematically assess the transfer of improvements into daily living outside the therapeutic context, but anecdotal observations and clinical experience suggest that this is limited too. I will discuss the consequences of limited generalization for the choice of therapeutic approaches. Specifically, I will distinguish between “bottom up” and “top-down” therapy programs and argue that top down approaches tend to believe in the efficacy of generalisation whereas bottom up approaches rather favour items specific improvements. Based on results from a therapy study for gestural communication I will then discuss the possibility that a same therapy program may be bottom up for one aspect and top down for another and that there may be generalization for single aspects of the trained skills.
Keywords Apraxia; Use of tool; Therapy
Disclosure of interest The author has not supplied his declaration of conflict of interest.
http://dx.doi.org/10.1016/j.rehab.2015.07.072

CO15-003-e
Communication skills fifteen years after vascular aphasia
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Aim Aphasia is a common deficiency that profoundly impairs daily communication. The aim of this study was to describe the severity of aphasia and participation restrictions in daily life communication activities in daily life 10 years or more after a stroke.
Materials and methods We included patients with aphasia following a stroke before January 2004 from the Archives of Physical Medicine and Rehabilitation department of Pitié-Salpêtrière hospital and from patient associations. Initial clinical and demographic data were collected retrospectively. The severity of aphasia was assessed by the Aphasia Severity Rating Scale (ASRS) and communication skills in daily life by a French communication scale (Échelle de Communication Verbale de Bordeaux).
Results 20 patients have been included, mean age 44 years; acute phase aphasia was always severe. Assessment was conducted 10 to 25 years after the onset (mean 16.8 years), 55% of patients had mild aphasia (ASRS 4–5), 25% moderate aphasia (ASRS 3) and 20% severe aphasia (ASRS 1–2). The most impaired communication skills were reading and writing administrative documents, having a conversation on a complicated subject and conversing with a stranger.
Discussion Long-term assessment of communication skills shows that 45% of aphasic patients keep significant language impairments. Communication ability, concurring the severity of aphasia, is disturbed at various levels. Personal life seems preserved but vocational integration remains rare.
Keywords Aphasia; Communication; Stroke
Disclosure of interest The authors have not supplied their declaration of conflict of interest.
Further reading
http://dx.doi.org/10.1016/j.j.rehab.2015.07.073

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