

Measuring what Matters: Interpreting meaningful outcomes in clinical care and economic evaluation for people with post-stroke aphasia



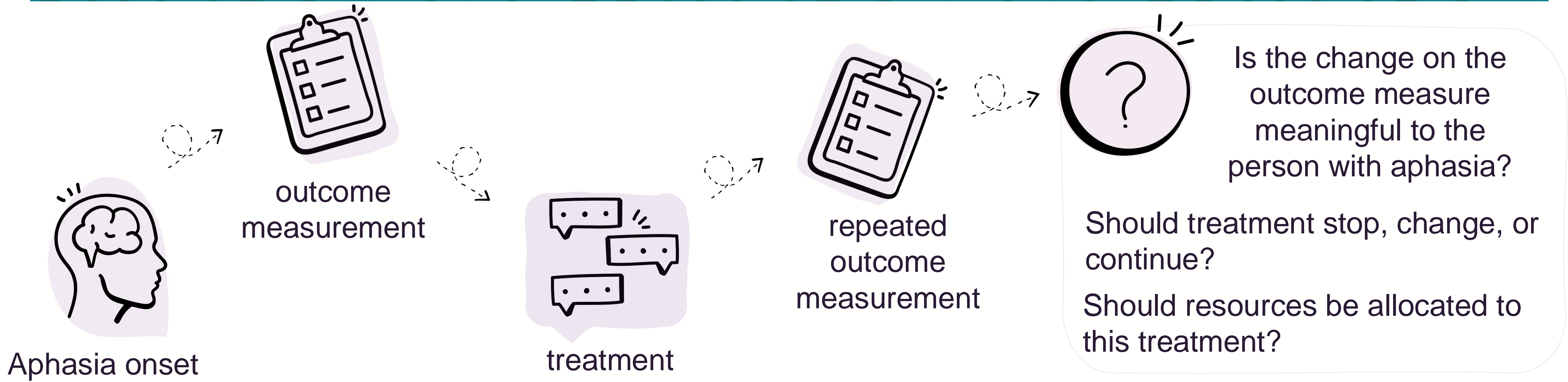
Queensland
Aphasia
Research
Centre

Sally Zingelman



s.zingelman@uq.edu.au

Advisors: A/Prof Sarah Wallace, Prof Dominique Cadilhac, Dr Joosup Kim, Dr Sam Harvey

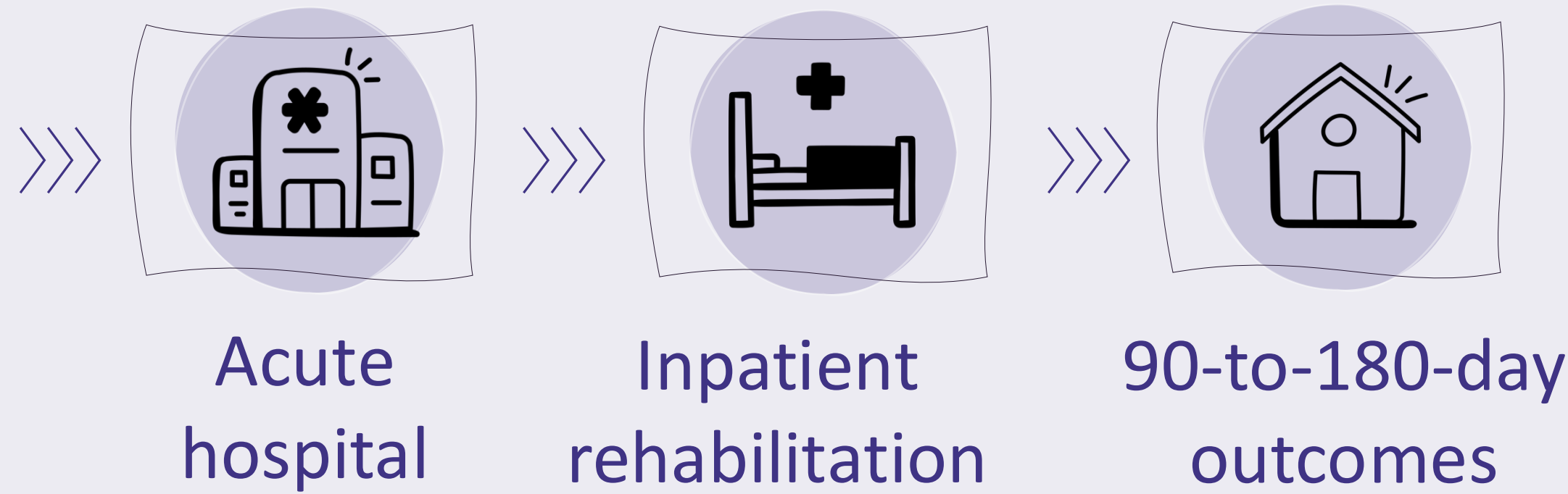


Retrospective, observational analysis of linked stroke data

AUSCR
Australian Stroke Clinical Registry

AROC
australian rehabilitation outcomes centre

8,394 people with stroke



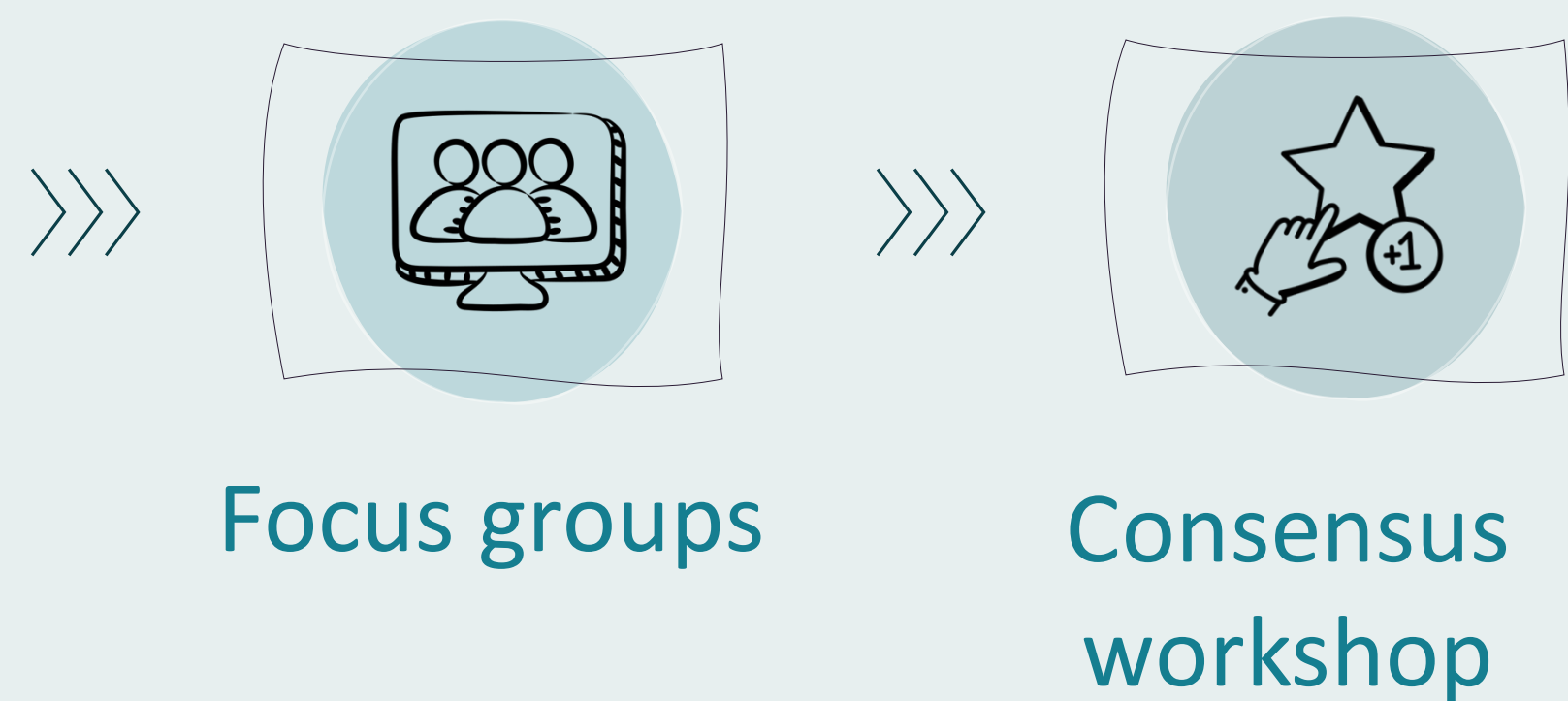
Results

- Two thirds of patients with stroke had **communication support needs**.
- There **isn't enough information about aphasia** in routinely collected stroke datasets.
- Next steps: Support **development of stroke datasets** to collect information **relevant to people with aphasia**.

Sequential mixed-methods study

5 people with aphasia

8 speech pathologists



Results

Meaningful changes in aphasia recovery can be characterised as:

- (1) **different for every single person**
- (2) **small continuous improvements**
- (3) **measured by progress towards personal goals** and
- (4) **influenced by personal factors**.

In the **first six months** after stroke, meaningful changes can be **indicated by slightly improved** on the anchor rating scale.

Retrospective, observational analysis of randomised control trial data

COMPARE

216 people with aphasia



Results

- EQ-5D-3L** utility scores demonstrate **considerable accuracy** to detect people with aphasia who have poor quality of life.
- Limitations** of the EQ-5D-3L include **ceiling effects** and **weak correlations** with the SAQOL-39g: **use with caution!**
- Further development of quality-of-life instruments is needed** to ensure aphasia treatments are fairly prioritised.

Exploration of preliminary datasets from two observational aphasia studies

CHAT
Comprehensive Quality Assessment of Aphasia Treatment

MEASuRES

16 people with aphasia



Results

- The purpose-built anchor is **comprehensible** and **feasible for use by people with aphasia**.
- Individual values** of minimal importance **vary greatly**, highlighting the complexity of aphasia recovery.
- In the future: A need to conduct **minimal important change** studies in a **larger, more diverse sample**.

Interested to read more?



Is communication key in stroke rehabilitation and recovery?
National linked stroke data study.



'A meaningful difference, but not ultimately the difference I would want': A mixed-methods approach to explore and benchmark clinically meaningful changes in aphasia recovery.



A Comprehensive quality assessment for aphasia rehabilitation after stroke: protocol for a multicentre, mixed-methods study.

A research centre of the

