

Understanding the Experience of Returning to Driving or Not for People with Aphasia Post-Stroke

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Introduction

Return to driving is **pivotal to community reintegration** after stroke [1].

This area is a **top 10 research priority** for people with aphasia, their families and clinicians [2].

Stroke survivors with aphasia **face unique barriers** in return to driving due to linguistic and communication demands in the patient journey, and poor understanding of aphasia [3].

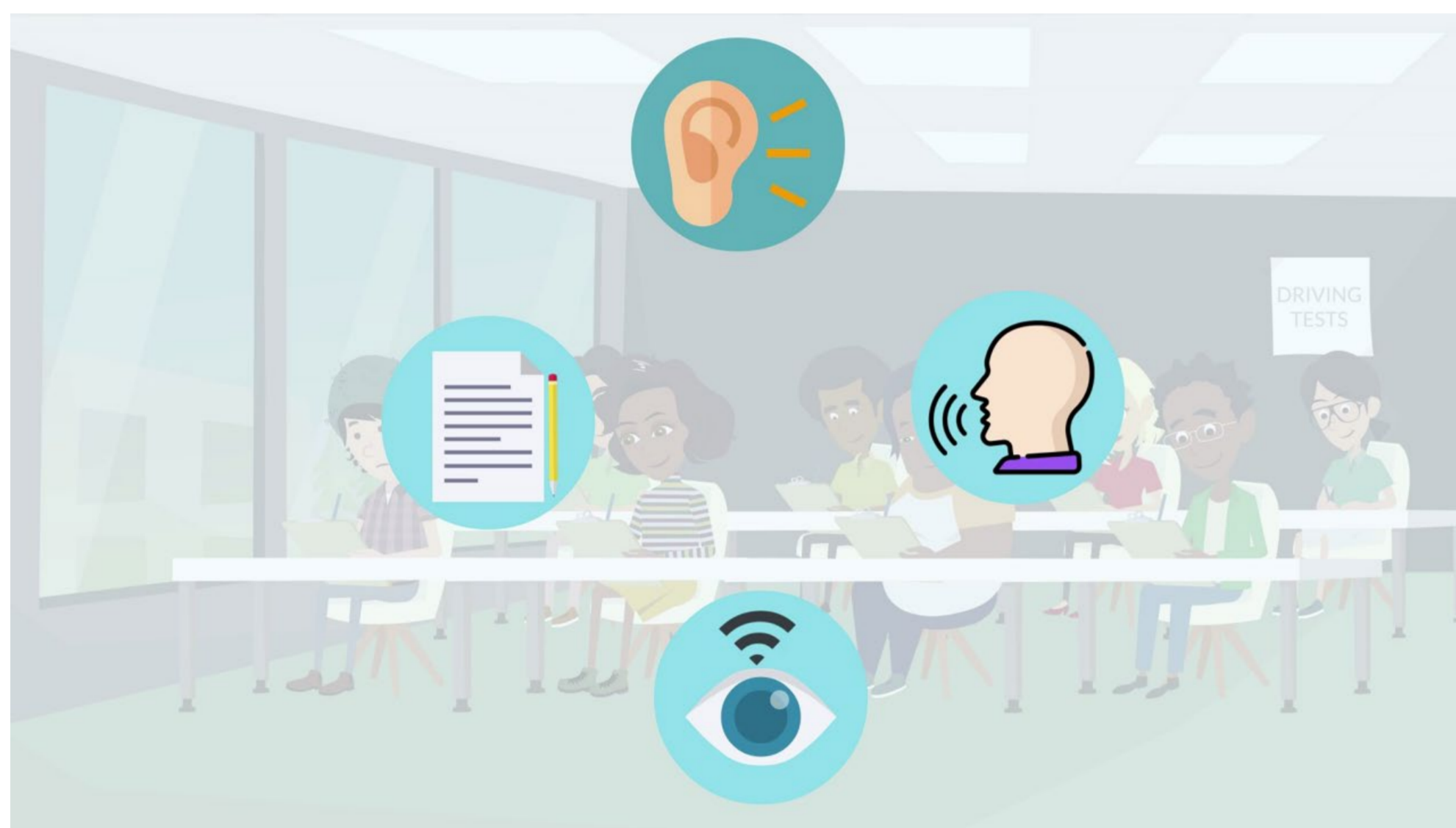


Figure 1. Communication demands in the assessment process

We asked people with aphasia about their lived experience of returning to driving or not after stroke.

Method

Qualitative descriptive study

People with aphasia participated in **semi-structured interviews** online.

Patient journey mapping was used to explore "touch points" relating to return to driving.



Figure 2. Patient journey mapping on Mirro

Interviews were **transcribed** for speech and non-speech communication and analysed using inductive **qualitative content analysis**.

15 Participants

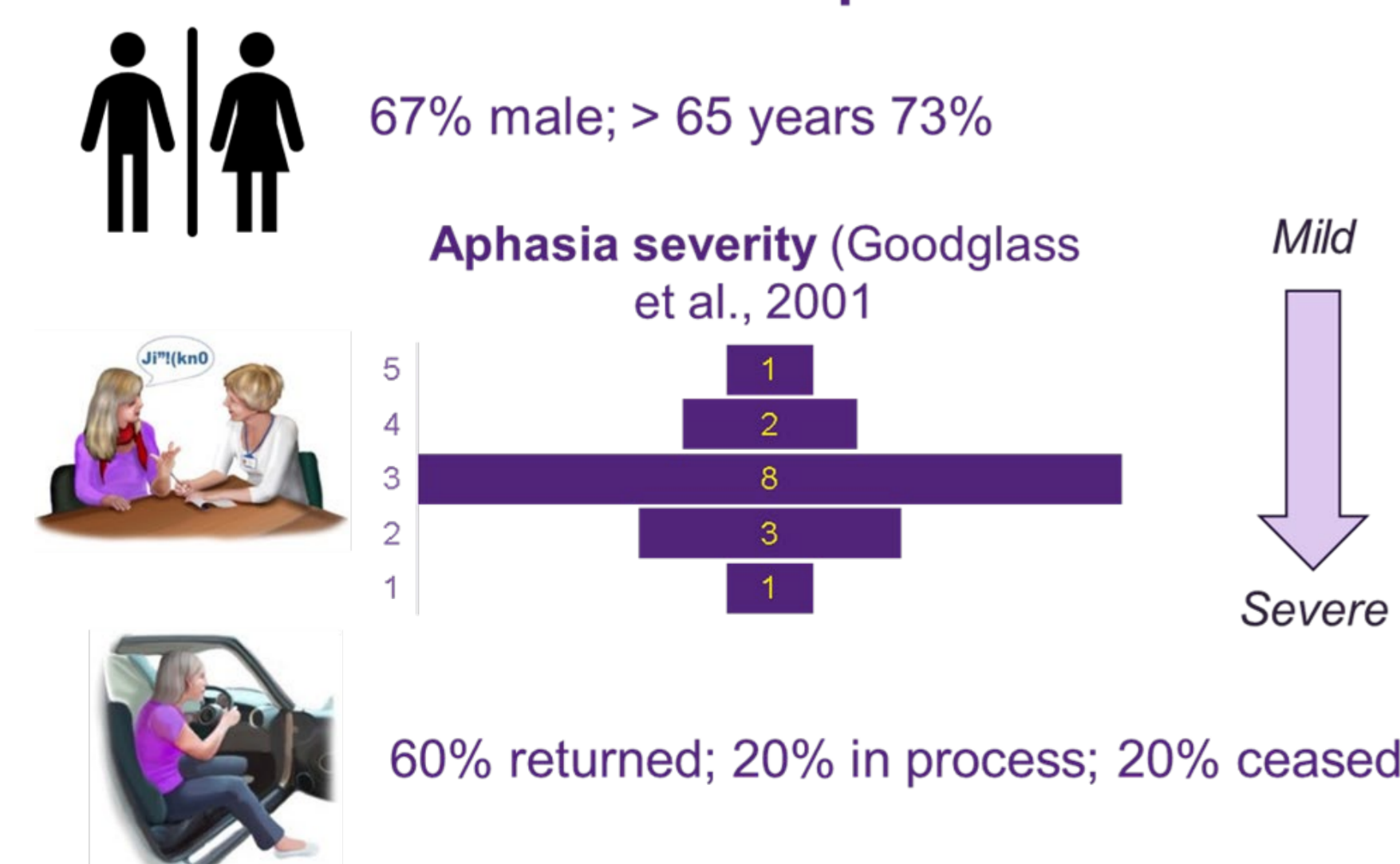


Figure 3. Participant infographic

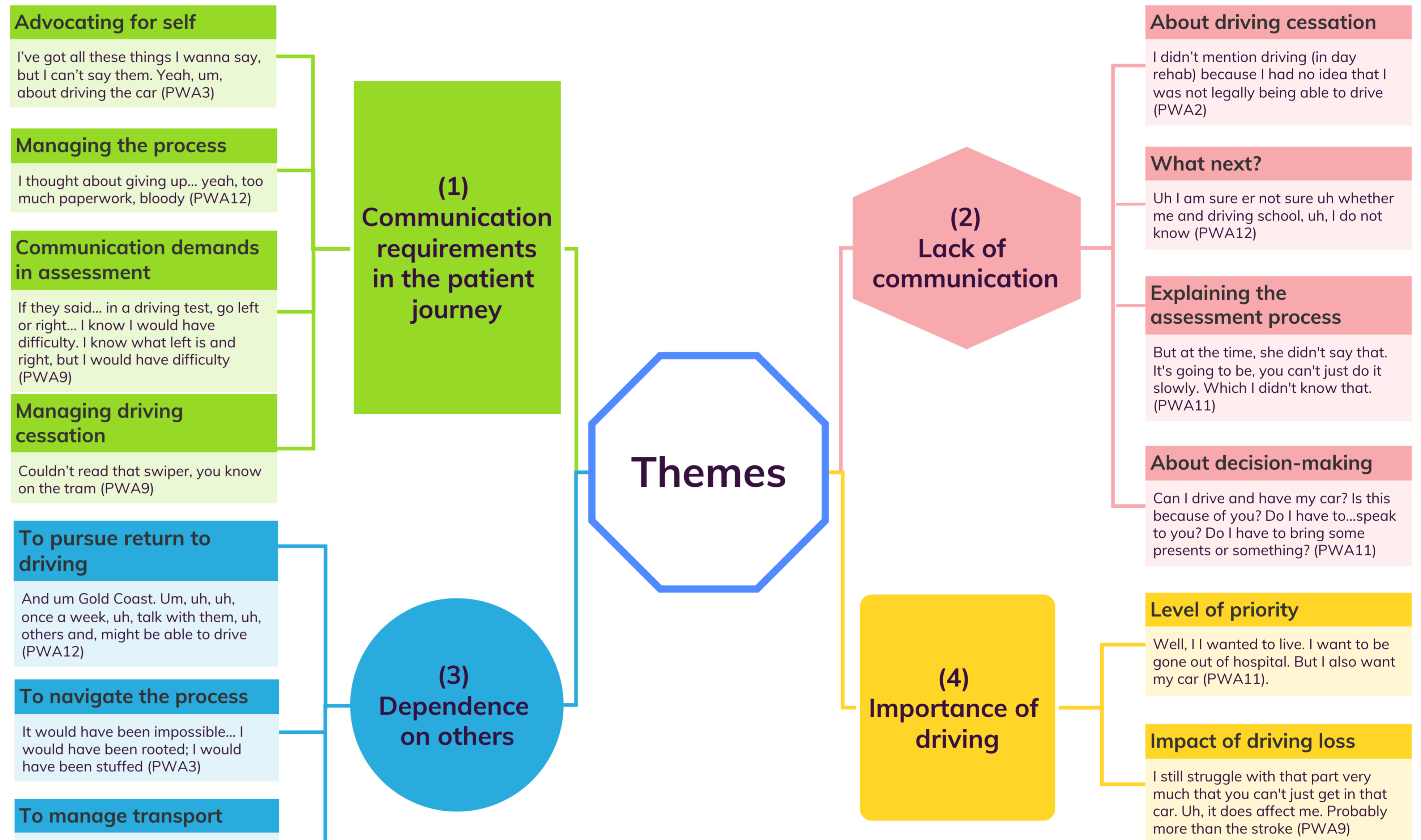


Figure 4: Themes, sub-themes and meaning units related to the lived experience of returning to driving for people with aphasia.

Results

Category		Frequency (%)	
Gender	Male	10 (66.7)	
	Female	5 (33.3)	
Age	Below 65	11 (73.3)	
	65+	4 (26.7)	
Aphasia severity	1 (minimal/no functional speech)	1 (6.7)	
	2	3 (20.0)	
	3	8 (53.3)	
	4	2 (13.3)	
	5 (minimal difficulties)	1 (6.7)	
Geographical remoteness	Major city	13 (86.6)	
	Inner regional	1 (6.7)	
	Remote	1 (6.7)	
RTD or not	RTD	9 (60.0)	
	In process	3 (20.0)	
	Ceased	3 (20.0)	
Time taken to RTD	<3 months	3 (20.0)	
	<6 months	2 (13.3)	
	<12 months	4 (26.6)	
	In process >6 months	1 (6.7)	
	In process >2 yrs.	1 (6.7)	
	In process >10 yrs.	1 (6.7)	
Importance assigned to driving (self-rated out of 5)	1 (not important)	1 (6.7)	
	2	0 (0.0)	
	3	3 (20.0)	
	4	3 (20.0)	
	5 (very important)	8 (53.3)	
Modified car required/would be required.	Yes	5 (33.3)	
	No	10 (66.7)	
Assessment process	GP only	1 (6.7)	
	Rehab consultant	2 (13.3)	
	Neurologist	1 (6.7)	
	OTDA on road-Ax	5 (33.3)	
	Standard driving test	1 (6.7)	
	Returned independently	1 (6.7)	
	Awaiting assessment	3 (20.0)	
	Ceased without assessment	1 (6.7)	
	Type of off-road assessment completed	Cognitive assessment	9 (60.0)
		Road sign recognition only	1 (6.7)
Other (no cognitive component)		1 (6.7)	
Driving theory test		1 (6.7)	
No assessment	3 (20.0)		

Table 1. Descriptive statistics

Four core themes captured the experience of returning to driving and navigating driving cessation with aphasia (see figure 4).

Conclusions

People with aphasia face unique barriers in resuming driving and managing driving cessation post-stroke. Communication difficulties hinder self-advocacy, complicate administrative tasks, and impact performance in driving assessments.

Healthcare professionals are often not equipped to understand and address these communication challenges, resulting in insufficient information, guidance, and inappropriate evaluations for returning to driving.

Support from family members and aphasia support groups is vital in facilitating return to driving. As is the involvement of skilled healthcare professionals who can minimize communication barriers.

Regaining the ability to drive is essential for restoring independence for those with aphasia, making it a top priority.

References

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