The Impact of Intensity of Aphasia Therapy on Recovery

To the Editor:

In a 2003 article in Stroke, Bhogal et al.1 concluded intensive aphasia therapy (~9 hours of treatment per week for 11 weeks) had a greater impact on speech and language outcomes for aphasic stroke patients than less intensive treatment (~2 hours of treatment per week for 23 weeks). Findings from this article have been used to support the provision of intensive speech and language therapy, particularly by researchers examining the effects of constraint induced aphasia therapy (CIAT), a promising therapy approach based on intensive treatment.4–7 This letter encourages that the findings of Bhogal et al be interpreted cautiously.

Some of the information in this 2003 Stroke article is inaccurate. For example, the authors reported findings of a study by Marshall et al examining the effects of home treatment of aphasia by trained nonprofessionals.8 They stated that this study included 121 patients with aphasia, but it actually only had 37 patients. These were 37 (the home treatment group) of 121 participants from a study by Wertz et al.9 comparing the effects of clinic, home, and deferred treatment of aphasia. Thus, the 37 patients are counted twice in this review article.

A second issue related to the intensity of therapy issue is that Bhogal et al did not include many studies that demonstrate the benefits of aphasia therapy that is not necessarily intensive. Representative examples are (1) a VA cooperative study by Wertz et al.10 comparing the effects of individual and group treatment in which patients were given 8 hours of treatment per week for 44 weeks, (2) an article by Denes et al.11 that examined treatment outcomes for globally aphasic patients receiving intensive or regular therapy, and other studies demonstrating the benefits of aphasia treatment over the long rather than the short term.12–15

Although most aphasia clinicians, including myself, would welcome empirical studies that supported the use of intensive therapy, no large aphasia treatment studies have been carried out in which patients randomly assigned to intensive and nonintensive treatment and outcomes were compared. Until this is done, any conclusions about intensive treatment being better than, worse than, or the same as nonintensive treatment are premature.

Disclosures

None.

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