Letters to the Editor

Response to Letter by Marshall

Response:

We thank Dr Marshall for his interest in our article and welcome this opportunity to respond to his 2 concerns. In our 2003 review article,1 we concluded that intensive speech language therapy was more effective than less intense therapy. Dr Marshall states that there were inaccuracies in the reporting of one of his studies included in our review.2 It was brought to our attention that the results from 37 patients had been counted twice in our analyses. Dr Marshall is correct. We had not realized that his article reported on a subset of patients from the original3 study examining aphasia therapy among 3 treatment groups. We regret the oversight; however, when the results from these 37 patients are removed, our results are changed only slightly from the original (Table). Our central conclusion remains unaltered. Subjects from positive studies received more intensive therapy (hours/week) compared with subjects from studies where no treatment benefit was reported.

The second concern was the exclusion of many studies that demonstrated the benefits of aphasia therapy that were not necessarily intensive. Dr Marshall lists 6 potentially eligible studies that were not captured in our original literature search. However, on inspection, 5 of these studies did not meet our inclusion criteria. Two studies lacked a control group,4,5 two trials were not included because the comparative contrast was group treatment and not another form of individual SLP,6,7 and one study was excluded because patients were recruited after they received speech language therapy, and the assessment of speech language therapy was not within the context of a controlled trial.8 The study authored by Denes et al9 did compare intensive (daily) with less-intensive (3 days/week) patient-level aphasia therapy and does meet our inclusion criteria. However, the journal in which it appeared was not indexed on Medline at the time of our search, and this article was not captured. Had we included the results from this trial, it would have strengthened our argument because subjects who received more intensive therapy performed better on the written language subtest of the Aachener Aphasia Test.

Our study provided preliminary evidence of an association between intensity of aphasia therapy and improved outcome. We still await a large methodologically rigorous randomized controlled trial to establish this link more conclusively. In 2003, The Canadian Stroke Network and the Stroke Canada Optimization of Rehabilitation through Evidence (SCORE) met to prioritize future research and compiled a consensus list of 5 priority areas in stroke rehabilitation that require further investigation—the ideal timing and intensity of aphasia therapy was on this list.10 Unfortunately, 4 years after the publication of our review and after the Canadian Stroke Network Consensus Conference, such a study has yet to be published.

Disclosures

None.

Sanjit K. Bhogal, MSc, PhD (candidate)
Department of Epidemiology and Biostatistics
McGill University
Montreal, Quebec, Canada
Norine Foley, MSc
Robert Teasell, MD
Department of Physical Medicine and Rehabilitation
St. Joseph’s Health Care London
Parkwood Hospital
London, Ontario, Canada
Mark Speechley, PhD
Department of Epidemiology and Biostatistics
University of Western Ontario
London, Ontario, Canada

Table. Comparing Intensity of Therapy Between Positive and Negative Resultant Studies

<table>
<thead>
<tr>
<th>Therapy Measures Mean (SD)</th>
<th>Length (weeks)</th>
<th>Hours (per week)</th>
<th>Total (hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 positive studies, n=512</td>
<td>10.7 (2.31)</td>
<td>8.0 (2.65)</td>
<td>84 (31.8)</td>
</tr>
<tr>
<td>4 negative studies, n=574</td>
<td>23.0 (2.6)</td>
<td>1.88 (0.25)</td>
<td>43.5 (9.57)</td>
</tr>
<tr>
<td>t statistic</td>
<td>6.52</td>
<td>6.13</td>
<td>2.48</td>
</tr>
<tr>
<td>P value</td>
<td>0.0013</td>
<td>0.0051</td>
<td>0.056</td>
</tr>
</tbody>
</table>

(Stroke. 2008;39:e49.)
© 2008 American Heart Association, Inc.

Stroke is available at http://stroke.ahajournals.org

DOI: 10.1161/STROKEAHA.107.506931

References


Response to Letter by Marshall
Sanjit K. Bhogal, Norine Foley, Robert Teasell and Mark Speechley

Stroke. 2008;39:e49; originally published online December 27, 2007;
doi: 10.1161/STROKEAHA.107.506931
Stroke is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
Copyright © 2007 American Heart Association, Inc. All rights reserved.
Print ISSN: 0039-2499. Online ISSN: 1524-4628

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/39/2/e49

Permissions: Requests for permissions to reproduce figures, tables, or portions of articles originally published in Stroke can be obtained via RightsLink, a service of the Copyright Clearance Center, not the Editorial Office. Once the online version of the published article for which permission is being requested is located, click Request Permissions in the middle column of the Web page under Services. Further information about this process is available in the Permissions and Rights Question and Answer document.

Reprints: Information about reprints can be found online at:
http://www.lww.com/reprints

Subscriptions: Information about subscribing to Stroke is online at:
http://stroke.ahajournals.org//subscriptions/