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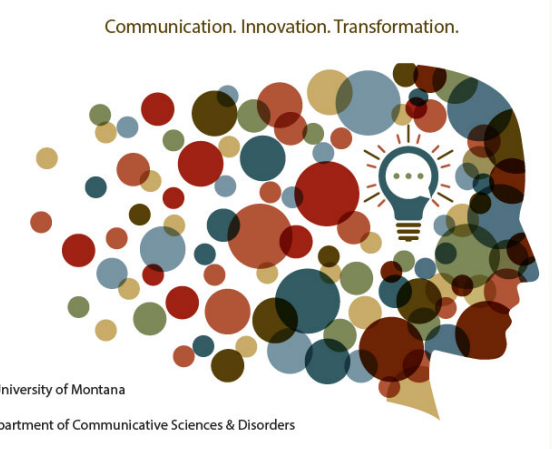
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THE IMPACT OF PARTICIPATION IN AN INTENSIVE COMPREHENSIVE APHASIA PROGRAM (ICAP) ON DEPRESSION IN PATIENTS WITH APHASIA

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SIGNIFICANCE & IMPACT

Aphasia is the impairment of expression and/or comprehension of language following stroke or other brain injury

Depression in Persons with Aphasia (PWA)

- Prevalence of depression is higher in stroke survivors with aphasia, than stroke survivors without aphasia (e.g., Baker, et al., 2017; Døli, et al., 2017)
- Depression in PWA hinders quality of life and rehabilitative outcomes (Tu, et al., 2018; Shi, et al., 2016)

Treating Depression in PWA

- Rehabilitation should address psychosocial well-being in addition to treating the language impairment (Døli, et al., 2017; Baker, et al., 2018)
- Rehabilitation should include caregiver involvement and social engagement (Robinsons, et al., 1999; Cruice, et al., 2016)
- Rehabilitation that treats the patient as a whole is likely to improve psychosocial well-being and the language impairment (Rose, et al., 2013; Persad, et al., 2015; Hoover, et al., 2017)

Intensive Comprehensive Aphasia Programs (ICAPs)

- Holistic service delivery model that targets impairment, activity, and participation domains of the WHO-IFC model relative to language and functional communication
- Minimum of 3 hours of therapy per day for 2 weeks
- Must include individual and group treatment
- Must include a cohort of participants
- Evidence suggests that ICAPs can improve language and psychosocial well-being (Rose, et al., 2013; Hoover, et al., 2017)

RESEARCH QUESTION

Does participation in an Intensive Comprehensive Aphasia Program (ICAP) influence the presence and/or severity of depression in stroke survivors with aphasia?

METHODS

Participants

- Adults (18+) at least three months post-stroke
- Patients who present with aphasia
- Medically stable patients who are able to tolerate intensive therapy

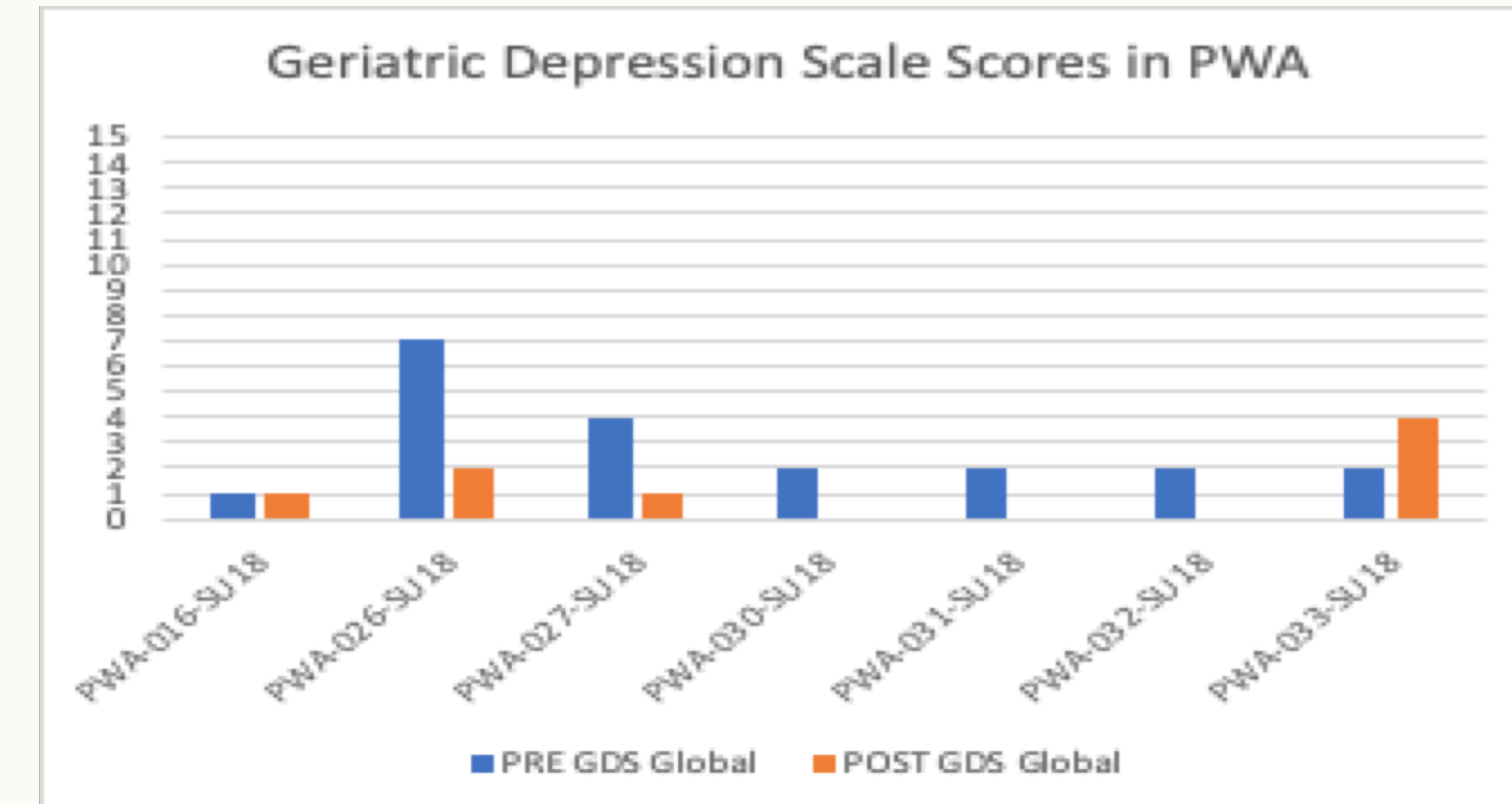
PWA ID	PWA Age	PWA Sex	PWA Race/Ethnicity	WAB AQ (100 pts)	Aphasia Type & Severity	ICAP Repetition	PWA Time Post Onset (months)
PWA-016-SU18	76	M	Caucasian	41.5	Nonfluent Severe	4	51
PWA-022-SU18	74	M	Caucasian	13.7	Global Profound	3	27
PWA-026-SU18	72	M	Caucasian	23.7	Nonfluent Severe	2	33
PWA-027-SU18	73	F	Caucasian	11.1	Global Profound	2	22
PWA-030-SU18	64	F	Caucasian	32.4	Nonfluent Severe	2	26
PWA-031-SU18	63	M	Caucasian	70.1	Nonfluent Moderate	2	23
PWA-032-SU18	65	F	Caucasian	89.4	Anomic Mild	1	31
PWA-033-SU18	76	M	Caucasian	31.5	Fluent Severe	1	16

Procedures

- Research design: retrospective quantitative analysis of pre-post outcome measures
- PWAs participated in a four week ICAP at the University of Montana during the summer of 2018
- 4.5 hours of treatment per day, 4 days per week, for 4 weeks
- Individual, group, and technology-based therapy
- Pre- and post-administration of the patient-reported outcome measure (PRO), **Geriatric Depression Scale (GDS)**, to measure the presence and severity of depression in participants with aphasia
- GDS is a 15 point scale, a score > 5 points is suggestive of depression

RESULTS

PWA ID	PRE GDS	POST GDS
PWA-016-SU18	1	1
PWA-022-SU18	.	0
PWA-026-SU18	7	2
PWA-027-SU18	4	1
PWA-030-SU18	2	0
PWA-031-SU18	2	0
PWA-032-SU18	2	0
PWA-033-SU18	2	4
Mean	2.86	1.14



Summary of Findings

- 5 participants reported reduced depression
- 1 participant reported no change
- 1 participant reported increased depression

Discussion & Impact

- Participating in the UM ICAP may reduce depression in persons with aphasia
- Some participants may gain a greater awareness of their impairment while participating in the ICAP, which may negatively impact their self-report of depression
- Neglecting to treat depression and psychosocial well-being in PWAs may slow recovery and hinder patient outcomes
- Functional disabilities, such as depression, impact treatment outcomes and overall quality of life
- The ICAP model encompasses the practice of treating the patient as a whole, which may lessen the prevalence of depression and result in improved outcomes, both in rehabilitation and in quality of life