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**Keywords:** Agnosia; Encephalopathy**Objective.**— Visual agnosia is an impairment in visual recognition of objects, colors or human faces, without a co-existing deficit in vision, language, memory, or psycho-intellectual delay, due to damage in the association areas of the visual cortex.**Methods.**— A 21-year old male patient, with a medical history of 4 syncopal episodes, was admitted to emergency department suffering a cardiac arrest and was resuscitated, with duration of hypoxia estimated to 15 minutes. The patient remained to intensive unit for 26 days, with bilateral hypoxic ischemic encephalopathy in occipito-parieto-frontal areas (MRI).**Results.**— After discharge from IU, patient presented rapid improvement of motor skills and muscle strength, reaching independent walking. The persistent visual agnosia was evaluated with LOTCA cognitive battery device. It significantly was improved during 4 months period (Initial score: 0, Final: 40), after intensive cognitive training. A possible vision deficit was excluded with visual evoked potential test.**Discussion.**— Visual agnosia related to hypoxic ischemic encephalopathy is a relatively understudied clinical condition that presents a substantial challenge to the survivor and the healthcare providers.<http://dx.doi.org/10.1016/j.rehab.2014.03.1590>

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**Implicit recovery of autobiographical memory in patients with neurological global amnesia: A study with the autobiographical Implicit Association Test**M. Monaro<sup>a,\*</sup>, S. Agosta<sup>b</sup>, A. Cantagallo<sup>a</sup>, G. Sartori<sup>b</sup><sup>a</sup> BrainCare SRL Padua, Padova, Italy<sup>b</sup> General Psychology Department of Padua University, Italy

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**Keywords:** Amnesia; Autobiographical memory; Implicit memory; Neuropsychological assessment; Traumatic brain injury**Background.**— Several studies have shown that patients suffering from global amnesia are able to learn new information through mechanisms of implicit learning, and to recall them implicitly (e.g. through procedural memory; Squire and Shragr, 2008).**Objective.**— The purpose of this study was to verify, using the autobiographical Implicit Association Test (aIAT; Sartori et al., 2008), whether these patients have maintained an implicit memory trace of the erased autobiographical events, even though they could not remember them at conscious level.**Methods.**— Six patients suffering from global amnesia after brain damage were tested. Each patient was administered four aIATs on four different life events that were not remembered at the explicit level.**Results.**— Results showed that the aIAT could, in some cases, identify the real event, indicating that the patients' memory traces of events were not completely destroyed. We have shown that aIAT can be used as a method of memory-detection to identify whether the patients have or have not retained an implicit memory trace.**Discussion.**— To date no study in literature showed the possibility of detecting the presence of implicit autobiographical memories in this patients. The implicit traces preserved could potentially become a starting point to work in memory rehabilitation.<http://dx.doi.org/10.1016/j.rehab.2014.03.1591>

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**Intensive communication therapy in aphasics: Is constraint useful?**M. Balaguer<sup>\*</sup>, S. Audounet, P. Mouly, X. De Boissezon  
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**Objective.**— Over efficacy of intensive Constraint therapy for language in aphasic patients, the aim of this work is to study beneficial effects of constraint therapy for communicative ability.**Methods.**— Seven aphasic patients underwent speech and Language therapy through an intensive program (40 hours over 2 weeks) with the same support, 3 in a Constraint Group (CG: non-verbal communication cannot be used without verbal communication) and 4 in a Non Constraint Group (NCG: all communication skills can be used). Assessment of Language, Communication (Test Lillois de Communication, TLC) and quality of Life (Sickness Impact Profile-65) was realised before and after therapy.**Results.**— No significant differences were observed between groups for language, communication (median TLC improvement for CG = 7.9; for NCG = 11.7;  $P = 0.85$ ) or quality of life improvement.**Discussion.**— Both groups improved their performance after intensive therapy. Small group size does not allow certifying the absence of positive effect of constraint. Nevertheless, at this stage, improvement in terms of quality of life and communication skills tends to claim in favour of an intensive therapy using all of the verbal and non-verbal communication skills.<http://dx.doi.org/10.1016/j.rehab.2014.03.1592>

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**Contribution of constraint in communication therapy for persons with non-fluent chronic aphasia**

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**Keywords:** Aphasia; Communication; Therapy; Constraint**Objective.**— To assess the contribution of “constraint” in the communication therapy in persons with non-fluent chronic aphasia.**Methods.**— We propose a comparative study of seven patients, divided into two groups according to the same protocol of intensive rehabilitation. The control group may use any means of communication, the other is “forced” to use only the verbal channel. We used both analytical and functional strategies to maximize linguistic and communicative aspects.**Results.**— We do not find significant differences in post-therapy: although both groups improve their linguistic abilities. The evolution of communication scores is rather better to the “unconstrained” group.**Conclusion.**— A more specific recruitment of patients would better target the constraint factor.**Further reading**Maher LM, Kendall D, Swearingin JA et al. A pilot study of use-dependent learning in the context of Constraint Induced Language Therapy. *J Int Neuropsychol Soc* 2006; 12: 843–852.Meinzer M, Djundja D, Barthel G et al. Long-term stability of improved language functions in chronic aphasia after constraint-induced aphasia Therapy. *Stroke* 2005; 36: 1462–1466.Pulvermüller F, Neininger B, Elbert T, et al. Constraint-induced therapy of chronic aphasia after stroke. *Stroke* 2001; 32: 1621–1626.<http://dx.doi.org/10.1016/j.rehab.2014.03.1593>

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**What is the impact of addictive behaviours and psychiatric disorders on treatment of burn care and rehabilitation following?**

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**Keywords:** Addictive behaviour; Burn patients**Objective.**— In clinical practice, the incidence of psychiatric disorders in burn patients admitted in rehabilitation unit seems far from negligible, sometimes impacting heavily rehabilitation.**Methods.**— Retrospective from data coding epidemiological survey on the incidence of psychiatric disorders and addictive behaviours in a population of