

Quality of life and social relationships of people with aphasia

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Background and aims: Aphasia is a chronic acquired communication disorder that affects significantly the life of people with aphasia (PWA). Many life and social changes are reported in literature, however quality of life (QOL) and social relationships (SR) predictors are still unknown. Evidence-based empirically-derived data is needed as foundation to understand the impact of aphasia on. QOL and SR. Population-based QOL instruments would enable comparisons of PWA with the broader population, which has not been reported in literature.

Objectives: To determine the impact of aphasia on PWA's QOL and SR and to identify QOL and SR predictors using a population-based QOL measure.

Method: A cross-sectional descriptive, correlational and comparative study was undertaken with 255 individuals from Portuguese general population (mean age 43 years; 148 females, 107 males), and 25 PWA (mean age 54 years; 12 females and 13 males). All participants completed the World Health Quality of Life Bref instrument (to assess overall QOL and SR), and the Center for Epidemiologic Studies Depression (CESD) Scale. PWA completed the Lisbon Aphasia Assessment Battery, Barthel Index, Frenchay Activities Index, Communication Disability Profile and the Modified Mini-Mental State. Statistical procedures included descriptive statistics, correlation tests, regression analysis and tests for mean comparisons.

Results: The PWA classified their QOL between “bad” and “nor good nor bad” and their SR as “neither satisfied nor dissatisfied”. Both were significantly worse compared to Portuguese general population. PWA had lower levels of satisfaction in all QOL domains than the general population, and the SR domain had the lowest score. Emotional status (CESD) and participation (CDP) were the best predictors of PWA’s QOL, and participation the best predictor for SR.

Discussion: PWA have significantly worse QOL and have average or mid-point views about their QOL and SR. PWA ably completed a population-based measure, meaning more comparisons could be made in future research to demonstrate the relative impact of conditions on QOL. The CESD and CDP assessments proved useful.

Implications for clinical practice: Goals that address improvement and mood and participation, and treatment that is framed as participation-oriented therapy would improve QOL for PWA.

Conclusions: Aphasia negatively and significantly affects PWA’s life quality and SR. Participation has a key role as QOL and SR predictor. These results are important for identifying and planning support needs carried out by the service providers allowing the adjustment of health programs based on people’s real life needs.

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