

Quality of life and social relationships of people with aphasia

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Introduction

Aphasia is a chronic acquired communication disorder that affects significantly the life of people with aphasia (PWA) (Cruice et al., 2006; Hallowell & Chapey, 2008; Manders et al., 2010). Many life and social changes are reported in literature (Berthier, 2005; Grawburg et al., 2013; Manders et al., 2010), 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.

Method

The purpose of this study is 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.

A study was undertaken with 255 individuals from Portuguese general population and 25 PWA. To better compare our PWA results with Portuguese general population (control sample) a procedure was used to reduce the control sample to 50 individuals as similar as possible to PWA sample regarding gender, age and educational level.

All participants completed the World Health Quality of Life Bref instrument (to assess overall QOL and SR), and the Center for Epidemiologic Studies Depression Scale (CESD). PWA completed additionally the Lisbon Aphasia Assessment Battery, Barthel Index, Frenchay Activities Index, Communication Disability Profile and the Modified Mini-Mental State.

Results

Both samples had gender equally distributed and age and educational level with similar results (see Table 1). There were no significant differences regarding age ($p=0.840$) and educational level ($p=0.814$).

The PWA classified their QOL between “bad” and “not good nor bad” and their SR as “neither satisfied nor dissatisfied” (see Table 2). Both were significantly worse compared to Portuguese general population (QOL: $p=0.000$, and SR: $p=0.0025$) (see Table 3).

Table 1: Descriptive statistics of the control group and PWA group

		Control group (N=50)		PWA (N=25)	
		n	%	n	%
Gender	Male	26	52.00	13	52.00
	Female	24	48.00	12	48.00
		Range	Mean ± SD	Range	Mean ± SD
Age		25-84	54.70 ± 13.75	20-71	54.00 ± 14.90
Education Level		1-7	4.74 ± 1.45	1-7	4.68 ± 1.57

Table 2: Descriptive statistics for overall QOL, and SR domain

	Control group (N=50)		PWA (N=25)	
	Range	Mean ± SD	Range	Mean ± SD
Overall QOL	25-87.5	66.25 ± 16.02	0-75	41.00 ± 27.27
SR WHOQOL-Bref	33.33-100	69.83 ± 15.42	0-91.67	50.67 ± 25.90

Table 3: Mann-Whitney test results for overall QOL and SR comparison between groups (control and PWA)

	Mann-Whitney U	
Overall QOL	300.5	Asymp. Sig. (One-tailed) 0.000
SR WHOQOL-Bref	376	Asymp. Sig. (One-tailed) 0.0025

a. Grouping Variable: Group

PWA's QOL was significantly correlated with emotional status ($\rho=-0.56$, $p=0.003$) and education level ($\rho=0.46$, $p=0.021$). These correlations were stronger than those of Portuguese general population group (QOL: $\rho=-0.34$, $p=0.000$; SR: $\rho=0.33$, $p=0.000$).

Considering the significantly correlated variables with PWA's and Portuguese general population's QOL, and the variables significantly correlated with PWA's QOL described in the literature (educational level, emotional status, activities, participation, age, socioeconomic status and time post-stroke), a linear regression showed that participation explained 55% of the results, followed by emotional status (together explained 63%). The variable that better explained the variance of SR results was participation (47%), followed by age (together explained 58%).

Conclusions

Aphasia negatively and significantly affects PWA's life quality and SR: PWA have significantly worse QOL and have average or mid-point views about their QOL and SR when compared to general population. Participation has a key role as QOL and SR predictor.

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.

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