

Type of presentation: Clinical Case Presentation

Title: Assessing quality of life in aphasia: The benefits and limitations of the WHOQOL-Bref in therapy planning for aphasia in Portugal

Authors: Patrício, A. B., Jesus, L. M., Cruice, M., & Hall, A.

Affiliation: Institute of Electronics and Telematics Engineering of Aveiro (IEETA), and Escola Superior de Tecnologia da Saúde do Porto (ESTSP), Portugal

Address: Brígida Patrício, Institute of Electronics and Telematics Engineering of Aveiro (IEETA), University of Aveiro, 3810-193 Aveiro, Portugal

Background: Improving Quality of Life (QOL) is the ultimate goal of aphasia therapy. Understanding clients' perspectives on the impact of disability in their lives is crucial in determining therapy approaches focused on clients' real needs. QOL measures elicit clients' perspectives in a systematic manner. Many applications of QOL measures in aphasia have focused on evaluating aphasic versus normal QOL (Ross & Wertz, 2003), post-stroke QOL with and without aphasia (Hilari, 2011), and reporting HRQOL and wellbeing outcome with aphasia (Cruice et al., 2010; 2011). Literature on the application of QOL measures for therapy planning is limited. Furthermore, information on the impact of communication disability on family members' QOL and how these different views contribute to therapy planning is also limited.

Aim: This presentation will report on the clinical implications arising from the use of the World Health Organization Quality of Life short-form instrument (WHOQOL-Bref, 2004) to assess both QOL of Portuguese individuals with aphasia and their family members (drawn from a larger doctoral study). Most specifically, we will focus on the implications for therapy planning using the views of people with aphasia (PWA) and their family members, and discuss the benefits and limitations of the WHOQOL-Bref.

Methodology: QOL was assessed using the WHOQOL-Bref, a 26 item internationally designed questionnaire. It has 4 domains, encompassing physical, psychological, social relationships and environmental domain. Data is currently being collected from PWA and their family members in Portugal, using interviewer-assisted administration. By September, data will be available on at least 8 PWA and their family members.

Main results: We will briefly present the descriptive statistics for the aphasic and family member samples, discuss about the impact of communication disability on the QOL and social relationships of both of them, and then outline how these data can contribute to therapy planning.

Conclusions/clinical implications: Having a broader perspective on PWA's and their family members' satisfaction with their QOL and domain QOL will enable clinicians to attend to clients' specific needs in therapy programmes. Embracing these concepts and assessments in clinical practice will support the advances in clinical client-focused therapies.