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

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Mentors: Catherine Off & Jenna Griffin

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

**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**

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<th>PWA ID</th>
<th>PRE GDS</th>
<th>POST GDS</th>
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<tr>
<td><strong>Mean</strong></td>
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<td><strong>1.14</strong></td>
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</tbody>
</table>

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