



iCAHE JC Critical Appraisal Summary

Journal Club Details

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|-----------------------|-----------------------|
| Journal Club location | Lyell McEwin Hospital |
| JC Facilitator | Josie Kemp |
| JC Discipline | Speech Pathology |

Question

Review Question/PICO/PACO

- P** Adults with dysphasia/aphasia following stroke/acquired brain injury
- I** Group communication therapy in an ambulatory rehabilitation program (4-6 weeks duration)
- C** Individual Therapy
- O** Communication Ability

Article/Paper

Brady M, Kelly H, Godwin J, Enderby P, Campbell P, 2016, 'Speech and Language Therapy for Aphasia Following Stroke', Cochrane Database of Systematic Reviews, no. 6

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the [DOHSA librarian](#).

Article Methodology:

Click [here](#) to access critical appraisal tool

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| Ques No. | Yes | Can't Tell | No | Comments |
|----------|-----|------------|----|--|
| 1 | ✓ | | | <p>Did the review address a clearly focused question?</p> <p>Yes – The question of focus for the review was to examine the effectiveness of SLT interventions for aphasia following stroke.</p> |
| 2 | ✓ | | | <p>Did the authors look for the appropriate sort of papers?</p> <p>Is it worth continuing?</p> <p>Yes –Randomized control trials were included in the review, following database searches on Medline and CINAHL. No language restrictions were placed on search terms</p> |
| 3 | ✓ | | | <p>Do you think the important, relevant studies were included?</p> <p>Yes- “</p> <ol style="list-style-type: none"> 1. We handsearched the <i>International Journal of Language and Communication Disorders</i> (formerly the <i>International Journal of Disorders of Communication</i>, the <i>European Journal of Disorders of Communication</i> and the <i>British Journal of Disorders of Communication</i>) from 1969 to December 2005. Since 2006 this journal has been indexed in MEDLINE so our comprehensive electronic search identified any relevant trials published in the journal after that date. 2. We checked reference lists of all relevant articles to identify other potentially relevant randomised studies. 3. We contacted all British universities and colleges where SLTs are trained and all relevant 'Special Interest Groups' in the UK to enquire about any relevant published, unpublished or ongoing studies. 4. We approached colleagues and authors of relevant randomised trials to identify additional studies of relevance to this review.” |
| 4 | ✓ | | | <p>Did the review's authors do enough to assess the quality of the included studies?</p> <p>Yes – the quality of the studies was assessed through examining selection bias, performance bias, and attrition and detection bias.</p> |
| 5 | | | ✓ | <p>If the results of the review have been combined, was it reasonable to do so?</p> <p>Results were not combined. Authors assessed heterogeneity using the I2 statistic. Random effects models were used when I2 when important heterogeneity was observed (based of the I² value together with significant evidence of heterogeneity as per the Chi² test P value).</p> |

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| 6 | ✓ | | <p>What are the overall results of the reviews?</p> <p>“Based on 27 studies (and 1620 people with aphasia), speech and language therapy benefits functional use of language, language comprehension (for example listening or reading), and language production (speaking or writing), when compared with no access to therapy, but it was unclear how long these benefits may last.</p> <p>There was little information available to compare SLT with social support. Information from nine trials (447 people with aphasia) suggests there may be little difference in measures of language ability. However, more people stopped taking part in social support compared with those that attended SLT.</p> <p>Thirty-eight studies compared two different types of SLT (involving 1242 people with aphasia). Studies compared SLT that differed in therapy regimen (intensity, dosage and duration), delivery models (group, one-to-one, volunteer, computer-facilitated), and approach. We need more information on these comparisons. Many hours of therapy over a short period of time (high intensity) appeared to help participants' language use in daily life and reduced the severity of their aphasia problems. However, more people stopped attending these highly intensive treatments (up to 15 hours a week) than those that had a less intensive therapy schedule.”</p> |
| 7 | ✓ | | <p>How precise are the results?</p> <p>Results were presented with 95% CI, mean differences and standard mean differences</p> |
| 8 | | Journal Club to discuss | <p>Can the results be applied to the local population?</p> <p>CONTEXT ASSESSMENT (please refer to attached document)</p> <ul style="list-style-type: none"> – Infrastructure – Available workforce (? Need for substitute workforce?) – Patient characteristics – Training and upskilling, accreditation, recognition – Ready access to information sources – Legislative, financial & systems support – Health service system, referral processes and decision-makers – Communication – Best ways of presenting information to different end-users – Availability of relevant equipment – Cultural acceptability of recommendations – Others |
| 9 | | | <p>Were all important outcomes considered?</p> |
| 10 | | | <p>Are the benefits worth the harms and costs?</p> |
| 11 | | | <p>What do the study findings mean to practice (i.e. clinical practice, systems or processes)?</p> |

| | | |
|----|--|---|
| 12 | | <p>What are your next steps? ADOPT, CONTEXTUALISE, ADAPT</p> <p>And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)</p> |
| 13 | | <p>What is required to implement these next steps?</p> |

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