

Effects of the biographic-narrative therapy Cope PPA on quality of life in people with primary progressive aphasia

Wednesday-1000

What can we learn from a study in which identity work was specifically tailored to the target group of people with primary progressive aphasia?



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Background

Language is identity^[1].

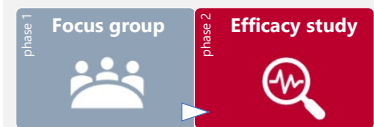
For people with PPA (PwPPA), its progressive loss is experienced as an "unpleasant flatmate"



— unlike stroke aphasia, there is no stable endpoint, only ongoing change^[2,3,4,5].

Biographic-narrative approaches are established in both dementia care^[6] and post-stroke aphasia, where they demonstrably improve quality of life (QoL)^[7].

In *Cope PPA* we used an **adaptive design** to investigate biographic-narrative therapy for PwPPA^[8].



This poster presents the quantitative results of **phase 2**.

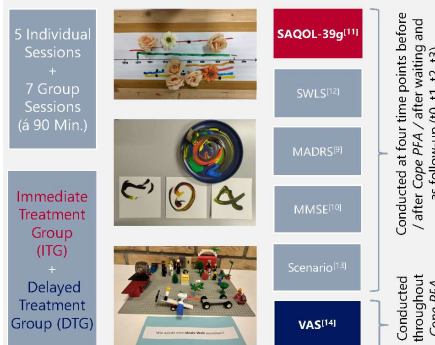
Methods

Inclusion criteria:

- participants' ability to give consent
- guideline-based PPA diagnosis
- sufficient visual/auditory abilities.

Exclusion criteria:

- severe depression (MADRS^[9] > 35)
- severe cognitive deficits (MMST^[10] < 10)



QoL was measured using the Stroke and Aphasia Quality of Life Scale (SAQOL-39g).

Mood was assessed using a Visual Analogue Scale (VAS) immediately before/after the first and final individual and group therapy sessions.

Results

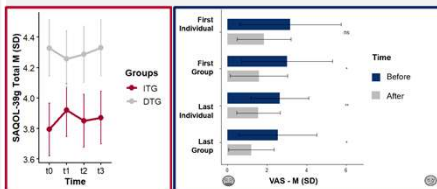
A total of **20 PwPPA were recruited, 17 completed the study** according to the study protocol and were included into the final analysis.

Group	PwPPA	Sex (F/M)	Age	Variant (nf-av/sv-/lv-/mixed)	Pathology (AD/FTLD)	MMSE, M (SD)	MADRS, M (SD)	Scenario %, M (SD)
ITG	9	5 / 4	72.3 (12.1)	2 / 3 / 4 / 0	4 / 5	20.4 (6.8)	10.3 (6.6)	91.7% (0.1%)
DTG	8	3 / 5	70.5 (8.9)	2 / 2 / 2 / 2	7 / 1	21.6 (4.7)	8.4 (4.4)	85.3% (0.2%)

Notes: nf-av = nonfluent-agrammatic variant of PPA, sv- = semantic variant of PPA, lv- = logopenic variant of PPA, mixed = mixed variant of PPA.

The analysis showed **no significant differences in QoL** between t0 and t1 comparing ITG and DTG ($p = .150$).

→ **Left figure.**



However, **mood improved significantly** from pre- to post-session during both the first and final group sessions ($p < .05$) and during the last individual session ($p = .006$). → **Right figure.**

Discussion



No improvement in QoL measured by SAQOL-39g.



Indications of short-term, therapy-specific **effects on mood**.

Limitations:

- small sample size / underpowered study ($N = 17$)
- use of unspecific, lengthy assessments (e.g., SAQOL-39g)
- risk of bias or social desirability
- huge differences between groups at t0

Opportunities:

- first indications of feasibility of biographic-narrative therapy in PwPPA
- clinically relevant improvements in QoL at an individual level
- positive short-term effects and 'in-the-moment interaction'^[15]

We should examine in greater detail who benefits most from identity work, and which assessments are suitable.

Literature

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Please scan QR-Code to find qualitative results of our study.

Gauch, M., Köb, A.-L., Feldmann, J., Jochmann, J., Klaus, H., Geschke, K., Tüscher, O., Corsten, S. & Heinrich, I.