

Participation-Focused Goal Response in Communication Bridge-2 Participants with Primary Progressive Aphasia and Apraxia of Speech Symptoms

Rene L. Utianski, Ph.D.¹; Alfred Rademaker, Ph.D.²; Ollie Fegter, Ph.D.²; Matthew Bona, M.P.H.³; Emily Cummings, M.S.³; Angela Roberts, Ph.D.⁴; Emily Rogalski, Ph.D.³

¹Mayo Clinic, Rochester, MN; ²Northwestern University Feinberg School of Medicine, Chicago, IL; ³University of Chicago, Chicago, IL; ⁴Western University, London, ON



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Background

- ❖ The Communication Bridge-2 (CB2) trial demonstrated that personalized, participation-focused speech-language improves Goal Attainment Scaling (GAS) outcomes in primary progressive aphasia (PPA).
- ❖ Given that apraxia of speech (AOS) frequently co-occurs with PPA, we examined goal response patterns in CB2 for individuals with PPA and co-occurring AOS symptoms.

Methods

- ❖ CB2 was an internationally enrolling, single enrollment site, Phase 2, Stage 2, parallel-group, active control, behavioral RCT delivered via video-chat to individuals with PPA and their communication partners.
- ❖ CB2 is supported by a custom web application, which included home practice exercises and psychoeducational videos. Participants were encouraged to complete home practice exercises 30 minutes per day, five days per week, throughout the trial.
- ❖ Participation was ~12 months, with 15 speech-language therapy sessions divided into two treatment blocks (see below).

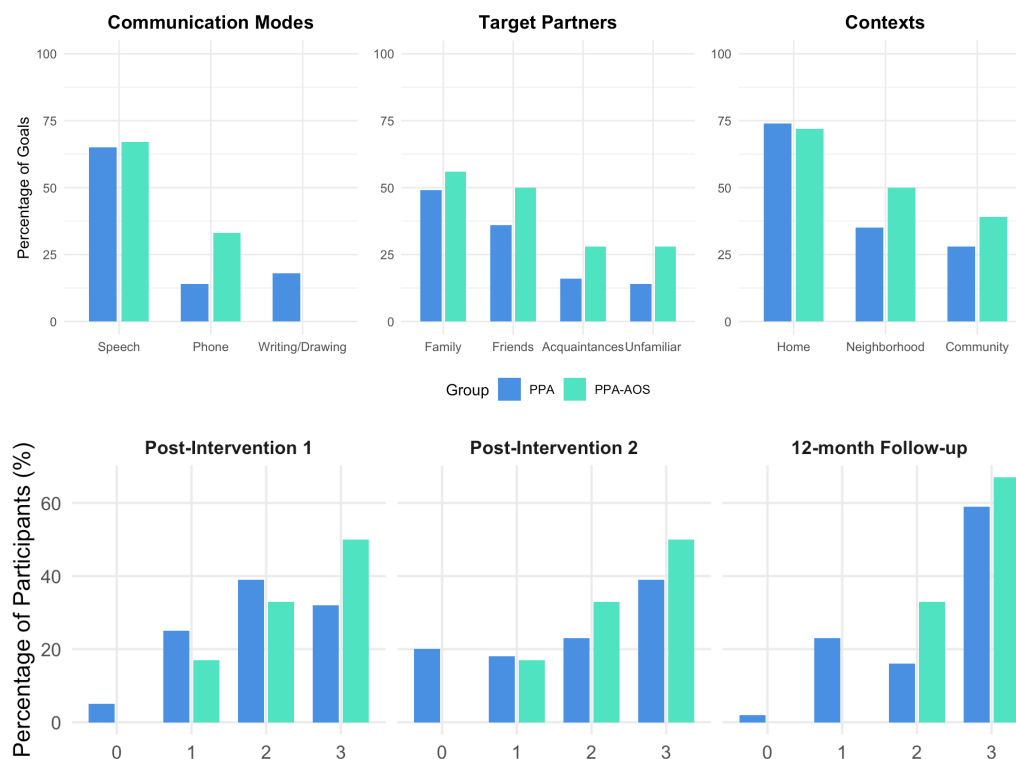


- ❖ GAS outcomes were used as a primary outcome.
- ❖ Fifty participants with mild-to-moderate PPA in the CB2 experimental arm, each with three individualized communication participation goals (N=150 goals), were included in this secondary analysis.
- ❖ Six participants were identified as having AOS.
- ❖ Prespecified responder thresholds were defined as GAS ≥ 1 following each intervention block and GAS ≥ 0 at 12 months, reflecting improvement or maintenance relative to baseline in a progressive condition.
- ❖ Exploratory non-parametric analyses examined responder patterns across evaluation time points and goal characteristics for participants with and without AOS, including communication mode, target partners, and communicative contexts.

Results

- ❖ Participants with (n=6) and without AOS (n=44) were comparable in age, sex, education, symptom duration, or relationship with primary care partner participant.
- ❖ All patients with AOS had the nonfluent/agrammatic profile of PPA.
- ❖ All participants met responder criteria at one or more time point.
- ❖ Response rates at each time-point were comparable between PPA participants with and without AOS symptoms.
- ❖ No statistically significant differences were observed between mode targeted (i.e., speech), target communication partners (i.e., family, good friends, acquaintances, unfamiliar partners), or contexts (i.e., home, neighborhood, local community) for those with versus without AOS.

Results (Continued)



Conclusions

1. Participants with PPA and co-occurring AOS symptoms demonstrated response patterns similar to those observed in the broader CB2 experimental cohort, including goal-level improvement and maintenance over time.
2. AOS did not appear to preclude participation-level goal response.
3. These preliminary findings support further study of participation-focused interventions for individuals with PPA and AOS symptoms.

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