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Presenting authors contact details:

Professor Katerina Hilari

k.hilari@city.ac.uk

Division of Language and Communication Science, City, University of London

Telephone: +44 (0)207 040 4660

Author and co-authors details:

Professor Katerina Hilari, PhD

City, University of London

Presenting author

Dr Nicholas Behn, PhD

City, University of London

Professor Jane Marshall, PhD

City, University of London

Professor Alan Simpson, PhD

King's College London

Dr Sarah Northcott, PhD

City, University of London

Dr Shirley Thomas, PhD

University of Nottingham

Dr Chris Flood, PhD

London South Bank University

Dr Sally McVicker, PhD

Aphasia Re-Connect

Ms Kirsty James

King's College London

Dr Kimberley Goldsmith, PhD

King's College London

Preferred presentation type: Oral presentation

Abstract title: ADJUSTMENT WITH APHASIA AFTER STROKE: A PILOT FEASIBILITY RANDOMISED CONTROLLED TRIAL FOR SUPPORTING WELLBEING THROUGH PEER-BEFRIENDING (SUPERB)

Abstract topic: Clinical trial results – rehabilitation and recovery

Background and aims: There is a need to systematically evaluate interventions that aim to improve psychosocial wellbeing for people with aphasia, who are often excluded from stroke studies. An intervention with potential is peer-befriending. SUPERB has evaluated the feasibility of a study on the clinical and cost-effectiveness of peer befriending for people with aphasia post-stroke.

Methods

Single blind, mixed methods, parallel group phase II RCT comparing usual care + peer-befriending (PEER) vs. usual care control (USUAL), for people with aphasia post-stroke and low levels of psychological distress. Peer befriending involved six 1-hour visits over three months, with an optional further two visits. Participants and their significant others were assessed at baseline, and at 4- and 10-months post-randomisation. Peer befrienders were assessed before and after befriending. Feasibility metrics included: proportion screened who meet criteria; proportion and rate of consent; number of missing/incomplete data on outcome measures; attrition rate at follow-up. Patient-reported outcomes included mood, well-being, and participation. Semi-structured interviews were used to explore the acceptability of procedures and experiences.

Results

62 participants with aphasia were recruited to the trial. The proportions who were eligible of those screened (84%) and who consented of those eligible (82.7%) were high. The rate of consent per month was 3.4. Of the 62 participants, ten withdrew (overall attrition 16.1%). Of the 28 participants in the PEER arm, 26 consented to the intervention. The median number of visits was 6. All participants with aphasia who stayed in the study completed the measures (27/28 in PEER, 25/28 in USUAL). Standardised effect sizes (95% CIs) for outcome measures will be presented. Of the 48 significant others recruited, 40 completed outcome measures at 10 months (attrition 16.7%). All befrienders completed post-befriending outcome measures. Qualitative data supported the acceptability of study procedures and the intervention.

Conclusions

It was feasible to run a trial of peer-befriending for people with aphasia post-stroke experiencing low levels of emotional distress. Attrition was low and adherence to the intervention high. Participants found procedures and the intervention acceptable.