

British Aphasiology Society



NEWSLETTER SPRING 2005

2005 Biennial Conference of the BRITISH APHASIOLOGY SOCIETY

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The BAS committee regretfully announces the cancellation of the BAS Biennial International Conference which was due to take place 4th-7th September 2005. This is not a decision which has been taken lightly but circumstances are such that it is not possible to guarantee an event of the high quality that the BAS membership expects and deserves. We are aware that this news will be disappointing for members since the conference is very much part of the calendar for those with a special interest in aphasia. Please be assured that plans are already underway to provide alternative for a for research presentations/ symposia etc during 2005/6 and members can access information via the newsletter and on the website as it becomes available. While we are very disappointed that the Conference is not going ahead, it does provide us with the opportunity to explore alternative ways of fulfilling the Society's aim to encourage the dissemination of knowledge of aphasia and its treatment amongst all disciplines concerned with aphasia; we welcome any suggestions from the membership regarding possible formats, topics, speakers, locations etc. Please contact **Jenni Crisp, BAS Chair** with any comments.

jennibas@blueyonder.co.uk or 0191 2005915



Do you want to receive the BAS newsletter by e-mail?

This is the quickest and most cost-effective way for the BAS to distribute the newsletter.

Please contact **Annette Cameron**, BAS Membership Secretary with your e-mail address
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Please contact Annette with change of address or other details

Editorial comment Spring 2005

Welcome to the Spring 2005 Newsletter

BAS aims to promote the interests of people with aphasia by broadening the knowledge and understanding of aphasia, and by drawing upon the expertise of people with aphasia themselves.

Whilst it is disappointing that the BAS conference has had to be cancelled this year, this newsletter describes the rich and varied work presented at other **BAS events**, including the Symposium and Work in Progress meetings.

Also included in this issue, **bilingual aphasia** is investigated by Stephen Croft with Bengali speakers, whilst Jane Marshall and colleagues aim to support Russian clinicians. Alice Grogan and colleagues are looking to investigate the effects of brain damage on the language of multi-lingual people; **public involvement in research** is on the agenda, with Susie Parr talking about her participation in INVOLVE ; Jenni Crisp outlines the development of a new Aphasia Alliance, which aims to raise **public awareness of aphasia** in the UK.

Apology ... in the last issue, Jenni Crisp was described as working in Wallsend, Newcastle-upon-Tyne - this should of course be Wallsend, Tyne & Wear!

Aphasiology around the world

Katie Ross, Research Speech-Language Pathologist, Carl T Hayden VA Medical Center, Phoenix, Arizona, USA

What does your current work involve? Overseeing two research studies. One looks at environmental impacts on quality of life with aphasia, and the other looks at the burden of stroke across three domains of health – physical functioning, cognitive functioning, and emotional well-being.

How did you get into working with people with aphasia? By accident. I'd intended to work with adolescents who face both psychological and speech-language issues. But, in the second term of my master's degree, I was randomly assigned a clinical rotation at the Veterans Administration hospital under the supervision of Terry Wertz. By the end of the first week, I was hooked!

Where do you think the greatest challenges in aphasiology will be over the next 10 years? In accountability – both in terms of finding innovative ways to prove that what we do for each client is beneficial, and in terms of changing what we do if it's not.

Who has inspired / influenced you most in your working life? Without question, Dr. Wertz. Once you've spent any time with him, you want to be smarter and work harder – to demand excellence of yourself and to inspire it in your students.

Which living person do you most admire and why? For twenty years running, Bob Geldof. From a personal to an international level, he seems to have the discernment, initiative, and follow-through necessary to ensure that what needs to be done, is done, and done right.

3 things that would make the greatest difference to your life right now ...I would use all three wishes on cancellation of my graduate student loans if I could, but a new car and some semblance of a love life would also be nice!

3 frivolous things that help you get through a day...Starbucks, numerous magazine subscriptions, and cable television (necessary for viewing of makeover shows and baseball games).

Where do you see yourself in 10 years time? I have no plans to abandon aphasiology, quality of life research, or the Veterans Administration, but I do hope to move closer to family and friends. And, I'd love to have more space (and water) for my Labrador retriever Watson to enjoy.



BAS work in progress meeting November 2004 City University, London

This meeting, with the theme of atypical aphasias, was an opportunity for researchers, both senior and junior, to present their current work. After admiring the brand new building for the Department of Language and Communication Science, the afternoon began with Stephen Croft from City University presenting his current research exploring word finding in bilingual aphasia. He suggested that bilingual aphasia is by no means atypical in the sense that on a world level, there are more bilinguals than monolinguals and consequently more people with bilingual aphasia. He discussed why the study of bilingual aphasia is marginalised and reported the methodological problems of assessing bilingual aphasia he had encountered in his own research during the process of developing novel tests of word comprehension and naming.

Prof. Jane Marshall, also from City, presented her recently completed case study exploring aphasia in a user of British Sign Language (BSL). The case used BSL all her life as her L1 but was also a strong user of English pre-morbidly, although post-onset her spontaneous use of English was severely impaired. The study explored the effects of cueing in both noun and verb naming in English. Three different conditions of cueing were used – gesture, the BSL sign, and a combination of sign plus oral cue. Gesture had no effect on naming, the equivalent sign facilitated a 30% increase on nouns but none at all on verbs, while the combined cue improved naming by 60% in both word classes. Jane suggested how this evidence might contribute to our understanding of how lexicons of a bilingual language user might be functionally interconnected.

Dr. Rosemary Varley from Sheffield University investigated a case of dysgraphia in a man with interrupted corpus callosum fibres resulting from multiple sclerosis. The case presented with mild dysarthria, disinhibited topic control. Reading was intact, as was oral spelling. Writing with the preferred left hand was highly neologistic with some violation of combinatorial constraints although writing was motorically fluent and contained only legible English graphemes. Conversely, right hand writing lacked motoric fluency but was able to access abstract orthographic code and therefore spell correctly. Rosemary also drew theoretical implications from this data.

Finally, Dr. Ruth Herbert, also from Sheffield, presented her current work in aphasic word production. Her case, a female with agrammatic non-fluent production and word finding difficulties demonstrated intact semantic and phonological processing but made semantic errors in word naming. The focus of Ruth's research was to ascertain if the case's noun naming performance was different for count versus mass nouns. A differential impairment between naming mass and count nouns was identified. The case also presented with weaker performance on mass than count nouns in a syntactic judgement task. Mass noun phrases did not appear in samples of spontaneous speech. Ruth discussed the theoretical implication with reference to Levelt's model of word retrieval and demonstrated efficacious treatment for the case's deficit.



City University
London

Institute of
Health Sciences

MSc in Human Communication

This programme provides in depth teaching on current theoretical and service issues related to speech and language therapy and deaf studies. It is delivered by leading researchers and clinical practitioners. The flexible modular structure allows students to tailor their own curriculum and pace of study. Current modules include: acquired cognitive communication impairments; acquired language impairments; clinical management; deaf studies; developmental language impairments; dysphagia; evidence based practice; habilitative audiology; identity inclusion and living with disability; language learning and development; research design and statistics; sign linguistics; speech acoustics and speech perception; speech and language therapy with deaf people.

Cost of programme: £4,300 (home/EU students); £9,850 (Overseas students) (Fees are subject to change)

For application forms contact: Admissions Office, School of Allied Health Sciences, City University, London EC1V OHB. Or call them on 020 7040 4194. Email: sahsadmissions@city.ac.uk.

**For information on the programme content contact: Jane Marshall, 020 7040 4668.
Email: Jane.Marshall@city.ac.uk**

BAS Therapy Symposium – Liverpool 2004

Sarah Griffiths, Research Speech and Language Therapist writes

Over 100 delegates from all over the UK, Ireland, Holland and the USA attended this biennial therapy symposium. Ruth Nieuwenhuis kicked off the first day by describing her experiences of applying SPPARC principles when working with couples in the early stages after stroke. She stressed the importance of positive reinforcement, which can improve feelings of helplessness for relatives who may be struggling to cope. Fay Windsor presented preliminary results from an ongoing study exploring computers into the management of AOS. Early evidence suggests that there may be a generalisation effect and that matching words for rhyme and onset may not be an important factor in therapy. Sandra Wilson presented therapy with a person with perseverative speech who had auditory input lexicon and semantic access problems as well as low mood. Sandra combined an impairment based approach, aimed at improving self-monitoring, with a functional approach aimed at introducing a highly individualised communication book. Alison Greenwood and Jenny Grassly described their work on treating word-finding difficulties using phonological and orthographic cues. Sandra Wielaert presented a case study of a client who was two years post-onset and asked if treatment at this stage was appropriate, especially with a client who had rejected previous therapy. Her message was that listening to clients more might enable us to improve evidence based practise. Finally, Melissa Dare and Charlotte Crutchlow talked about how they set up a conversation group and the lessons learned along the way. They found that attempting to use VASES as an outcome measure proved to be unreliable; especially with those with severe aphasia and that a well-being questionnaire was more useful, yielding positive results.

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" VERY LISTENER FRIENDLY, EASY TO FOLLOW AND MOST OF THEM WERE PARTICULARLY RELEVANT TO MY ROLE AS A SLT WORKING IN STROKE REHABILITATION .."

Deborah Nicholson writes

I am writing to thank you for supporting my attendance at the BAS Therapy Symposium, held in Liverpool on 13th and 14th September.

As a recently qualified therapist this was my first opportunity to attend a BAS Therapy Symposium and I found it very interesting and informative. Having never attended a 'therapy symposium' before I did not

know quite what to expect and was just hoping that I would understand the general gist of the majority of speakers and that I would be able to learn from some of the presentations and apply some of the findings to my practice. In fact, I found the whole experience to be very different from my expectations and despite the high standard of all of the presentations (and the startling experience and notoriety of many of the speakers) they were all very listener friendly, easy to follow and most of them were particularly relevant to my role as a SLT working in a stroke rehabilitation ward and community setting. The wide spectrum of presentations, which included single case studies, research projects, innovative practice and self help groups were all very well presented and informative. Not only did the presenters discuss the therapy they practised and the results of their intervention but they also discussed the wider psychosocial impacts of their therapeutic intervention. Also, the opportunity to participate in discussions following each presentation was very insightful and many worthy and valid questions were raised and addressed. In particular, it was very interesting and inspiring to hear Ruth Nieuwenhuis present her recent involvement and 'innovation in isolation' adapting the SPPARC resource programme for the acute and rehabilitation setting. It was with some of her enthusiasm that I fed this back to colleagues at a recent Continuing Professional Development day, with the hopeful result of starting a similar conversation approach with relatives in the early stages post stroke. Overall, I found the two days to be most enjoyable and applicable to my future practice. I would just like to thank you again for giving me the opportunity to attend this event and to learn further about both new and traditional approaches to therapy, which I know will be beneficial to my future practice and which will influence the therapeutic approach and range of therapy I offer to my clients and keep my working practice fresh and innovative.

Word finding difficulties in bilingual aphasia

A speech and language therapy research project funded by Barts and the London NHS Trust has is currently in progress in the Department of Language and Communication Science at City University.

The project, titled 'Word finding difficulties in bilingual aphasia: implications for speech and language therapy', is being carried out by **Stephen Croft**, a speech and language therapist with an interest in bilingualism and aphasia and supervised by Jane Marshall, Katerina Hilari and Tim Pring. Very little speech and language research has been undertaken with Bengali speakers. The current project is the first (as far as we know) to explore speech and language therapy with clients with aphasia who speak Bengali and English. Given the large Bengali community within the UK and especially in London (home to the world's largest group of migrant Bengalis), this is an area that needs to be explored.

The project seeks to answer the following research questions:

- Is word production similarly impaired in languages of people with bilingual aphasia?
- Is word finding improved by speech therapy and do effects generalize to the

untreated language?

- Do therapy outcomes depend on the nature of the treatment?

On a local level within the Trust, the results of the project will have a practical use, as 20% of the Barts and the London SLT caseload are Bengali native speakers. There is currently very little evidence available to predict outcomes of SLT within this client group. On a wider level, the study will have implications for the broader studies of bilingualism and language impairment.

Stephen is currently developing word-naming tests and is looking for participants. In the aphasic group, participants will have had a single left hemisphere CVA and speak Bengali and English (although the second language need not be fluent). A group of unimpaired bilingual speakers of Bengali and English volunteers (and at least 40 years old) will act as a control group. Participation would initially involve two short sessions lasting about 30 minutes to name pictures in Bengali and English.

If anyone is able to put Stephen in contact with potential participants for either group, or would like more information about the project, he can be contacted via email at s.croft@city.ac.uk or phone 020 70404664.

Brain imaging study on bilingual aphasia

Can BAS members help with this project?

Do you have clients that use more than one language?



The Institute of Neurology is looking for right-handed, bilingual, healthy and stroke volunteers to take part in a brain imaging study on bilingual aphasia.

If interested, please contact Alice Grogan on: **020 7679 1095**, or by email at: **a.grogan@ucl.ac.uk**

Travel expenses will be paid. All volunteers will get a picture of their brain to take home.

Getting Involved

Susie Parr outlines her work with “Involve”

Involve was established in 1996 by the Department of Health as a standing advisory group on consumer involvement in the NHS. In 2001 Involve’s remit, to promote public involvement in research, was widened to cover public health and social care research. The organisation aims to influence the way research is prioritised, commissioned, undertaken, communicated and used, believing that active involvement of the public leads to research that is more relevant and more likely to be useful in effecting change. Involve meets four times a year and its membership comprises a broad mix of service users, carers, representatives of voluntary organisation, health and social services managers and researchers. Members of the main Involve group are appointed by the Department of Health.

**HIGHLIGHTING
THE
PRACTICALITIES
AND PITFALLS
OF INCLUSIVE
RESEARCH**

I was invited to serve on a sub-group (rather formidably named Empowerment) in 2004 and have attended several meetings. It has taken a while to learn how the organisation works and to identify how I can contribute most effectively within a relatively short time-frame. I am foregrounding the challenges around research that is inclusive of people with communication impairments and trying to help Involve develop and consolidate its accessibility strategy. At Involve’s national conference in Nottingham, Alan Hewitt (of Connect) and I presented a talk on disseminating research to people with aphasia. As a follow on to this we will be engaging in dialogue with the Big Lottery research body, highlighting the practicalities and pitfalls of inclusive research.

WEB Links:

To learn more about Involve, please visit the website:
www.invo.org.uk

Susie Parr, Connect, London
susieparr@ukconnect.org



Aphasia Symposium, London 26th May 2005 *Current Management and Scientific Rationale*

At the National Hospital for Neurology and Neurosurgery.

Speakers:

Dr Wendy Best, *University College London* ; Dr Maria Black, *University College London*
Prof David Howard, *Newcastle University* ; Prof Matt Lambon-Ralph, *Liverpool University*
Prof Cathy Price, *FIL, London*; Dr Friedmann Pulvermuller, *CBU, Cambridge*
Prof John Rothwell, *ION, London*; Prof Richard Wise, *Imperial College London*

E-mail: j.crinion@fil.ion.ucl.ac.uk to reserve a place

Attendance free but limited to 60 places.

www.bas.org.uk

Research Round-up

Cognitive and cognate-based treatment in bilingual aphasia

This study explores the effects of both cognitive and cognate treatment in a 62-year-old Spanish-English bilingual man with severe non-fluent aphasia. Treatment 1 was a cognitive-based treatment that emphasized non-linguistic skills, such as visual scanning, categorization, and simple arithmetic. Treatment 2 was a lexically based treatment that trained cognates (cross-linguistic word pairs that are similar in meaning and form) and non-cognates (pairs with shared meaning but different forms). Treatment 1 resulted in modest gains in both Spanish and English. Treatment 2 resulted in improved naming for non-cognates as well as cognates within each language. However, the generalization of gains from Spanish to English was apparent only for cognate stimuli.

Kohnert, K. (2004). Cognitive and cognate-based treatments for bilingual aphasia: a case study. *Brain and Language*, 91, 294-302.

Use of outcome assessments in aphasia.

Continuing the recent attention in measuring outcomes after aphasia intervention, this paper describes results from an online survey to identify and describe the practices of speech and language therapists relative to outcome assessment in aphasia. Results revealed that 85% of the 94 respondents reportedly perform outcome assessment. A majority of respondents reported barriers to assessment such as time and funding limitations. Considerable variability existed in the types of assessments and the actual tools reported.

Simmons-Mackie, N., Threats, T.T., and Kagan, A. (2005). Outcome assessment in aphasia: a survey. *Journal of Communication Disorders*, 38, 1-27.

Training grapheme to phoneme conversion can improve oral naming, written naming and writing to dictation.

Previous research has revealed that training grapheme to phoneme conversion can improve oral naming, written naming, and writing to dictation on both trained and untrained items. This study aimed to extend this work. Three aphasic participants received a block of phoneme to grapheme conversion treatment evaluated by periodic probing of both trained and untrained regular words across lexical tasks: writing to dictation, written naming, oral spelling, and oral naming. Results indicated improved writing to dictation of trained and untrained words in two of the three participants. Improved written naming and oral spelling of trained words was also observed; marginal improvements were observed for untrained stimuli on written naming, oral spelling, and oral naming.

Kiran, S. (2004). Phoneme to grapheme conversion for patients with written and oral production deficits: A model-based approach. *Aphasiology*, 19, 53-76.

Patient's home use of language exercises can be useful.

Many SLTs discourage client use of language exercises at home because of the disruption it may cause to family interaction. However, data documenting language exercises in aphasic families have previously not been available. This study analysed one instance of interactively realised aphasia management. It presents an insight into structural and social aspects of language exercises within informal contexts, such as why some activities result in tension within the family and explores the role beyond 'aphasia improvement' they might play. Ten families with an aphasic member were videoed and the data was analysed using the framework of Conversation Analysis. The researchers found differences in how families adapt to aphasia when families who engaged in language-exercising sequences were compared with those who do not. For example, language exercises can serve to circumvent communicative distress, and maintain an aphasic partner's participation in family activities.

Bauer, A. and Kulke, F. (2004). Language exercises for dinner: Aspects of aphasia management in family settings. *Aphasiology*, 18, 1135-1160.

New UK 'Aphasia Alliance'

I have been representing BAS over the past year at a number of meetings exploring the possibility of forming an 'Aphasia Alliance'. These meetings/ discussions have been initiated by the Tavistock Trust for Aphasia (TTA) whose board of trustees have had a developing interest in raising public awareness of aphasia. The TTA organised and hosted a small symposium in

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the Tavistock Trust for Aphasia (TTA) whose board of trustees have had a developing interest in

June 2004 inviting representatives from several interested groups with a view to forming a loose alliance whose primary remit is the organisation of a public awareness-raising campaign for aphasia. The groups involved thus far are: BAS, CONNECT, Different Strokes, RCSLT, Speakability, Speak-easy (in the North-west), Speechmatters (in Northern Ireland), The Stroke Association, TTA, together with a number of interested individuals. While raising public awareness of aphasia is not

within the primary aims and objectives of BAS, your committee felt that heightened public awareness would certainly serve both (a) the population of people living with aphasia, and (b) the research agenda of BAS; we therefore decided to support this initiative. Work on this project is in its very early stages but planning is underway for a formal launch of the Alliance and the campaign later in the year. Watch this space!

Jenni Crisp, BAS Chair

Help! Russian language assessment

Readers of the Royal College of speech & Language Therapists Bulletin may remember an article about a group of therapists who visited Russia last year to talk about British approaches to the assessment and treatment of aphasia and dysphagia (see Issue 627, July 2004). A number of us are returning to St Petersburg this Spring. We plan to introduce some new Russian language tests that have been adapted from the PALPA. As part of our programme we would like to show a video of the tests being used to assess a Russian person with aphasia.

This is a call for help. Are you currently treating a Russian person with aphasia? If so, would you find it helpful to have access to some Russian language tests, together with a Russian speaking clinical linguist who can ad-

minister those tests? Would your client consent to being videoed doing the tests?

Yes, we know it is a long shot but if you think you can help we would love to hear from you.

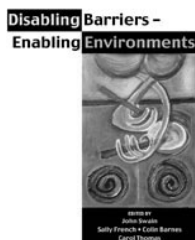
Thanks

**Jane Marshall, Chair of Aphasiology,
City University, London
j.marshall@city.ac.uk**

**Lucy Rodriguez,
Speech and Language Therapist, National
Hospital for Neurology and Neurosurgery,
London**

Jennie Hallows, Clinical Linguist

Book Review: Disabling Barriers – Enabling Environments (Second Edition)



Edited by John Swain, Sally French,
Colin Barnes and Carol Thomas

Sage Publications, London

ISBN 0-7619-4265-3; Price 19.99

'Disabling Barriers – Enabling Environments' provides an introduction to the field of disability studies. It comprises 45 short chapters written by 39 contributors from a diverse background within this field. Although the text is intended as a resource for undergraduates and postgraduates taking courses in social sciences and related subjects, it can also be regarded as a useful resource for students or professionals working or training to work with people with language disabilities such as aphasia. The text provides valuable insights into the challenges faced by people with disabilities and presents thought-provoking discussions of the social model of disability. The chapters are well written but can at times be difficult for a reader without a background in social sciences to follow due to some of the terminology used. However, this should not deter any student or professional without this specialist knowledge from reading this text as the concepts under discussion often become clear as you read on.

The chapters are grouped in 5 parts to distinguish different aspects of the social model of disability. The contributions under 'Perspectives of Disability and Impairment', document the development of the social model of disability and the challenges faced in bringing about the necessary changes to society to enable the social model to be understood and accepted by all. 'In our own Image', explores society's attitudes towards disability and outlines the work done by people with disabilities to dispel negative images, such as those of tragedy and dependency. Aspects of society that make it difficult for

people with disabilities to exercise choice and control over their life are discussed under 'Controlling Lifestyles'. The problems associated with the medical model approach to living with disability are tackled in Part IV, 'In Charge of Support and Help'. These include some very personal accounts of experiences that contributors with disabilities have had at the hands of health-care professionals, including therapists. In conclusion, 'Creating a Society fit for all', looks ahead at the potential benefits and pitfalls associated with advances in technology, ranging from access to information to the ethics of genetic screening.

One chapter specifically addresses the challenges of aphasia as a disability and is expertly written by Carole Pound and Alan Hewitt. It includes suggestions for changes in communication access that would considerably empower people with aphasia. The other chapters refer mainly to problems experienced by people with physical, sensory or learning disabilities. However, the issues faced by these people are not dissimilar to those faced by people with aphasia.

I found the views expressed by some of the contributors to be quite radical. Other contributors were more cautious. It was precisely the diversity of the contributions and the challenging views that made it difficult for me to put the book down. Nearly all contributors offered suggestions for improving the effectiveness of the social model. The chapters are cleverly linked by content, but the book can also be used as a resource for 'dipping into', with chapters read in isolation, depending on the reader's question or interest.

**Siggy Robson, University Hospital Lewisham,
London siggy.robson@uhl.nhs.uk**



DATES FOR YOUR DIARIES

British Neuropsychological Society Spring Meeting in London, 30-31 March 2005

Dr Emer Forde is giving the third Elizabeth Warrington Prize Lecture on 'Understanding everyday actions: A cognitive neuropsychological approach' Unusually, there appears to be no charge for this event, being held at the National Hospital, Queens Square, London www.psychology.nottingham.ac.uk/bns

Multidisciplinary Conference on Neuropsychological Rehabilitation in Galway, 11-12 July 2005

Target audience expected is clinical neuropsychology, occupational therapy, speech and language therapy, medicine and nursing. The Departments of Occupational Therapy and Psychology, National University of Ireland; The Psychology Society of Ireland and The British Psychological Society, Division of Neuropsychology are sponsoring this conference. Check online registration at www.conference.ie/Conferences/index.asp?Conference=14

International Neuropsychological Meeting in Dublin (combined with BNS and the division of Neuropsychology from the British Psychological Society), 6-9 July 2005

See www.the-ins.org/meetings/ for further details. Some keynote speakers topics are available online.

Multidisciplinary Rehabilitation Conference in Southampton, 7 – 8 July 2005

The SRR's summer conference is on 7-8th July 2005 in Southampton. People interested in presenting at this meeting need to submit an abstract for consideration by 22 April – see *Abstracts* button on their website for further information. People interested in submitting a conference symposium should contact Professor Bipin Bhakta B.Bhakta@leeds.ac.uk with your suggestions. www.srr.org.uk

Multidisciplinary Stroke Conference in Sweden, 22 – 24 September 2005

13th Nordic Meeting on Cerebrovascular diseases in Goteborg

The meeting in Göteborg will contain different topics from pathophysiological aspects of the brain damage, angiological mechanisms and prevention to acute treatment including intensive care and skilled nursing. Particular emphasis will be held on new aspects of stroke rehabilitation, and long-term effects for the patients, spouses and society. www.congrex.se/stroke2005). If you are interested in submitting to this conference, email the conference organisers directly (stroke2005@gbg.congrex.se), Deadline for abstracts is April 2005.

Academy of Aphasia 2005 Annual Meeting, Amsterdam, 23-25 October 2005

Watch this space www.academyofaphasia.org as information is not yet available on their website.