Worrall, L. E., Rodriguez, A. D., Dignam, J. K., Hill, A. J., Khan, Asaduzzaman., O'Connor, D. A., … Copland, D. A. (2024). A modified intensive, comprehensive aphasia program (mICAP) has better reported outcomes than usual care: a randomized controlled trial. *Aphasiology*, 1–20.
https://doi.org/10.1080/02687038.2024.2424493

Background

Intensive Comprehensive Aphasia Programs (ICAPs) are a new model of service delivery that show promising pre-post outcomes but have yet to be compared with usual care.

Aim

To compare the clinical effectiveness of a modified Intensive Comprehensive Aphasia Program (mICAP) to usual care in a parallel two arm study utilizing stratified block randomisation.

Methods & Procedures

Participants were a referred sample with post stroke aphasia from ten local speech pathology departments. Assessments were completed prior to, immediately after, and follow up at 3 months after the mICAP. While 269 participants with aphasia were approached for the study, only 52 were eligible to be randomised with 113 participants approached not meeting selection criteria and 99 of eligible participants declining to participate. Block randomization was based on matched moderate/mild versus severe aphasia pairs. Three of the 26 mICAP participants withdrew. In the experimental arm of the mICAP (the LIFT program), participants with aphasia and their family attended goal directed tailored therapy three times weekly for 8 weeks. Therapy included 14 hours each of impairment therapy, functional communication therapy, and computer therapy and 7 hours of group therapy and a challenge task. The main outcome measures were the self-reported Assessment for Living with Aphasia (ALA) and Content Information Units (#CIU's) in connected speech.

Outcomes & Results

Linear Mixed Modelling was completed on the remaining 42 participants' data and found a significant benefit for the mICAP on the ALA Total score (p= .014; 95% CI= −21.48- −2.57) ALA Aphasia domain (p = .027; 95% CI= −3.23 - −0.203), ALA Environment domain (p = .017; 95% CI= −4.70 - −0.493) immediately post intervention with maintenance of effects for the ALA Aphasia domain in the follow up period (p = .014; 95% CI= −3.64 - −0.438). Family members in the mICAP reported significant reduction in caregiving burden in the follow up period (p= .017; CI= −14.12 - −1.52.). There were no significant differences on the other main outcome measure of Content Information Units (95% CI= −34.94 – 55.15).

Conclusions

For those suitable and interested, the mICAP was more beneficial than usual care for participants with aphasia and their family members. However, lack of significant differences in discourse and other language functions, suggests that individual elements of mICAPs and their evaluation require review. Based on these results, the LIFT program has been refined to become the Comprehensive High-dose Aphasia Therapy (CHAT) program.