

Top 10 Research Priorities Relating to Aphasia Following Stroke

Franklin et al. (2018)

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For which topic were research priorities identified?

aphasia following stroke

In which location was the research priority setting conducted?

Europe - United Kingdom

Why was it conducted at all?

Traditionally, the subjects of medical research are determined by academics and funding bodies, independent of patients and clinicians. PWA have not only been excluded from the process of deciding what is important in terms of research, but have even been omitted from the research itself. Although around a third of stroke survivors are PWA, research studies on stroke often specify communication disorder as an exclusion criterion: for example, 10 of 14 Randomised Controlled Trials of depression rates in stroke specifically omitted PWA (Townend, Brady, & McLaughlan, 2007) possibly resulting in a significant underestimate of the prevalence of depression. Brady, Fredrick, and Williams (2013) concluded that "Generalized exclusion of people with aphasia ... has severe consequences for the accessibility of stroke treatment and care for this group of patients" (p. 195). If PWA are excluded from research, then it is unlikely that service provision will explicitly include them and their particular requirements. There is also a danger that research most needed by PWA will not even be prioritised if researchers do not have any experience of working with this client group.

What was the objective?

to identify the top 10 research priorities relating to long-term aphasia

What was the outcome?

a ranking list of 10 research questions

How long did the research prioritization take?

No information provided.

Which methods were used to identify research priorities?

meeting; survey

How were the priorities for research identified exactly?

Step 1: selecting research questions: all 226 research uncertainties from the Pollock study were considered to identify uncertainties related to aphasia, 34 aphasia-related questions were ultimately selected. Step 2: survey: participants asked to rank the top 10 Treatment Uncertainties in order of importance, rankings then summed to identify the top priorities for the final consensus meeting. Step 3: consensus meeting: top 15 uncertainties: small groups studied the uncertainties and sorted them into important, not important, and not sure categories, group rankings aggregated, final plenary session for consensus

Which stakeholders took part?

Patients with aphasia (PWA), their carers, and speech and language therapists. Survey: 46 participants: 18 SLTs, 7 carers, and 21 PWA. Consensus meeting: 22 participants: 10 PWA, 3 carers, and 9 SLTs.

How were stakeholders recruited?

For the survey, carers and PWA were sourced through visiting five Aphasia Support Groups. One hundred and three SLTs who worked with PWA were emailed via a university database. For the consensus meeting, SLTs working in Galway and Clare were invited to take part. PWA and carers were sourced through local groups. The PWA had to be able to travel to the meeting venue. The carers who attended the groups were all accompanying a PWA.

Were stakeholders actively involved or did they just participate?

Stakeholders were mere participants of the research prioritization process; they were not actively involved in the process.