

Speech & Language Therapy

Update #14



06 January 2022

Welcome to the latest copy of the Speech & Language Update. The aim of this publication is to bring together a range of recently-published research and guidance that will help you make evidence based decisions.

Accessing Articles

The following abstracts are taken from a selection of recently published articles.

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Please contact Holly if you would like more information, or further evidence searches: holly.cook3@nhs.net.

A selection of papers from CINHAL, MEDLINE and EMBASE (July 2021-Dec 2021)

1. International Telepractice for Therapy and Training: Auditory Verbal UK's Perspective.
2. Lee Silverman Voice Treatment to Improve Speech in Parkinson's Disease: A Systemic Review and Meta-Analysis.
3. Innovative technology-based interventions in aphasia rehabilitation: a systematic review.
4. Interventions for children and adolescents who stutter: A systematic review, meta-analysis, and evidence map.
5. Mental capacity legislation and communication disability: A cross-sectional survey exploring the impact of the COVID-19 pandemic on the provision of specialist decision-making support by UK SLTs.
6. Dosage, Intensity, and Frequency of Language Therapy for Aphasia: A Systematic Review-Based, Individual Participant Data Network Meta-Analysis.
7. Using the Medical Research Council framework and public involvement in the development of a communication partner training intervention for people with primary progressive aphasia (PPA): Better Conversations with PPA.
8. Mental capacity assessment with people with aphasia: understanding the role of the speech and language therapist.
9. Impact of COVID-19 on the stroke rehabilitation pathway: multidisciplinary team reflections on a patient and carer journey from acute to community stroke services.
10. A systematic review of early speech interventions for children with cleft palate.
11. Postoperative speech impairment and surgical approach to posterior fossa tumours in children: a prospective European multicentre cohort study.
12. Interpersonal Relationship Experiences in Adults Born With Cleft Lip and/or Palate: A Whole of Life Survey in the United Kingdom.
13. Post-extubation dysphagia and dysphonia amongst adults with COVID-19 in the Republic of Ireland: A prospective multi-site observational cohort study.
14. Feasibility, Acceptability and Limitations of Speech and Language Telerehabilitation during COVID-19 Lockdown: A Qualitative Research Study on Clinicians' Perspectives.
15. Barriers and facilitators: Clinicians' opinions and experiences of telehealth before and after their use of a telehealth platform for child language assessment.
16. Challenges facing users of hearing aids during the COVID-19 pandemic.
17. Supporting Aided Augmentative and Alternative Communication Interventions for Individuals With Complex Communication Needs via Telepractice: A Tutorial.
18. A Systematic Review of Transcranial Direct Current Stimulation in Primary Progressive Aphasia: Methodological Considerations.



19. Core Outcome Set Use in Poststroke Aphasia Treatment Research: Examining Barriers and Facilitators to Implementation Using the Theoretical Domains Framework.
20. Making a Case for Studying Gender-Neutral Pronouns in Speech-Language Pathology.
21. The Efficacy of the NHS Waterpipe in Superficial Hydration for People With Healthy Voices: Effects on Acoustic Voice Quality, Phonation Threshold Pressure and Subjective Sensations.
22. Speech Outcomes of a National Cohort of Children with Orofacial Cleft at 5 and 10 Years of age.
23. Assessment of minority language skills in English-Irish-speaking bilingual children: A survey of SLT perspectives and current practices.
24. Dysphagia, Dysphonia, and Dysarthria Outcomes Among Adults Hospitalized With COVID-19 Across Ireland.
25. Therapist-supported online remote behavioural intervention for tics in children and adolescents in England (ORBIT): a multicentre, parallel group, single-blind, randomised controlled trial.
26. The impact of hearing loss on speech outcomes in 5-year-old children with cleft palate \pm lip: A longitudinal cohort study.
27. Developing a tool-kit for the assessment of autism spectrum disorder for children under 5 years
28. Scoping opinion: Speech and language therapists' views on extending their role to the urgent ear, nose and throat pathway.
29. Making the case for the collection of a minimal dataset for children with speech sound disorder.
30. Voice Therapy in the Context of the COVID-19 Pandemic: Guidelines for Clinical Practice.
31. Treatment for improving discourse in aphasia: a systematic review and synthesis of the evidence base.
32. Melodic intonation therapy may improve repetition in non-fluent aphasia after stroke...Yuka H, Satoshi Y, Keiichi K, et al. Music intonation therapy is effective for speech output in a patient with non-fluent aphasia in a chronic stage. *Psychogeriatrics*. 2021; v.21 n.3, 430-433.
33. Speech and language therapy service provision in spinal injury units compared to major trauma centres in England: Are services matched?
34. Exploring the relationship between conductive hearing loss and cleft speech characteristics in children born with cleft palate.
35. Whispers, echoes, friends and fears: forms and functions of voice-hearing in adolescence.
36. Dysphagic disorder in a cohort of COVID-19 patients: Evaluation and evolution.
37. Peer Assessment Rating (PAR) scoring of cleft patients treated within a regional cleft centre in the United Kingdom.
38. Solution Focused Brief Therapy in Post-Stroke Aphasia (SOFIA): feasibility and acceptability results of a feasibility randomised wait-list controlled trial.



39. Lee Silverman Voice Treatment versus standard speech and language therapy versus control in Parkinson's disease: preliminary cost-consequence analysis of the PD COMM pilot randomised controlled trial.
40. Speech and language therapists' management of ventilated patients and patients with tracheostomy in Israel.
41. Supporting wellbeing through peer-befriending (SUPERB) for people with aphasia: A feasibility randomised controlled trial.
42. Giving Voice: Nurse-Patient Communication in the Intensive Care Unit.
43. The Impact of COVID-19 on Speech-Language Pathologists Engaged in Clinical Practices With Elevated Coronavirus Transmission Risk.
44. Speech input processing in children born with cleft palate: A systematic literature review with narrative synthesis.
45. Psychological impact of COVID-19 on speech and language therapists working with adult dysphagia: A national survey.
46. Attitudes to the Implementation of Speech and Language Therapist Led Low Risk Two Week Wait Clinic in the UK: A Survey Exploration Using Normalization Process Theory.
47. Early Communication Behaviors in Infants With Cleft Palate With and Without Robin Sequence: A Preliminary Study.
48. Evaluating the Use of Oral Trials for Inpatient Dysphagia Management: An Initial Cross-Sectional Database Study.
49. Factors Associated With Psychological Adjustment in Adults With Cleft Lip and/or Palate: Findings From a National Survey in the United Kingdom.

Full strategy



1. International Telepractice for Therapy and Training: Auditory Verbal UK's Perspective.

Author(s): Clark ; Ashton, Louise; Kenely, Noel; Hogan, Sarah

Source: Perspectives of the ASHA Special Interest Groups; Dec 2021; vol. 6 (no. 6); p. 1871-1875

Publication Date: Dec 2021

Publication Type(s): Academic Journal

Abstract:

Purpose: The aim of this clinical focus article is to discuss Auditory Verbal UK's (AVUK) training program for prospective listening and spoken language specialist certified auditory verbal (AV) therapists delivered globally via telepractice. Since 2015, AVUK has delivered training via telepractice to 18 countries. Consideration is given to the barriers and challenges of training across geographical and cultural boundaries, including access to technology, cultural and linguistic difference of families and trainees, and the differing global states of audiological practice for early intervention. Some possible solutions are offered. Although there have been calls for international consensus on early intervention, the reality of provision across Europe differs especially in the wake of COVID-19. From a global perspective, audiology and early intervention services differ considerably. Some countries are not up-to-date with the latest hearing technology and do not have access to tuning for cochlear implants or the technology required for families to attend therapy via telepractice.

Conclusions: With appropriate technology, telepractice is a viable means of providing training in AV therapy. It builds communities across geographical areas, breaking down boundaries and facilitating global collaboration. Although considerable differences remain in both service provision and access to services across different countries, the passion of trainees worldwide and the good will of the AV community in supporting our colleagues give reason for optimism going forward.

Database: CINAHL

2. Lee Silverman Voice Treatment to Improve Speech in Parkinson's Disease: A Systemic Review and Meta-Analysis.

Author(s): Pu ; Huang, Min; Kong, Xiangyu; Wang, Meng; Chen, Xiangling; Feng, Xixi; Wei, Changyou; Weng, Xiechuan; Xu, Fan

Source: Parkinson's Disease (20420080); Dec 2021 ; p. 1-10

Publication Date: Dec 2021

Publication Type(s): Academic Journal

Available at [Parkinson's Disease](#) - from Europe PubMed Central - Open Access

Available at [Parkinson's Disease](#) - from Hindawi Open Access Journals

Abstract:

Background. Speech changes occur in the early stages of Parkinson's disease (PD) and cause communication difficulties, leading to social isolation. Lee Silverman voice treatment (LSVT) is a speech therapy approach designed to improve patients' language and voice capabilities.

Objective. The effectiveness of the LSVT was compared with that of other speech interventions or no treatment to evaluate PD patients with dysarthria.

Design. Systematic review with meta-analysis of randomized trials. Data Sources: PubMed, Embase, Cochrane Library, CNKI, and SinoMed library were searched from inception to December 2021 related to PD and LSVT.

Method. Abstracts were screened and reviewed against the eligibility criteria (intervention group participants were PD assessed based on LSVT (LSVT Loud) and randomized control).

Result. Ten randomized controlled trials were identified on speech symptoms in patients with PD. Compared with the respiratory therapy (RET) exercise, or no training group, a significant improvement was detected in the sound press level (SPL) after immediate treatment during the reading of vowel and rainbow passages and an increase in



semitone standard deviation (STSD). Furthermore, the LSVT training significantly increased the participants' scores on unified Parkinson's disease rating scale (UPDRS-III) and speech intelligibility.

Conclusion. This meta-analysis demonstrated the efficacy of LSVT in increasing vocal loudness and functional communication among individuals with PD. However, most studies included participants with mild-moderate PD. Thus, additional randomized controlled trials (RCTs) with large sample sizes are needed to validate the efficacy of LSVT in patients with different progressions of PD, including severe PD.

Database: CINAHL

3. Innovative technology-based interventions in aphasia rehabilitation: a systematic review.

Author(s): Repetto ; Paolillo, Maria Paola; Tuena, Cosimo; Bellinzona, Francesca; Riva, Giuseppe

Source: Aphasiology; Dec 2021; vol. 35 (no. 12); p. 1623-1646

Publication Date: Dec 2021

Publication Type(s): Academic Journal

Abstract:

In the last decades technologies have started to be integrated into language rehabilitation, but more recently many innovations have been included in the health field, especially the use of virtual reality (VR) and mobile devices. The present review aims to investigate the use and efficacy of innovative technology-based interventions for language rehabilitation in post-stroke patients. We consider innovative technologies as those implementing either virtual reality or mobile software applications. For conducting this systematic review, we conformed to the PRISMA guidelines. The articles were selected by computer-based searches in three high-profile databases: PubMed, PsycINFO, and Web of Science. 13 studies met the inclusion criteria. Studies were also rated along the efficacy-effectiveness spectrum (RITES). Most of studies used a tablet to deliver the therapy, and only a few of them implemented VR-based treatments. Despite the paucity of literature, the results were encouraging, and showed efficacy and effectiveness of rehabilitation programs based on innovative technologies. Moreover, patients appeared compliant to treatments. In future studies, more robust research designs should be implemented with larger sample sizes, more homogenous samples, and comparisons with "treatment-as-usual" control conditions. Finally, we suggest an innovative use of VR for language rehabilitation within an embodied cognition approach.

Database: CINAHL

4. Interventions for children and adolescents who stutter: A systematic review, meta-analysis, and evidence map.

Author(s): Brignell ; Krahe, Michelle; Downes, Martin; Kefalianos, Elaina; Reilly, Sheena; Morgan, Angela

Source: Journal of Fluency Disorders; Dec 2021; vol. 70

Publication Date: Dec 2021

Publication Type(s): Academic Journal

Abstract:

- The LP and DCM are effective in reducing stuttering in preschool children.
- Quality of evidence was rated moderate risk of bias for included interventions.
- Therapy delivered via telehealth or group format is non-inferior to standard format.
- High-level evidence for school-aged children and adolescents who stutter is absent.
- Future research should address the evidence gaps identified in this review.

This systematic review critically appraises and maps the evidence for stuttering interventions in childhood and adolescence. We examine the effectiveness of speech-focused treatments, the efficacy of alternative treatment delivery methods and identify gaps in the research evidence. Nine electronic databases and three clinical trial registries were searched for systematic reviews, randomised controlled trials (RCTs) and studies that applied an intervention with children (2–18 years) who stutter. Pharmacological interventions were excluded. Primary



outcomes were a measure of stuttering severity and quality assessments were conducted on all included studies. Eight RCTs met inclusion criteria and were analysed. Intervention approaches included direct (i.e. Lidcombe Program; LP) and indirect treatments (e.g. Demands and Capacities Model; DCM). All studies had moderate risk of bias. Treatment delivery methods included individual face-to-face, telehealth and group-based therapy. Both LP and DCM approaches were effective in reducing stuttering in preschool aged children. LP had the highest level of evidence (pooled effect size=-3.8, CI -7.3 to -0.3 for LP). There was no high-level evidence for interventions with school-aged children or adolescents. Alternative methods of delivery were as effective as individual face-to-face intervention. The findings of this systematic review and evidence mapping are useful for clinicians, researchers and service providers seeking to understand the existing research to support the advancement of interventions for children and adolescence who stutter. Findings could be used to inform further research and support clinical decision-making.

Database: CINAHL

5. Mental capacity legislation and communication disability: A cross-sectional survey exploring the impact of the COVID-19 pandemic on the provision of specialist decision-making support by UK SLTs.

Author(s): Jayes, Mark; Borrett, Sophie; Bose, Arpita

Source: International journal of language & communication disorders; Dec 2021

Publication Date: Dec 2021

Publication Type(s): Journal Article

PubMedID: 34882902

Available at [International journal of language & communication disorders](#) - from Wiley Online Library

Abstract:

BACKGROUND: Mental capacity legislation in the UK is designed to safeguard the rights of people who may need support, or may be unable, to make autonomous decisions. Very limited evidence has been published about the impact of the COVID-19 pandemic on the application of mental capacity legislation and, to our knowledge, none on the ability of speech and language therapists (SLTs) to support people with communication disabilities to engage in decision-making.

AIMS: To describe how UK SLTs supported people with communication disabilities to make decisions and participate in mental capacity assessments, best interests decision-making and advance care planning during the COVID-19 pandemic.

METHODS & PROCEDURES: This descriptive, cross-sectional study used an online survey to collect quantitative and qualitative data about SLTs' practice experiences between August and November 2020. SLTs working with a range of adult clinical populations in different care settings were sampled purposively from all UK jurisdictions. Participants were recruited through professional networks and social media. Quantitative data were summarized using descriptive statistics. Qualitative data were analysed thematically.

OUTCOMES & RESULTS: Data were collected from 107 SLTs working in a range of settings across all four UK nations. The sample included SLTs working with people with neurological conditions, learning disabilities, mental health conditions and acute confusion. The need for SLT support appeared to increase during the pandemic. Most respondents were still able to offer support; however, the amount and nature of support varied. Quality of support was impacted by adjustments associated with social distancing and infection control restrictions. Personal protective equipment (PPE) was identified as a barrier to communication. Indirect working methods (e.g., telehealth) were inaccessible to some people with communication disabilities. Most respondents felt confident that legal requirements were upheld, but suggested this group was less able to engage in decision-making and had reduced access to support to manage their own health conditions.

CONCLUSIONS & IMPLICATIONS: Some SLT services were limited in their ability to meet the decision-making support needs of people with communication disabilities during the COVID-19 pandemic due to structural and systemic barriers. This suggests that existing inequities in the provision of care for people with communication disabilities in the UK were amplified during the pandemic.



WHAT THIS PAPER ADDS: What is already known on the subject People with communication disabilities may require support from healthcare professionals, including SLTs, to make decisions and communicate their wishes and preferences about their care, in line with mental capacity legislation. There is a lack of published evidence relating to how changes in staff deployment and resource during the COVID-19 pandemic may have impacted on the ability of SLTs to provide this support. What this paper adds to existing knowledge This study provides novel evidence about the ways in which UK SLTs supported people with communication disabilities to engage in mental capacity assessments, best interests decision-making and advance care planning during the COVID-19 pandemic. In some cases, the amount and quality of decision-making support available was affected negatively due to changes in healthcare delivery and resource management and SLT working practices. What are the potential or actual clinical implications of this work? This study suggests that some people with communication disabilities experienced greater barriers to receiving professional support to maximize their autonomy and manage their health conditions during the COVID-19 pandemic. Speech and language therapy services and healthcare commissioners should consider how best to ensure equitable service delivery to this population in resource-limited situations.

Database: Medline

6. Dosage, Intensity, and Frequency of Language Therapy for Aphasia: A Systematic Review-Based, Individual Participant Data Network Meta-Analysis.

Author(s): REhabilitation and recovery of peopLE with Aphasia after Stroke (RELEASE) Collaborators

Source: Stroke; Dec 2021 ; p. STROKEAHA121035216

Publication Date: Dec 2021

Publication Type(s): Journal Article

PubMedID: 34847708

Abstract:

BACKGROUND AND PURPOSE: Optimizing speech and language therapy (SLT) regimens for maximal aphasia recovery is a clinical research priority. We examined associations between SLT intensity (hours/week), dosage (total hours), frequency (days/week), duration (weeks), delivery (face to face, computer supported, individual tailoring, and home practice), content, and language outcomes for people with aphasia.

METHODS: Databases including MEDLINE and Embase were searched (inception to September 2015). Published, unpublished, and emerging trials including SLT and ≥ 10 individual participant data on aphasia, language outcomes, and time post-onset were selected. Patient-level data on stroke, language, SLT, and trial risk of bias were independently extracted. Outcome measurement scores were standardized. A statistical inferencing, one-stage, random effects, network meta-analysis approach filtered individual participant data into an optimal model examining SLT regimen for overall language, auditory comprehension, naming, and functional communication pre-post intervention gains, adjusting for a priori-defined covariates (age, sex, time poststroke, and baseline aphasia severity), reporting estimates of mean change scores (95% CI).

RESULTS: Data from 959 individual participant data (25 trials) were included. Greatest gains in overall language and comprehension were associated with >20 to 50 hours SLT dosage (18.37 [10.58-26.16] Western Aphasia Battery-Aphasia Quotient; 5.23 [1.51-8.95] Aachen Aphasia Test-Token Test). Greatest clinical overall language, functional communication, and comprehension gains were associated with 2 to 4 and 9+ SLT hours/week. Greatest clinical gains were associated with frequent SLT for overall language, functional communication (3-5+ days/week), and comprehension (4-5 days/week). Evidence of comprehension gains was absent for SLT ≤ 20 hours, <3 hours/week, and ≤ 3 days/week. Mixed receptive-expressive therapy, functionally tailored, with prescribed home practice was associated with the greatest overall gains. Relative variance was $<30\%$. Risk of trial bias was low to moderate; low for meta-biases.

CONCLUSIONS: Greatest language recovery was associated with frequent, functionally tailored, receptive-expressive SLT, with prescribed home practice at a greater intensity and duration than reports of usual clinical services internationally. These exploratory findings suggest critical therapeutic ranges, informing hypothesis-testing trials and



tailoring of clinical services. Registration: URL: <https://www.crd.york.ac.uk/PROSPERO/>; Unique identifier: CRD42018110947.

Database: Medline

7. Using the Medical Research Council framework and public involvement in the development of a communication partner training intervention for people with primary progressive aphasia (PPA): Better Conversations with PPA.

Author(s): Volkmer ; Spector, Aimee; Swinburn, Kate; Warren, Jason D.; Beeke, Suzanne

Source: BMC Geriatrics; Nov 2021; vol. 21 (no. 1); p. 1-17

Publication Date: Nov 2021

Publication Type(s): Academic Journal

PubMedID: NLM34781875

Available at [BMC geriatrics](#) - from BioMed Central

Available at [BMC geriatrics](#) - from Europe PubMed Central - Open Access

Available at [BMC geriatrics](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [BMC geriatrics](#) - from EBSCO (MEDLINE Complete)

Abstract:

Background: Primary progressive aphasia is a language-led dementia resulting in a gradual dissolution of language. Primary progressive aphasia has a significant psychosocial impact on both the person and their families. Speech and language therapy is one of the only available management options, and communication partner training interventions offer a practical approach to identify strategies to support conversation. The aim of this study was to define and refine a manual and an online training resource for speech and language therapists to deliver communication partner training to people with primary progressive aphasia and their communication partners called Better Conversations with primary progressive aphasia.

Methods: The Better Conversations with primary progressive aphasia manual and training program were developed using the Medical Research Council framework for developing complex interventions. The six-stage development process included 1. Exploratory review of existing literature including principles of applied Conversation Analysis, behaviour change theory and frameworks for chronic disease self-management, 2. Consultation and co-production over 12 meetings with the project steering group comprising representatives from key stakeholder groups, 3. Development of an initial draft, 4. Survey feedback followed by a consensus meeting using the Nominal Group Techniques with a group of speech and language therapists, 5. Two focus groups to gather opinions from people with PPA and their families were recorded, transcribed and Thematic Analysis used to examine the data, 6. Refinement.

Results: Co-production of the Better Conversations with primary progressive aphasia resulted in seven online training modules, and a manual describing four communication partner training intervention sessions with accompanying handouts. Eight important components of communication partner training were identified in the aggregation process of the Nominal Group Technique undertaken with 36 speech and language therapists, including use of video feedback to focus on strengths as well as areas of conversation breakdown. Analysis of the focus groups held with six people with primary progressive aphasia and seven family members identified three themes 1) Timing of intervention, 2) Speech and language therapists' understanding of types of dementia, and 3) Knowing what helps. These data informed refinements to the manual including additional practice activities and useful strategies for the future.

Conclusions: Using the Medical Research Council framework to develop an intervention that is underpinned by a theoretical rationale of how communication partner training causes change allows for the key intervention components to be strengthened. Co-production of the manual and training materials ensures the intervention will meet the needs of people with primary progressive aphasia and their communication partners. Gathering further data from speech and language therapists and people living with primary progressive aphasia and their families to



refine the manual and the training materials enhances the feasibility of delivering this in preparation for a phase II NHS-based randomised controlled pilot-feasibility study, currently underway.

Database: CINAHL

8. Mental capacity assessment with people with aphasia: understanding the role of the speech and language therapist.

Author(s): Borrett ; Gould, L.J.

Source: Aphasiology; Nov 2021; vol. 35 (no. 11); p. 1463-1481

Publication Date: Nov 2021

Publication Type(s): Academic Journal

Abstract: The law is leading a cultural shift away from medical paternalism towards shared decision-making with patients. A person's ability to make decisions about their care and treatment is regulated through mental capacity law in the UK. A verbal interview is used to judge a person's capacity. People with aphasia (PwA) may retain the cognitive ability to make decisions but have difficulty understanding information and expressing their wishes. PwA are at risk of having their capacity status misidentified without the support of skilled communication partners such as Speech and Language Therapists (SLTs). Currently, little is known about the SLTs' role in capacity assessment for PwA in the UK. This research aimed to explore UK SLTs' experience of mental capacity assessment in PwA, focusing on the principal challenges and facilitators and the role SLTs play in the assessment process and within the multidisciplinary team (MDT). A qualitative approach was taken using semi-structured interviews to explore SLTs' perspectives. 13 interviews were conducted with SLTs from England and Scotland. Data were analysed thematically. Participants reported that facilitators were routine decision types, patients without complex co-morbidities, availability of time, close collaborative teams where the role of the SLT was valued, and trust existed in the relationship with the PwA and their carers. Challenges to the process were infrequent decision types, patients with complex cognitive/communication impairments, lack of time, conflict with carers and the MDT, and lack of access to team support. SLTs inhabited a variety of roles in the process of mental capacity assessment. They were morally motivated to adopt supportive roles but were equivocal towards adopting assessor roles. Across the data set an ambiguous interpretation of terminology, processes and level of specialisation required emerged. SLTs' play a unique role in supporting PwA to exercise their right to autonomy. This study is the first to explore SLTs' experience of mental capacity assessment across different UK jurisdictions. SLTs' confidence in their role in capacity assessment is growing although the complexity of the process continues to present challenges. Broader training in legal and conceptual aspects of mental capacity would support a clearer understanding of assessment procedures and facilitate SLTs to promote their role more broadly with their colleagues.

Database: CINAHL

9. Impact of COVID-19 on the stroke rehabilitation pathway: multidisciplinary team reflections on a patient and carer journey from acute to community stroke services.

Author(s): Lucas ; Gordon, Sophie; Heyes, Ruth

Source: BMJ Case Reports; Nov 2021; vol. 14 (no. 11); p. 1-6

Publication Date: Nov 2021

Publication Type(s): Academic Journal

Available at [BMJ case reports](#) - from BMJ Journals

Available at [BMJ case reports](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: A 62-year old man attended accident and emergency in June 2020 with dense right sided weakness, aphasia and confusion. Investigations revealed a left middle cerebral artery infarct, and he was admitted under the stroke team for ongoing inpatient rehabilitation. He was discharged home in September 2020 and received community stroke rehabilitation from physiotherapy, nursing, occupational therapy and speech and language



therapy. He is now working towards a graded discharge from the Community Stroke and Neuro Rehab Team, after achieving his rehabilitation goals. In this case, the multidisciplinary team adopted different ways of working to accommodate the patients' priorities while also negotiating the COVID-19 pandemic. This included taking a transdisciplinary approach to rehabilitation and considering alternative supported self-management strategies. This case highlighted several learning points, particularly the potential benefits of shared goal setting for patients with communication difficulties and transdisciplinary approaches to community stroke rehabilitation.

Database: CINAHL

10. A systematic review of early speech interventions for children with cleft palate.

Author(s): Lane, Hannah; Harding, Sam; Wren, Yvonne

Source: International journal of language & communication disorders; Nov 2021

Publication Date: Nov 2021

Publication Type(s): Review Journal Article

PubMedID: 34767284

Available at [International journal of language & communication disorders](#) - from Wiley Online Library

Abstract:

BACKGROUND: Children with cleft palate with or without cleft lip (CP±L) are at high risk of problems with early speech sound production, and these difficulties can persist into later childhood. Early intervention could help to reduce the number of children whose problems become persistent. However, much research in the field to date has focused on older children. There is a need to determine if providing intervention during the phase of early typical speech development leads to better outcomes.

AIMS: To review the evidence for the effectiveness of interventions targeting speech, delivered in the first 3 years of life for children with CP±L, and discuss factors such as intervention type, facilitator, dosage, outcome measures and the age of the child.

METHODS & PROCEDURES: The systematic review was registered with PROSPERO (CRD42019121964). Eight bibliographic databases including CINAHL and MEDLINE were searched in August 2018. Studies were included if participants received speech and language interventions before 37 months and if they reported outcomes for speech. Two reviewers independently completed inclusion reviews, quality analysis and data extraction.

OUTCOME & RESULTS: The review included seven papers: one pilot randomized controlled trial, one controlled trial, four cohort studies and one case series report. Interventions largely took a naturalistic approach, namely focused stimulation and milieu teaching. The findings provide preliminary support for naturalistic interventions and suggest that these interventions can be delivered by parents with suitable training. Studies included in the review provided low-strength evidence with variation in both the type of intervention, the manner of delivery and in the risk of bias in the designs used.

CONCLUSIONS & IMPLICATIONS: The papers included in this review suggest that early naturalistic interventions can have positive impacts on the speech development of children with CP±L. However, the reported methodological quality of the publications overall was weak, and the current evidence lacks clarity and specificity in terms of therapy technique, delivery and optimum age of delivery. Future research should use more robust methodological designs to determine whether early speech interventions are beneficial for children born with CP±L.

WHAT THIS PAPER ADDS What is already known on the subject Children with CP±L show difficulties with early speech development and often have restricted speech sound inventories. They may reach the canonical babbling stage later than children without CP±L and studies have shown that 20% of children with CP±L have speech which is considered unintelligible or barely intelligible at age 5. It has been proposed that early intervention can lessen the impact of CP±L on speech development. However, currently, the evidence for early interventions for children with CP±L is limited, with the majority of studies focusing on children aged 3 years and older. What this paper adds to existing knowledge This paper reviews the evidence for different types of early interventions for speech provided to children born with CP±L and whether these interventions are effective in supporting speech sound development. In this review, early intervention is defined as intervention provided to children in the first 3 years of life. This review describes



intervention approaches and how they are delivered for this population. What are the potential or actual clinical implications of this work? In the UK, children born with CP±L and their families are supported by National Health Service (NHS) services over a 20-year period and speech and language therapy sessions may take place over many weeks and months. If providing early intervention in the first 3 years of life is effective, there is the potential for improved speech outcomes in early childhood and a reduced burden of care on children, families and services. This review considers the evidence for early speech intervention for children with CP±L in the first 3 years of life and identifies areas for future research.

Database: Medline

11. Postoperative speech impairment and surgical approach to posterior fossa tumours in children: a prospective European multicentre cohort study.

Author(s): Grønbaek, Jonathan Kjær; Wibroe, Morten; Toescu, Sebastian; Frič, Radek; Thomsen, Birthe Lykke; Møller, Lisbeth Nørgaard; Grillner, Pernilla; Gustavsson, Bengt; Mallucci, Conor; Aquilina, Kristian; Fellows, Greg Adam; Molinari, Emanuela; Hjort, Magnus Aasved; Westerholm-Ormio, Mia; Kiudeliene, Rosita; Mudra, Katalin; Hauser, Peter; van Baarsen, Kirsten; Hoving, Eelco; Zipfel, Julian; Nysom, Karsten; Schmiegelow, Kjeld; Sehested, Astrid; Juhler, Marianne; Mathiasen, René; CMS study group

Source: The Lancet. Child & adolescent health; Nov 2021; vol. 5 (no. 11); p. 814-824

Publication Date: Nov 2021

Publication Type(s): Journal Article Multicenter Study Research Support, Non-u.s. Gov't

PubMedID: 34624241

Abstract:

BACKGROUND: Brain tumours are the most common solid tumours in childhood. Half of these tumours occur in the posterior fossa, where surgical removal is complicated by the risk of cerebellar mutism syndrome, of which postoperative speech impairment (POSI) is a cardinal symptom, in up to 25% of patients. The surgical approach to midline tumours, mostly undertaken by transvermian or telovelar routes, has been proposed to influence the risk of POSI. We aimed to investigate the risk of developing POSI, the time course of its resolution, and its association with surgical approach and other clinical factors.

METHODS: In this observational prospective multicentre cohort study, we included children (aged <18 years) undergoing primary surgery for a posterior fossa tumour at 26 centres in nine European countries. Within 72 h of surgery, the operating neurosurgeon reported details on the tumour location, surgical approach used, duration of surgery, use of traction, and other predetermined factors, using a standardised surgical report form. At 2 weeks, 2 months, and 1 year after surgery, a follow-up questionnaire was filled out by a paediatrician or neurosurgeon, including neurological examination and assessment of speech. Speech was classified as mutism, reduced speech, or habitual speech. POSI was defined as either mutism or severely reduced speech. Ordinal logistic regression was used to analyse the risk of POSI.

FINDINGS: Between Aug 11, 2014, and Aug 24, 2020, we recruited 500 children. 426 (85%) patients underwent primary tumour surgery and had data available for further analysis. 192 (45%) patients were female, 234 (55%) patients were male, 81 (19%) patients were aged 0-2 years, 129 (30%) were aged 3-6 years, and 216 (51%) were aged 7-17 years. Of 376 with known postoperative speech status, 112 (30%) developed POSI, 53 (14%) developed mutism (median 1 day [IQR 0-2]; range 0-10 days), and 59 (16%) developed reduced speech after surgery (0 days [0-1]; 0-4 days). Mutually adjusted analyses indicated that the independent risk factors for development of POSI were younger age (linear spline, $p=0.0087$), tumour location (four levels, $p=0.0010$), and tumour histology (five levels, $p=0.0030$); surgical approach (six levels) was not a significant risk factor ($p=0.091$). Tumour location outside the fourth ventricle and brainstem had a lower risk of POSI (with fourth ventricle as reference, odds ratio (OR) for cerebellar vermis 0.34 [95% CI 0.14-0.77] and OR for cerebellar hemispheres 0.23 [0.07-0.70]). Compared with pilocytic or pilomyxoid astrocytoma, a higher risk of POSI was seen for medulloblastoma (OR 2.85 [1.47-5.60]) and atypical teratoid rhabdoid tumour (10.30 [2.10-54.45]). We did not find an increased risk of POSI for transvermian surgical approach compared with telovelar (0.89 [0.46-1.73]). Probability of speech improvement from mutism reached 50% around 16 days after mutism onset.



INTERPRETATION: Our data suggest that a midline tumour location, younger age, and high-grade tumour histology all increase the risk of speech impairment after posterior fossa tumour surgery. We found no evidence to recommend a preference for telovelar over transvermian surgical approach in the management of posterior fossa tumours in children in relation to the risk of developing POSI.

FUNDING: The Danish Childhood Cancer Foundation, the Swedish Childhood Cancer Foundation, the UK Brain Tumour Charity, the Danish Cancer Society, Det Kgl Kjøbenhavnske Skydeselskab og Danske Broderskab, the Danish Capitol Regions Research Fund, Dagmar Marshall Foundation, Rigshospitalet's Research Fund, and Brainstrust.

Database: Medline

12. Interpersonal Relationship Experiences in Adults Born With Cleft Lip and/or Palate: A Whole of Life Survey in the United Kingdom.

Author(s): Ardouin, Kenny; Hotton, Matt; Stock, Nicola Marie

Source: The Cleft palate-craniofacial journal : official publication of the American Cleft Palate-Craniofacial Association; Nov 2021; vol. 58 (no. 11); p. 1412-1421

Publication Date: Nov 2021

Publication Type(s): Journal Article Research Support, Non-u.s. Gov't

PubMedID: 33535806

Abstract:

OBJECTIVES: Previous research has suggested that adults with a cleft lip and/or palate (CL/P) may find their familial, friend, collegial, and/or romantic relationships impacted by their condition. Building on this prior work, this study examined the self-reported interpersonal experiences of a national sample of adults born with CL/P.

DESIGN: An online survey was designed by the Cleft Lip and Palate Association in collaboration with the Centre for Appearance Research. Data from 181 participants were included in the present study, collected between July and October 2018. Qualitative data were analyzed using inductive content analysis, while quantitative data were analyzed using descriptive statistics and independent t tests.

RESULTS: Most participants reported having good relationships with family members and existing friends with similar patterns of marriage as the general population. However, some experienced difficulties initiating new friendships and romantic relationships. Participants described bullying and discrimination in adulthood, most often in public settings and the workplace. Participants reported lower satisfaction with intimate relationships and less secure attachment compared to the general population. Concerns regarding the heritability of CL/P and its impact on the decision to have a family were also reported.

CONCLUSIONS: Individuals with CL/P are at risk of negative social experiences, which if not appropriately addressed may impact psychological well-being in adulthood. The findings illustrate the importance of routine psychosocial support from childhood onward to help individuals with CL/P build social skills, self-esteem, and social confidence and to develop mutually fulfilling friendships and intimate relationships. Additionally, societal campaigns to raise awareness and target discrimination may be helpful.

Database: Medline

13. Post-extubation dysphagia and dysphonia amongst adults with COVID-19 in the Republic of Ireland: A prospective multi-site observational cohort study.

Author(s): Regan, Julie; Walshe, Margaret; Lavan, Sarah; Horan, Eanna; Gillivan Murphy, Patricia; Healy, Anne; Langan, Caoimhe; Malherbe, Karen; Flynn Murphy, Breda; Cremin, Maria; Hilton, Denise; Cavaliere, Jenni; Whyte, Alice

Source: Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery; Nov 2021; vol. 46 (no. 6); p. 1290-1299

Publication Date: Nov 2021



Publication Type(s): Journal Article Multicenter Study Observational Study

PubMedID: 34197688

Available at [Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery](#) - from Wiley Online Library

Available at [Clinical otolaryngology : official journal of ENT-UK ; official journal of Netherlands Society for Oto-Rhino-Laryngology & Cervico-Facial Surgery](#) - from Unpaywall

Abstract:

OBJECTIVES: This study aims to (i) investigate post-extubation dysphagia and dysphonia amongst adults intubated with SARS-COV-2 (COVID-19) and referred to speech and language therapy (SLT) in acute hospitals across the Republic of Ireland (ROI) between March and June 2020; (ii) identify variables predictive of post-extubation oral intake status and dysphonia and (iii) establish SLT rehabilitation needs and services provided to this cohort.

DESIGN: A multi-site prospective observational cohort study.

PARTICIPANTS: One hundred adults with confirmed COVID-19 who were intubated across eleven acute hospital sites in ROI and who were referred to SLT services between March and June 2020 inclusive.

MAIN OUTCOME MEASURES: Oral intake status, level of diet modification and perceptual voice quality. **RESULTS** Based on initial SLT assessment, 90% required altered oral intake and 59% required tube feeding with 36% not allowed oral intake. Age (OR 1.064; 95% CI 1.018-1.112), proning (OR 3.671; 95% CI 1.128-11.943) and pre-existing respiratory disease (OR 5.863; 95% CI 1.521-11.599) were predictors of oral intake status post-extubation. Two-thirds (66%) presented with dysphonia post-extubation. Intubation injury (OR 10.471; 95% CI 1.060-103.466) and pre-existing respiratory disease (OR 24.196; 95% CI 1.609-363.78) were predictors of post-extubation voice quality. Thirty-seven per cent required dysphagia intervention post-extubation, whereas 20% needed intervention for voice. Dysphagia and dysphonia persisted in 27% and 37% cases, respectively, at hospital discharge.

DISCUSSION: Post-extubation dysphagia and dysphonia were prevalent amongst adults with COVID-19 across the ROI. Predictors included iatrogenic factors and underlying respiratory disease. Prompt evaluation and intervention is needed to minimise complications and inform rehabilitation planning.

Database: Medline

14. Feasibility, Acceptability and Limitations of Speech and Language Telerehabilitation during COVID-19 Lockdown: A Qualitative Research Study on Clinicians' Perspectives.

Author(s): Cacciante, Luisa; Cieřlik, Błażej; Rutkowski, Sebastian; Rutkowska, Anna; Kacperak, Katarzyna; Kuligowski, Tomasz; Kiper, Pawel

Source: Healthcare (Basel, Switzerland); Nov 2021; vol. 9 (no. 11)

Publication Date: Nov 2021

Publication Type(s): Journal Article

PubMedID: 34828549

Available at [Healthcare \(Basel, Switzerland\)](#) - from Europe PubMed Central - Open Access

Available at [Healthcare \(Basel, Switzerland\)](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract: The COVID-19 pandemic brought out the need to deliver health care services at a distance in the form of telerehabilitation (TR). This study aimed to analyse the Italian speech and language therapists' (SLTs) opinions on the feasibility of the TR in the field of speech-language therapy during the COVID-19 pandemic. We developed an anonymous survey to determine the SLTs' opinions on feasibility of TR during lockdown caused by COVID-19. We analysed the survey's answers provided by 136 SLTs. Cronbach's alpha coefficient showed good reliability of the survey. The SLTs working previously with TR showed better judgements regarding this method. The comparison analysis between TR and face-to-face treatment delivery showed statistically significant differences as follows: "importance" (4.35 vs. 3.32, $p = 0.001$), "feasibility" (3.37 vs. 2.11, $p < 0.001$), "alternative form" (3.64 vs. 2.58, $p = 0.001$) and "comparison" (2.24 vs. 1.69, $p < 0.001$), but not with "familiarity" ($p = 0.81$). The survey showed that most



of the Italian SLTs were not satisfied with TR systems. SLTs who used TR previously had a better opinion on this treatment modality. Experience and familiarity with TR systems were key factors for the use of this new rehabilitation modality.

Database: Medline

15. Barriers and facilitators: Clinicians' opinions and experiences of telehealth before and after their use of a telehealth platform for child language assessment.

Author(s): Sutherland, Rebecca; Hodge, Antoinette; Chan, Esther; Silove, Natalie

Source: International journal of language & communication disorders; Nov 2021; vol. 56 (no. 6); p. 1263-1277

Publication Date: Nov 2021

Publication Type(s): Journal Article Research Support, Non-u.s. Gov't

PubMedID: 34455670

Available at [International journal of language & communication disorders](#) - from Wiley Online Library

Abstract:

BACKGROUND: Despite emerging evidence of validity and reliability, speech and language therapists' (SLT) uptake of telehealth has been limited and barriers remain to the effective and confident use of this service model. The COVID-19 pandemic has caused significant disruption to essential health services, including speech and language therapy assessment and intervention, meaning that telehealth must now be considered as part of the suite of service delivery options for all clinicians.

AIMS: To explore the perceived barriers and facilitators of telehealth among community paediatric SLTs before and after their use of a telehealth platform with an embedded standardised assessment tool.

METHODS & PROCEDURES: Mixed-methods questionnaires were developed for this study and completed by SLTs before and after the 3-month trial of the telehealth platform. A total of 38 SLTs completed the pre-trial questionnaire and training in the use of telehealth platform (Coviu), including instruction in using a standardised, norm referenced language test as an integrated tool within the Coviu platform. A total of 27 SLTs went on to use the telehealth platform, and 25 of these completed the post-trial questionnaire on which subsequent qualitative and quantitative analysis was completed.

OUTCOMES & RESULTS: Prior to using the platform, perceived barriers included technology issues, limited clinician experience and concerns around parent acceptance of the service. Potential facilitators included access to appropriate platforms, tools and resources as well as increased clinician confidence with telehealth. Following the trial, barriers to telehealth use continued to include technology barriers, particularly internet stability, and client issues, including suitability for telehealth services. Facilitators for future telehealth use included access to appropriate platforms for telehealth, stable and appropriate internet connectivity, and more extensive telehealth resources for both assessment and intervention for this mode of service delivery.

CONCLUSIONS & IMPLICATIONS: This study provides insights into the perceptions of the barriers and facilitating factors for telehealth use among community-based SLTs. This information will be useful in developing strategies to promote uptake and effective and confident use of telehealth as a mode of service delivery beyond the pandemic.

WHAT THIS PAPER ADDS: What is already known on the subject Research about telehealth has shown that it is a reliable and valid way of delivering speech pathology services, yet many clinicians have been wary of its use and uptake of telehealth prior to COVID-19 had been limited. We wanted to know what SLTs thought about using telehealth before and after participating in a 3-month trial of a telehealth platform with an embedded formal language assessment. What this study adds to existing knowledge This study indicates that technology issues including internet stability are a barrier to effective telehealth services, but that appropriate telehealth platforms, resources and experience are facilitators of uptake and successful use of telehealth. What are the potential or actual clinical implications of this work? This information will be useful in developing strategies to promote uptake and effective and confident use of telehealth as a mode of service delivery for children during and beyond the pandemic, including those isolated by geographical or transport barriers.



Database: Medline

16. Challenges facing users of hearing aids during the COVID-19 pandemic.

Author(s): Alqudah ; Zaitoun, Maha; Alqudah, Ola; Alqudah, Sara; Alqudah, Zainab

Source: International Journal of Audiology; Oct 2021; vol. 60 (no. 10); p. 747-753

Publication Date: Oct 2021

Publication Type(s): Academic Journal

Available at [International journal of audiology](#) - from Unpaywall

Abstract: To explore the difficulties and obstacles of hearing-technology users during the coronavirus disease 2019 (COVID-19) pandemic. Descriptive, cross-sectional study. Individuals with permanent hearing loss ($n = 278$) answered a questionnaire designed to identify potential obstacles caused by using hearing aids during the COVID-19 pandemic, along with the reasons and deleterious effects associated with the devices. Each category reflected challenges in communicating, learning, and working during the pandemic. Different response categories were compared using descriptive and inferential statistics. The duration of daily device usage before the imposed lockdown was significantly higher than that during ($Z = -2.01$, $p < 0.05$), potentially attributable to the pandemic-induced difficulties faced by hearing-technology users. Such challenges include the shortage of batteries for hearing devices, limited access to repair or programming services of said devices and accessories, termination of speech therapy sessions, and obstacles to employment and education. Among audiologists, efficiency and professionalism are required to educate the public and private health sectors regarding the prevalent challenges and their harmful impact on hearing-technology users during the COVID-19 pandemic. To overcome these issues, awareness of telepractice and its importance in providing audiological services to hard of hearing individuals should be raised.

Database: CINAHL

17. Supporting Aided Augmentative and Alternative Communication Interventions for Individuals With Complex Communication Needs via Telepractice: A Tutorial.

Author(s): Simacek ; Wattanawongwan, Sanikan; Reichle, Joe; Hyppa-Martin, Jolene; Pierson, Lauren; Dimian, Adele F.

Source: Perspectives of the ASHA Special Interest Groups; Oct 2021; vol. 6 (no. 5); p. 1170-1181

Publication Date: Oct 2021

Publication Type(s): Academic Journal

Abstract:

Purpose: People who experience complex communication needs often benefit from interventions involving augmentative and alternative communication (AAC). However, barriers often prevent people from accessing high-quality AAC interventions. The COVID-19 pandemic likely further disrupted the onset or continuity of intervention. Furthermore, people with complex communication needs are typically at greater risk of experiencing health care disparities in general, particularly when people are culturally and linguistically diverse or reside in rural areas. Telepractice has supported the delivery of AAC interventions as an alternative model to replace or supplement in-person services during the pandemic. Considerations for how telepractice can continue to support intervention delivery to address barriers to access are discussed in this tutorial.

Method: We provide an overview of telepractice applications, guidance, and resources to support practitioners in developing and providing evidence-based AAC interventions via telepractice. We provide functional examples, sample questions, and practice resources (e.g., American Speech-Language-Hearing Association, National Telehealth Consortium). We describe intervention activities, discuss relevant literature, and address practice implications from our own research.

Results: We propose arrangements for initial planning for telepractice by the practitioner providing the intervention or consultation (for ease and clarity, this role is referred to as the "tele-provider"). We also discuss how to support



recipients of these services, which likely include the person who communicates using AAC as well as a family member/caregiver or direct support person who is in the same physical location and who facilitates intervention implementation (for ease and clarity, this individual is referred to as the eHelper).

Conclusions: Telepractice has been necessary for many practitioners to provide AAC intervention continuity when in-person services have been unavailable during the pandemic. As this need resolves, telepractice is an important consideration for future innovation in AAC intervention delivery for greater access to supports and services.

Database: CINAHL

18. A Systematic Review of Transcranial Direct Current Stimulation in Primary Progressive Aphasia: Methodological Considerations.

Author(s): Coemans ; Struys, Esli; Vandenborre, Dorien; Wilssens, Ineke; Engelborghs, Sebastiaan; Paquier, Philippe; Tsapkini, Kyrana; Keulen, Stefanie

Source: Frontiers in Aging Neuroscience; Oct 2021; vol. 13 ; p. 1-17

Publication Date: Oct 2021

Publication Type(s): Academic Journal

Available at [Frontiers in Aging Neuroscience](#) - from Europe PubMed Central - Open Access

Abstract: A variety of tDCS approaches has been used to investigate the potential of tDCS to improve language outcomes, or slow down the decay of language competences caused by Primary Progressive Aphasia (PPA). The employed stimulation protocols and study designs in PPA are generally speaking similar to those deployed in post-stroke aphasic populations. These two etiologies of aphasia however differ substantially in their pathophysiology, and for both conditions the optimal stimulation paradigm still needs to be established. A systematic review was done and after applying inclusion and exclusion criteria, 15 articles were analyzed focusing on differences and similarities across studies especially focusing on PPA patient characteristics (age, PPA variant, language background), tDCS stimulation protocols (intensity, frequency, combined therapy, electrode configuration) and study design as recent reviews and group outcomes for individual studies suggest tDCS is an effective tool to improve language outcomes, while methodological approach and patient characteristics are mentioned as moderators that may influence treatment effects. We found that studies of tDCS in PPA have clinical and methodological and heterogeneity regarding patient populations, stimulation protocols and study design. While positive group results are usually found irrespective of these differences, the magnitude, duration and generalization of these outcomes differ when comparing stimulation locations, and when results are stratified according to the clinical variant of PPA. We interpret the results of included studies in light of patient characteristics and methodological decisions. Further, we highlight the role neuroimaging can play in study protocols and interpreting results and make recommendations for future work.

Database: CINAHL

19. Core Outcome Set Use in Poststroke Aphasia Treatment Research: Examining Barriers and Facilitators to Implementation Using the Theoretical Domains Framework.

Author(s): Wallace ; Sullivan, Bridget; Rose, Tanya A.; Worrall, Linda; Le Dorze, Guylaine; Shrubsole, Kirstine

Source: Journal of Speech, Language & Hearing Research; Oct 2021; vol. 64 (no. 10); p. 3969-3982

Publication Date: Oct 2021

Publication Type(s): Academic Journal

Available at [Journal of Speech, Language, and Hearing Research](#) - from EBSCO (MEDLINE Complete)

Available at [Journal of Speech, Language, and Hearing Research](#) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at [Journal of Speech, Language, and Hearing Research](#) - from ProQuest (Health Research Premium) - NHS Version



Available at [Journal of Speech, Language, and Hearing Research](#) - from EBSCO (CINAHL with Full Text)

Abstract:

Purpose: A core outcome set (COS; an agreed minimum set of outcomes) was developed to address the heterogeneous measurement of outcomes in poststroke aphasia treatment research. Successful implementation of a COS requires change in individual and collective research behavior. We used the Theoretical Domains Framework (TDF) to understand the factors influencing researchers' use and nonuse of the Research Outcome Measurement in Aphasia (ROMA) COS.

Method: Aphasia trialists and highly published treatment researchers were identified from the Cochrane review of speech and language therapy for aphasia following stroke and through database searches. Participants completed a theory-informed online survey that explored factors influencing COS use. Data were analyzed using descriptive statistics and qualitative content analysis.

Results: Sixty-four aphasia researchers from 13 countries participated. Most participants (81%) were aware of the ROMA COS, and participants identified more facilitators than barriers to its use. The TDF domain with the highest agreement (i.e., facilitator) was "knowledge" (84% agree/strongly agree). Participants had knowledge of the measures included in the ROMA COS, their associated benefits, and the existing recommendations. The TDF domains with the least agreement (i.e., barriers) were "reinforcement" (34% agree/strongly agree); "social influences" (41% agree/strongly agree); "memory, attention, and decision processes" (45% agree/strongly agree); and "behavioral regulation" (49% agree/strongly agree). Hence, participants identified a lack of external incentives, collegial encouragement, and monitoring systems as barriers to using the ROMA COS. The suitability and availability of individual measurement instruments, as well as burden associated with collecting the COS, were also identified as reasons for nonuse.

Conclusions: Overall, participants were aware of the benefits of using the ROMA COS and believed that its implementation would improve research quality; however, incentives for routine implementation were reported to be lacking. Findings will guide future revisions of the ROMA COS and the development of theoretically informed implementation strategies. Supplemental Material: <https://doi.org/10.23641/asha.16528524>

Database: CINAHL

20. Making a Case for Studying Gender-Neutral Pronouns in Speech-Language Pathology.

Author(s): Shotwell ; Li Sheng

Source: Language, Speech & Hearing Services in Schools; Oct 2021; vol. 52 (no. 4); p. 1141-1145

Publication Date: Oct 2021

Publication Type(s): Academic Journal

Available at [Language, speech, and hearing services in schools](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [Language, speech, and hearing services in schools](#) - from EBSCO (CINAHL with Full Text)

Abstract:

Purpose: The purpose of this article is to review current policies and research in the field of speech-language pathology in regard to targeting gender-neutral pronouns in language therapy and propose further research on the topic.

Method: Official documents from the American Speech-Language-Hearing Association for the practice of speechlanguage pathology were searched for information about pediatric language therapy and ethical requirements of practice as they relate to targeting gender-neutral pronouns in treatment.

Conclusions: Based on the current standards, it is ethical and within the scope of practice for speech-language pathologists to target gender-neutral pronouns in language treatment. Research on the topic is needed to establish evidence-based practice guidelines. Recommendations are provided for potential research questions and methodologies.

Database: CINAHL



21. The Efficacy of the NHS Waterpipe in Superficial Hydration for People With Healthy Voices: Effects on Acoustic Voice Quality, Phonation Threshold Pressure and Subjective Sensations.

Author(s): Tattari, Niko; Forss, Milja; Laukkanen, Anne-Maria; Rantala, Leena; Finland, Tampere

Source: Journal of voice : official journal of the Voice Foundation; Oct 2021

Publication Date: Oct 2021

Publication Type(s): Journal Article

PubMedID: 34702612

Abstract:

OBJECTIVES: This study examined the efficacy of the NHS waterpipe as a superficial hydration treatment in voice production in healthy young women.

STUDY DESIGN: This is a prospective, single-blind, within- and between-subject experimental design.

METHODS: Thirty six female university students (mean age 24.6 years, range 19-45 years) were recruited to the study. Participants were randomized to two experimental groups (E1 and E2) and a control group. E1 underwent hydration treatment with the NHS waterpipe filled with 0.9% saline that was immersed in a cup of heated water. E2 underwent a similar treatment but without heated immersion. The control group received no treatment. Acoustic Voice Quality Index (AVQI v03.01) and its subparameters, phonation threshold pressure, self-perceived phonatory effort and sensation of throat dryness was measured at three time points (before the intervention and immediately and 15 minutes after it).

RESULTS: The Tilt of the AVQI's subparameters increased significantly in the E1 ($P = 0.027$) and E2 groups ($P = 0.027$) after the intervention. Furthermore, the E1 group had significantly lower harmonics-to-noise-ratio values at the third measurement point compared to the E2 group ($P = 0.023$). These findings may result from fluid transported to the vocal fold level. The sensations of throat dryness decreased in the E1 ($P = 0.001$) and E2 groups ($P < 0.0005$) after the intervention. Perceived phonatory effort decreased statistically significantly at the final measurement point in the E1 ($P = 0.002$) and E2 ($P = 0.031$) groups. No variables changed in the control group.

CONCLUSIONS: The waterpipe seems to be efficient in hydrating vocal folds on single use. It seems to be more efficient when employed with a hot water bath, albeit slightly impairing some acoustic values in the short term. Without the heated fluid, it still seems to decrease sensations of throat dryness and affect acoustic voice quality. The waterpipe does not seem to have an effect on phonation threshold pressure, and it seems to lower self-perceived effort just as efficiently whether the waterpipe is employed using a hot water bath or not. Further research is needed to prove the efficacy of long-term usage and usage with voice patients.

Database: Medline

22. Speech Outcomes of a National Cohort of Children with Orofacial Cleft at 5 and 10 Years of age.

Author(s): Morrison, Maeve M; Mason, Nicola T; Forde, Bryony L; Stone, Peter R; Fowler, Peter V; Thompson, John M D

Source: The Cleft palate-craniofacial journal : official publication of the American Cleft Palate-Craniofacial Association; Oct 2021 ; p. 10556656211044939

Publication Date: Oct 2021

Publication Type(s): Journal Article

PubMedID: 34672811

Abstract:

OBJECTIVE: To assess speech outcomes at five and ten years of age in a nationwide study of children with orofacial cleft.

DESIGN: Prospective study.



PARTICIPANTS: Children born with orofacial cleft and having primary surgery in New Zealand. Speech samples were available for 151 five-year-old, and 163 ten-year-old children.

MAIN OUTCOME MEASURES: Intelligibility, Acceptability, Velopharyngeal function, Hypernasality, Hyponasality, severity of airflow evaluated by perceptual speech assessment (using the standardised Rhinocleft assessment), and overall assessment of requirement for clinical intervention.

RESULTS: A large proportion of five-year-old children had speech that was considered to be not completely intelligible, was not acceptable, and had inadequate velopharyngeal function. The noted deficiencies led to a clinical judgement that further speech and/or surgical intervention was required in 85% with cleft lip and palate, 65% with cleft palate and 26% with cleft lip. The proportion of children with poor speech outcomes in the ten-year-old children was lower, though of clinical importance, further intervention required for 25% with CLP, 15% with CP and 3% with CL. The number of sound production errors in both age groups followed the same pattern with fewest in those with CL and most in those with CLP.

CONCLUSIONS: A significant proportion of children with orofacial cleft were found to have poor speech outcomes requiring further treatment. The outcomes are poor compared to centres reported in the UK and Scandinavia. New Zealand requires a review of the current services for individuals born with cleft to improve speech outcomes and interdisciplinary care.

Database: Medline

23. Assessment of minority language skills in English-Irish-speaking bilingual children: A survey of SLT perspectives and current practices.

Author(s): Mulgrew, Linda; Duffy, Orla; Kennedy, Lynda

Source: International journal of language & communication disorders; Oct 2021

Publication Date: Oct 2021

Publication Type(s): Journal Article

PubMedID: 34658115

Available at [International journal of language & communication disorders](#) - from Wiley Online Library

Abstract:

BACKGROUND: An increasing number of children in the UK and Ireland are growing up speaking more than one language. The many advantages of bilingualism are acknowledged; however, this increased linguistic diversity presents particular challenges for speech and language therapists (SLTs). The case is often more complex with speakers of minority languages such as Welsh and Irish, which are acquired almost exclusively in bilingual contexts. Lack of appropriate standardized assessments for bilinguals is a key issue for SLTs internationally; however, little is known about the practices, personal perspectives or wider challenges faced by SLTs in assessing minority language skills. We focus on SLTs working with English-Irish bilinguals across Northern Ireland (NI) and the Republic of Ireland (ROI) where status, use and exposure to Irish differ significantly.

AIMS: To investigate the perceptions and practices of SLTs in NI and the ROI in the assessment of bilingual English-Irish-speaking children.

METHODS & PROCEDURES: A 33-item online survey was distributed to SLTs working with children in community settings in NI and the ROI.

OUTCOMES & RESULTS: A total of 181 SLTs completed the survey. The majority of respondents had bilingual English-Irish-speaking children on their caseloads; however, less than one-quarter had assessed Irish language skills. Responses indicate confusion as to whether best-practice guidelines applied in this particular context where the majority of speakers have English as their first language and limited domains of exposure to Irish outside of the education system. Resources available to assess Irish language skills were found to be limited. Informal analysis of language samples emerged as the most popular assessment tool. SLTs in the ROI had a significantly higher level of competence in the Irish language than SLTs in NI. This reduced the challenge of assessment. Many SLTs reported



scoring assessments standardized on monolingual populations when assessing English language skills in bilingual English-Irish-speaking children.

CONCLUSIONS & IMPLICATIONS: Our findings highlight the challenges faced by SLTs in meeting best-practice guidelines in the assessment of speakers of minority languages such as Irish. Further work is needed to ensure clinicians and other professionals have access to information and enhanced training on bilingual language acquisition in minority language contexts and implications for assessment and diagnosis. This study underlines the need for further research on the acquisition of minority languages as well as the development of alternative assessment tools to assist SLTs in meeting the needs of this population.

WHAT THIS PAPER ADDS: What is already known on the subject Existing research indicates that SLTs face challenges in assessing bilingual clients. Lack of assessment resources is a global issue, particularly with respect to minority languages. Emerging research indicates that SLTs and other professionals are dissatisfied with current resources for assessing Irish-speaking bilinguals and are struggling to meet best-practice guidelines. What this paper adds to existing knowledge The status of the Irish language differs significantly between NI and the ROI, while English is the dominant language in both areas. This study provides the first exploration of current assessment practices for bilingual English-Irish-speaking children as reported by SLTs across both regions. The challenges of assessing bilingual clients in many other countries are mirrored by SLTs in NI and the ROI. The majority of children acquiring Irish are doing so in a specific context: the immersion education setting. This raises uncertainty for SLTs about whether the definition of bilingualism actually applies. Despite clinicians and clients sharing the same majority language, the complexity of minority language assessment remains. What are the potential or actual clinical implications of this work? SLTs require specific support and resources to help them meet the assessment needs of bilingual English-Irish-speaking children. Ongoing education and training are required for clinicians and other professionals to facilitate understanding of the complexities surrounding bilingual speakers of minority languages and the application of best-practice guidelines. A greater understanding of the context in which children are acquiring Irish and the impact this may have on their acquisition of English would further support clinicians in identifying speech, language and communication needs in this population.

Database: Medline

24. Dysphagia, Dysphonia, and Dysarthria Outcomes Among Adults Hospitalized With COVID-19 Across Ireland.

Author(s): Regan, Julie; Walshe, Margaret; Lavan, Sarah; Horan, Eanna; Murphy, Patricia Gillivan; Healy, Anne; Langan, Caoimhe; Malherbe, Karen; Murphy, Breda Flynn; Cremin, Maria; Hilton, Denise; Cavaliere, Jenni; Curley, Jacinta; Moloney, Andrea; Flanagan, Grace; Whyte, Alice

Source: The Laryngoscope; Oct 2021

Publication Date: Oct 2021

Publication Type(s): Journal Article

PubMedID: 34622966

Available at [The Laryngoscope](#) - from Wiley Online Library

Abstract:

OBJECTIVE: To investigate the presence, degree, predictors, and trajectory of dysphagia, dysphonia, and dysarthria among adults hospitalized with COVID-19 across the Republic of Ireland (ROI) during the first wave of the pandemic.

STUDY DESIGN: Prospective observational cohort study.

METHODS: Adults with confirmed COVID-19 who were admitted into 14 participating acute hospitals across ROI and referred to speech and language therapy between March 1st and June 30th, 2020 were recruited. Outcomes obtained at initial SLT evaluation and at discharge were oral intake status (Functional Oral Intake Scale), perceptual voice quality (GRBAS), and global dysarthria rating (Dysarthria Severity Scale).

RESULTS: Data from 315 adults were analyzed. At initial SLT assessment, 84% required modified oral diets, and 31% required tube feeding. There were high rates of dysphonia (42%) and dysarthria (23%). History of intubation (OR 19.959, 95% CI 6.272, 63.513; P = .000), COVID-19 neurological manifestations (OR 3.592, 95% CI 1.733, 7.445; P = .001), and age (OR 1.034; 95% CI 1.002, 1.066; P = .036) were predictive of oral intake status. History of



intubation was predictive of voice quality (OR 4.250, 95% CI 1.838, 9.827; P = .001) and COVID-19 neurological manifestations were predictive of dysarthria (OR 2.275; 95% CI 1.162, 4.456; P = .017). At discharge, there were significant improvements in oral intake (Z = -7.971; P = .000), voice quality (Z = -5.971; P = .000), and dysarthria severity (Z = -2.619; P = .009), although need for modified oral intake (59%), dysphonia (23%), and dysarthria (14%) persisted.

CONCLUSION: Dysphagia, dysphonia, and dysarthria were widespread among adults hospitalized with COVID-19 and they persisted for many at discharge. Prompt SLT evaluation is required to minimize complications. **LEVEL OF EVIDENCE** 3 Laryngoscope, 2021.

Database: Medline

25. Therapist-supported online remote behavioural intervention for tics in children and adolescents in England (ORBIT): a multicentre, parallel group, single-blind, randomised controlled trial.

Author(s): Hollis, Chris; Hall, Charlotte L; Jones, Rebecca; Marston, Louise; Novere, Marie Le; Hunter, Rachael; Brown, Beverley J; Sanderson, Charlotte; Andr n, Per; Bennett, Sophie D; Chamberlain, Liam R; Davies, E Bethan; Evans, Amber; Kouzoupi, Natalia; McKenzie, Caitlin; Heyman, Isobel; Khan, Kareem; Kilgarriff, Joseph; Glazebrook, Cristine; Mataix-Cols, David; Murphy, Tara; Serlachius, Eva; Murray, Elizabeth

Source: The lancet. Psychiatry; Oct 2021; vol. 8 (no. 10); p. 871-882

Publication Date: Oct 2021

Publication Type(s): Journal Article Multicenter Study Research Support, Non-u.s. Gov't Randomized Controlled Trial

PubMedID: 34480868

Abstract:

BACKGROUND: Exposure and Response Prevention (ERP) is a form of behavioural therapy for tics; however, its effectiveness remains uncertain. We aimed to evaluate the effectiveness of internet-delivered, therapist-supported, and parent-assisted ERP for treatment of tics in children and young people with Tourette syndrome or chronic tic disorder.

METHODS: This multicentre, parallel group, single-blind, randomised controlled trial was conducted across two study sites in England. Participants were recruited via 16 patient identification centres, two study sites in England (Nottingham and London), or online self-referral. Eligible participants were aged 9-17 years, had Tourette syndrome or chronic tic disorder, had not received behavioural therapy for tics in the past 12 months or were about to start, and had a Yale Global Tic Severity Scale (YGTSS) Total Tic Severity Score (TTSS) of more than 15 or more than 10 if they had only motor or vocal tics. Patients were excluded if they had started or stopped medication for tics within the past 2 months; had current alcohol or substance dependence, psychosis, suicidality, anorexia nervosa, or suspected moderate to severe intellectual disability; or presented an immediate risk to self or others; or the parent or carer was unable to speak, read, or write in English. Eligible patients were randomly assigned (1:1) by masked outcome assessors to receive 10 weeks of online, remotely delivered, therapist-supported ERP or psychoeducation (active control). Outcome assessors, statisticians, health economists, the trial manager, and the chief investigator were masked to group allocation. Patients were not directly informed of their allocation, but this could be established from the content once treatment commenced and the patients were not, therefore, considered masked to treatment. The primary outcome was YGTSS-TTSS 3 months after randomisation, and analysis was done in all randomised patients for whom data were available for each timepoint and outcome. Safety analysis was by intention to treat. Longer term follow-up is ongoing. This trial is registered with ISRCTN (ISRCTN70758207) and ClinicalTrials.gov (NCT03483493).

FINDINGS: Between May 8, 2018, and Sept 30, 2019, we assessed 445 candidates for inclusion in the study. 221 potential participants were excluded (90 did not meet inclusion criteria, 84 declined to participate, and 47 unable to contact family). 224 participants were enrolled and randomly assigned to ERP (n=112) or psychoeducation (n=112). The enrolled patients were mostly male (n=177; 79%) and of White ethnicity (n=195; 87%). 11 patients were lost to follow-up 3 months after randomisation in the ERP group, compared with 12 patients in the psychoeducation group. Mean YGTSS-TTSS at 3 months after randomisation was 23.9 (SD 8.2) in the ERP group and 26.8 (7.3) in the



psychoeducation group. The mean total decrease in YGTSS-TTSS at 3 months was 4.5 (16%, SD 1.1) in the ERP group versus 1.6 (6%, 1.0) in the psychoeducation group. The estimated mean difference in YGTSS-TTSS change between the groups adjusted for baseline and site was -2.29 points (95% CI -3.86 to -0.71) in favour of ERP, with an effect size of -0.31 (95% CI -0.52 to -0.10). Two serious adverse events occurred (one collapse and one tic attack), both in the psychoeducation group, neither of which were related to study treatment.

INTERPRETATION: ERP is an effective behavioural therapy for tics. Remotely delivered, online ERP with minimal therapist contact time represents an efficient public mental health approach to improve access to behavioural therapy for tics in children and adolescents.

FUNDING: National Institute for Health Research and Health and Technology Assessment.

Database: Medline

26. The impact of hearing loss on speech outcomes in 5-year-old children with cleft palate ± lip: A longitudinal cohort study.

Author(s): Fitzpatrick, Beth; Panagamuwa, Channa; Moss Levy, Leora; Rihtman, Tanya

Source: International journal of pediatric otorhinolaryngology; Oct 2021; vol. 149 ; p. 110870

Publication Date: Oct 2021

Publication Type(s): Journal Article

PubMedID: 34385041

Abstract:

OBJECTIVES: To investigate the impact of hearing loss (using longitudinal measurements of hearing) on speech outcomes at age 5 (5 years 0 months-5 years 11 months) in children born with cleft palate ± lip. Other variables which may impact upon the speech outcomes at age 5 in this population were also investigated.

METHODS: A retrospective longitudinal cohort study of children, without a named syndrome, born with cleft palate ± lip, and treated at a Cleft Centre in the United Kingdom. Data collected from infancy to 5 years 11 months, included hearing test results from three specific time points (7 months-1 year 2 months [age A]; 2 years 0 months-2 years 11 months [age B]; 5 years 0 months-5 years 11 months [age C]) and speech outcome data at age 5 years (5 years 0 months-5 years 11 months). Hearing test results at each age were compared to identify how hearing changes with age. Correlations between hearing test results and speech outcomes at age 5 were analysed.

RESULTS: Hearing loss was frequent but predominantly mild. There were no significant correlations between speech outcomes and hearing results at any age. Mild hearing loss remained prevalent at age 5, although a significant age-related hearing improvement was found. A significant relationship between cleft type and cleft speech characteristics was found ($P < .001$); children with Bilateral Cleft Lip and Palate achieved the poorest articulation outcomes.

CONCLUSION: Although mild hearing loss was common in the cohort, there was no association between hearing loss and the speech outcomes investigated. In contrast, the type of cleft was significantly associated with the presence of cleft speech characteristics. Further longitudinal measurement of hearing is required to substantiate the findings of this study.

Database: Medline

27. Developing a tool-kit for the assessment of autism spectrum disorder for children under 5 years

Author(s): Jonathan S.; Watson L.

Source: Archives of Disease in Childhood; Oct 2021; vol. 106

Publication Date: Oct 2021

Publication Type(s): Conference Abstract

Available at [Archives of Disease in Childhood](#) - from BMJ Journals



Abstract:

Background: Before the coronavirus pandemic, children who were on the Early Years Neurodevelopment (EYND) assessment pathway and suspected to have possible Autism Spectrum Disorder, received clinic based appointments. This process included a parental interview by a doctor, a specialist speech and language therapy assessment, an autism diagnostic observation schedule (ADOS) and a feedback clinic slot. All were carried out on hospital sites. These were postponed in March following national guidance. The ADOS which is the gold standard assessment for Autism Spectrum disorder is invalid if delivered when a mask is worn. Alternative methods of assessment had to be explored. Objectives Our aim was to continue providing a comprehensive evidence-based service for Autism Spectrum Disorder diagnosis. We devised a diagnostic toolkit for the assessment of Autism Spectrum disorder for children of 5years and under which is valid for use during the current global pandemic. It brings telehealth to the forefront alongside patient involvement and coproduction. This toolkit results in more prudent healthcare. Methods We utilised evidence-based telehealth methods to perform a specialist speech and language assessment in a child's home via video call. Parents were invited to share videos of everyday activities via a secure portal. We could observe the child in a meaningful setting and witness functional impact of their needs. Each case was discussed by a multi-agency panel based on DSM-V criteria. Online training was undertaken by professionals to deliver in clinic the Brief Observation of Autism Symptoms (BOSA) based on the ADOS for covid times. Our clinic room facilities were made fit for purpose to observe assessments by video and audio through an observation window. Equipment was acquired. Parents were coached by the therapist to enable them to become the administrator. The patient journey was revised based on their need. Administrative processes have been streamlined with improved communication to parents who are now supported by specialist health visitors while their children are waiting to complete their assessment. Results Telephonic feedback from the first ten parents whose children underwent a telehealth assessment has been positive; the home was deemed more natural and for some less distressing than clinic. Evidence to reach a diagnosis of Autism Spectrum Disorder was achieved in seven children out of a sample of eighteen children who underwent a specialist speech and language telehealth assessment. The other eleven children went on to have a BOSA clinic appointment. Of data collected thus far, eighty- six percent of parents were satisfied with their child's telehealth assessment. We have been able to reach an outcome for fifty- three children in the BOSA clinic of which forty-seven fulfilled criteria for a diagnosis of Autism Spectrum Disorder. Surveys from patients indicated that eighty percent agreed with the professionals' outcome. Conclusions Our ASD tool-kit and revised pathway have resulted in more prudent healthcare, reducing the number of assessments and footfall to the hospital sites. We have reduced variation and inequity. We have increased coproduction with parents by utilising telehealth and coaching parents. We have achieved increased patient satisfaction and improved our patients' experience and outcomes.

Database: EMBASE

28. Scoping opinion: Speech and language therapists' views on extending their role to the urgent ear, nose and throat pathway.

Author(s): Occomore-Kent ; Hatch, Ellie; Cruice, Madeline

Source: International Journal of Language & Communication Disorders; Sep 2021; vol. 56 (no. 5); p. 975-988

Publication Date: Sep 2021

Publication Type(s): Academic Journal

Available at [International journal of language & communication disorders](#) - from Wiley Online Library

Available at [International journal of language & communication disorders](#) - from Unpaywall

Abstract:

Background: In the UK, there is increasing pressure on ear, nose and throat (ENT) clinicians and departments, which is anticipated to amplify in the coming months and years due to the coronavirus disease 2019 pandemic and other workforce pressures. In the context of a national drive to advance practice of Allied Health Professionals to address some key challenges facing the National Health Service, we explored whether UK speech and language therapists (SLTs) felt it is possible to utilize and extend their existing skills to patients on the urgent 2-week wait (2ww) ENT pathway. Aims: To explore SLTs' views of extending their role to work with patients referred on the ENT 2ww pathway.



Methods&Procedures: Two separate focus groups were conducted using nominal group technique to generate and rank benefits and challenges of the proposed extension of role. Participants were invited to take part through Clinical Excellence Networks relevant to head and neck cancer and voice sub-specialties. Participants were competent in performing nasendoscopy in at least a highly specialist role in voice or head and neck subspecialties.

Outcomes & Results: Nine SLTs from England, Wales and Northern Ireland attended two focus groups. All were employed in band 8 roles in head and neck and/or voice. Eight were competent to Royal College of Speech and Language Therapists' scoping level 3. Important benefits of the proposed novel service delivery model were generated and ranked by participants, with both groups identifying improved quality and efficiency of service for patients among the most important. Disadvantages were then generated and ranked across the two groups with potential for misdiagnosis ranked as the most important by both.

Conclusions & Implications: Participants responded that extending the SLT role into assessment of 2ww patients would provide benefits for quality of care, healthcare efficiency and the SLT workforce. The identified disadvantages require addressing if the proposed SLT-led model of service delivery is piloted in the UK. These include practical matters such as referral and prescribing rights, alongside wider implications such as support, governance, indemnity, acknowledgement and remuneration for the extended role. Nationally agreed competencies and training for the role are required if this model is to be successful.

Database: CINAHL

29. Making the case for the collection of a minimal dataset for children with speech sound disorder.

Author(s): Morgan ; Overton, Sarah; Bates, Sally; Titterington, Jill; Wren, Yvonne

Source: International Journal of Language & Communication Disorders; Sep 2021; vol. 56 (no. 5); p. 1097-1107

Publication Date: Sep 2021

Publication Type(s): Academic Journal

Available at [International Journal of Language & Communication Disorders](#) - from Wiley Online Library

Abstract:

Background: NHS case note data are a potential source of practice-based evidence which could be used to investigate the effectiveness of different interventions for individuals with a range of speech, language and communication needs. Consistency in pre- and post-intervention data as well as the collection of relevant variables would need to be demonstrated as a precursor to adopting this approach in future investigations of speech and language therapy intervention.

Aims: To explore whether routine clinical data collection for children with speech sound disorder (SSD) could be a potential source for examining the effectiveness of intervention(s).

Methods & Procedures: We examined case notes from three UK NHS services, reviewing 174 sets of case notes and 234 blocks of therapy provided for school-age children with SSD.

Main contribution: We found there was significant variation in pre- and postintervention data and variables collected by the services. The assessment data available in the case notes across all sites were insufficient to be used to compare the effectiveness of different interventions. Specific issues included lack of consistent reporting of pre- and post-intervention data, and use of a variety of both formal and informal assessment tools.

Conclusions & Implications: The case notes reviewed were from three sites and may not represent wider clinical practice, nevertheless the findings suggest the sample explored indicates the need for more consistent and contemporaneous collection of data for children with SSD to facilitate the investigation of different interventions in practice. Researchers should work with the clinical community to determine a minimal dataset that includes a core outcome set and potential variables. This should be feasible to collect in clinical practice and provide a dataset for future investigations of clinically relevant research questions. This would provide an invaluable resource to the clinical academic and research communities enabling research questions to be addressed that have the potential to lead to improved outcomes and more cost-effective services.

Database: CINAHL



30. Voice Therapy in the Context of the COVID-19 Pandemic: Guidelines for Clinical Practice.

Author(s): Castillo-Allendes ; Contreras-Ruston, Francisco; Cantor-Cutiva, Lady Catherine; Codino, Juliana; Guzman, Marco; Malebran, Celina; Manzano, Carlos; Pavez, Axel; Vaiano, Thays; Wilder, Fabiana; Behlau, Mara

Source: Journal of Voice; Sep 2021; vol. 35 (no. 5); p. 717-727

Publication Date: Sep 2021

Publication Type(s): Academic Journal

Available at [Journal of voice : official journal of the Voice Foundation](#) - from Unpaywall

Abstract: Since the beginning of the new pandemic, COVID-19 health services have had to face a new scenario. Voice therapy faces a double challenge, interventions using telepractice, and delivering rehabilitation services to a growing population of patients at risk of functional impairment related to the COVID-19 disease. Moreover, as COVID-19 is transmitted through droplets, it is critical to understand how to mitigate these risks during assessment and treatment. To promote safety, and effective clinical practice to voice assessment and rehabilitation in the pandemic COVID-19 context for speech-language pathologists. A group of 11 experts in voice and swallowing disorders from five different countries conducted a consensus recommendation following the American Academy of Otolaryngology-Head and Neck Surgery rules building a clinical guide for speech-language pathologists during this pandemic context. The clinical guide provides 65 recommendations for clinicians in the management of voice disorders during the pandemic and includes advice from assessment, direct treatment, telepractice, and teamwork. The consensus was reached 95% for all topics. This guideline should be taken only as recommendation; each clinician must attempt to mitigate the risk of infection and achieve the best therapeutic results taking into account the patient's particular reality.

Database: CINAHL

31. Treatment for improving discourse in aphasia: a systematic review and synthesis of the evidence base.

Author(s): Dipper ; Marshall, Jane; Boyle, Mary; Botting, Nicola; Hersh, Deborah; Pritchard, Madeleine; Cruice, Madeline

Source: Aphasiology; Sep 2021; vol. 35 (no. 9); p. 1125-1167

Publication Date: Sep 2021

Publication Type(s): Academic Journal

Available at [Aphasiology](#) - from Unpaywall

Abstract:

Background: Improved discourse production is a priority for all key stakeholders in aphasia rehabilitation. A Cochrane review of randomised controlled trials (RCTs) for aphasia found speech and language therapy treatment to be effective for improving the ability to communicate in everyday interaction. However, this large-scale review did not focus exclusively on treatment for discourse production and did not include other treatment research designs. Thus, the extent of the evidence base addressing discourse interventions is currently unclear.

Objective: The present study undertakes the first systematic review of research on treatment for discourse production in aphasia, appraises the quality of the evidence base; characterises the methods for measuring outcomes; and describes discourse treatment in terms of both content and efficacy.

Design: Scopus, Medline, and EmBase databases were searched, providing 334 records. Twenty-five studies (reporting on 127 participants) met inclusion criteria and were reviewed with the following research questions: What is the quality of the study designs used? How complete is the intervention reporting? What is the range, type, and content of outcome measures used? What is the range, type, and content of discourse treatments reported to date? Are discourse treatments efficacious?

Results: Seven of the 25 studies met the criteria for quality review, with 3 RCTs scoring moderately well and 3 (of 4) case studies scoring moderate-low. Most studies had adequate levels of completeness of treatment reporting, with 3



scoring highly. There were 514 different outcome measures reported across the 25 studies, with measures of words-in-discourse the most common. Studies were grouped into six treatment categories: "word production in discourse", "sentence production in discourse", "discourse macrostructure", "discourse scripts", "multi-level", and "no consensus". Twenty-two studies reported post-treatment gains, most commonly noted in increased word production. Changes in sentence production and discourse macrostructure were present but infrequently assessed.

Conclusions: Discourse treatment is an emerging field of research. Despite limitations in the evidence base, there are clear positive signs that discourse treatment is efficacious. There is emerging evidence for beneficial effects on word and sentence production in discourse, for improved discourse macrostructure, and for treatments working at multiple levels of language. To strengthen the evidence in this field and improve outcomes for people with aphasia, we need more discourse treatment research using an explicit theoretical rationale, high-quality study designs, more complete reporting, and agreed treatment and assessment methods.

Database: CINAHL

32. Melodic intonation therapy may improve repetition in non-fluent aphasia after stroke...Yuka H, Satoshi Y, Keiichi K, et al. Music intonation therapy is effective for speech output in a patient with non-fluent aphasia in a chronic stage. *Psychogeriatrics*. 2021; v.21 n.3, 430-433.

Author(s): Huang ; Wang, Ya-Hui; Hou, Wen-Hsuan; Kang, Yi-No

Source: *Psychogeriatrics*; Sep 2021; vol. 21 (no. 5); p. 850-851

Publication Date: Sep 2021

Publication Type(s): Academic Journal

Available at [Psychogeriatrics : the official journal of the Japanese Psychogeriatric Society](#) - from Wiley Online Library

Abstract: In the article, the authors present their study using randomized controlled trials (RCT) data to examine the effectiveness of music intonation therapy (MIT) in patients with chronic stage non-fluent aphasia who suffered a stroke. Based on the results, MIT could improve speech output in said patients. Also cited are the methods used in the study like the random-effects model and the Knapp-Hartung approach.

Database: CINAHL

33. Speech and language therapy service provision in spinal injury units compared to major trauma centres in England: Are services matched?

Author(s): McRae, Jackie; Hayton, Jennifer; Smith, Christina

Source: *International journal of language & communication disorders*; Sep 2021

Publication Date: Sep 2021

Publication Type(s): Journal Article

PubMedID: 34510665

Available at [International journal of language & communication disorders](#) - from Wiley Online Library

Abstract:

BACKGROUND: National UK guidance makes recommendations for speech and language therapy staffing levels in critical care and rehabilitation settings. Traumatic spinal cord injury patients often require admission primarily to critical care services within a major trauma centre prior to transfer to a specialist spinal injury unit but may not receive similar levels of care. Dysphagia and communication difficulties are recognised features of cervical spinal cord injury; however, little is known about access to speech and language therapy services to provide rehabilitation and improve outcomes.

AIMS: The aim of this study was to compare the workforce and clinical practices of speech and language therapy services in eight spinal injury units and four major trauma centres in England through an online survey.



METHODS & PROCEDURES: An online survey was created with 26 multiple-choice questions across seven sub-sections, with options for free-text comments. These were sent to a named speech and language therapy contact at each of the specified units. Responses were uploaded into Excel for analyses, which included descriptive statistics and analysis of themes.

OUTCOMES & RESULTS: Responses were received from 92% (11/12) speech and language therapy services invited, which included seven out of eight spinal injury units and all four major trauma centres. No units met national staffing recommendations. Staff in spinal injury units provided an average of 27 h per week input to the unit compared to 80 h in a major trauma centre. Despite caseload variations, speech and language range of therapy involvement and prioritisation process were equivalent. Access to instrumental assessment varied, with less use of Fibreoptic Endoscopic Evaluation of Swallowing in spinal injury units despite its clinical value to the spinal cord injury caseload.

CONCLUSIONS & IMPLICATIONS: Speech and language therapy services delivering post-acute and long-term rehabilitation to spinal cord injury patients are limited by their resources and capacity, which restricts the level of therapy delivered to patients. This may have an impact on clinical outcomes for communication and swallowing impairments. Further evidence is needed of the interventions delivered by speech and language therapists and outcomes will be beneficial alongside benchmarking similar services.

WHAT THIS PAPER ADDS: What is already known on this subject In England, people who sustain a spinal cord injury are admitted to a major trauma centre prior to transfer to a specialist spinal injury unit. Dysphagia and communication impairments are recognised as a complication of cervical spinal cord injury and benefit from speech and language therapy intervention. National recommendations exist for staffing levels, expertise and competencies for speech and language therapists working in critical care and rehabilitation units. What this study adds This study identified variations in the levels of speech and language therapy staffing, seniority, service delivery and access to instrumental assessments for dysphagia between major trauma centres and spinal injury units. None of the services complied with national staffing recommendations. Clinical implications of this study Speech and language therapy services in spinal injury units are often available part-time or have limited access to diagnostic tools which limits the range and intensity of rehabilitation input available. This has clinical implications for outcomes for swallowing and communication as well as long-term consequences for integrating back into community.

Database: Medline

34. Exploring the relationship between conductive hearing loss and cleft speech characteristics in children born with cleft palate.

Author(s): Baker, Sharon; Wren, Yvonne; Zhao, Fei; Cooper, Francesca

Source: International journal of pediatric otorhinolaryngology; Sep 2021; vol. 148 ; p. 110820

Publication Date: Sep 2021

Publication Type(s): Journal Article

PubMedID: 34218052

Abstract:

BACKGROUND: Children with cleft palate are at high risk of both conductive hearing loss and cleft speech characteristics (CSCs) yet there is limited research to understand whether hearing loss impacts speech development in this population by contributing to the development of CSCs.

AIMS: This study used data from a large national cohort study in the UK (The Cleft Collective) to explore the relationship between those with a history of diagnosed hearing loss and presence of CSCs in children with cleft palate (+/- cleft lip) aged between 18 and 24 months.

METHOD: Speech and Language Therapists (SLTs) provided uniformed information from assessment for 123 participants who had been recruited to the Cleft Collective study. History of diagnosed hearing loss, intervention for hearing loss, and presence of CSCs were reported. A consonant inventory for each participant was completed. Statistical analysis of relationships between hearing loss and CSCs and analysis of consonant inventories was undertaken to provide information related to speech acquisition and its relationship with hearing.



RESULTS: There was a statistically significant relationship between history of diagnosed hearing loss and presence of CSCs ($p < 0.05$). Analysis of the consonant inventories highlighted that children with diagnosed hearing loss used fewer oral consonants compared to those with normal hearing ($p < 0.05$) **CONCLUSION:** This study provides some evidence that a conductive hearing loss can affect speech in children with cleft palate resulting in CSCs developing. Therefore, children with cleft palate should be closely monitored by audiology from birth to ensure that hearing is optimised for speech and language development. SLT services should also closely monitor the speech development of those children where a hearing loss has been identified, so that early intervention can be provided if appropriate. Continued data collection, with a large sample of children, will provide additional evidence regarding how this hearing loss is best managed. It will also allow increased knowledge of the long term impact of conductive hearing loss on speech development in children with cleft palate.

Database: Medline

35. Whispers, echoes, friends and fears: forms and functions of voice-hearing in adolescence.

Author(s): Parry, Sarah; Varese, Filippo

Source: Child and adolescent mental health; Sep 2021; vol. 26 (no. 3); p. 195-203

Publication Date: Sep 2021

Publication Type(s): Journal Article Research Support, Non-u.s. Gov't

PubMedID: 32652853

Available at [Child and adolescent mental health](#) - from Wiley Online Library

Available at [Child and adolescent mental health](#) - from Unpaywall

Abstract:

BACKGROUND: Despite the high prevalence of voice-hearing in childhood, research with adolescents aged under 16 years is scarce. Theoretical connections between clinical and developmental conceptualizations of voice-hearing are limited, resulting in missed opportunities to explore unusual sensory experiences with young people.

METHODS: Demographic, contextual and qualitative data were collected through a web-based survey with 68 adolescents ($M = 14.91$; $SD = 2.77$) from Australia, Canada, Ireland, New Zealand, Spain, the United Kingdom and United States of America. A Foucauldian-informed narrative analysis captured phenomenologically meaningful individual accounts and systemically informed narratives. Analytic layers attended specifically to the form and function of voices, including relational, protective, distressing and nuanced experiences, offering new insights into individual, systemic and cultural interpretative narratives surrounding voice-hearing to inform research, policy and tailored support.

RESULTS: The average self-reported age of onset of voices was 9 years, 5 months. Reciprocal relationships with pleasant voices were evidenced through the narratives and characterization of voices, while distressing voices were described without reciprocity and the voices held greater power over the young person. Positive aspects of negative voices were discussed and are illustrated with a continuum matrix reflecting interpretation and related affect.

CONCLUSIONS: Voice-hearing is a heterogeneous and often complex relational experience for young people, with structural inequalities, relational traumas and social isolation attributed causes of voice-hearing. Developing personal meaning-making mitigated voice-related distress through contextualizing the origin of the voices in past experiences, without attribution to mental illness. Recommendations are proposed for assessment, formulation and relational interventions that recognize the potential impact of the voice-child-other relationship upon psychosocial functioning and wellbeing.

Database: Medline

36. Dysphagic disorder in a cohort of COVID-19 patients: Evaluation and evolution.

Author(s): Ceruti, Samuele; Glotta, Andrea; Galli, Anna; Biggiogero, Maira; Bona, Giovanni; Mauri, Romano; Saporito, Andrea; Capdevila, Xavier



Source: Annals of medicine and surgery (2012); Sep 2021; vol. 69 ; p. 102837

Publication Date: Sep 2021

Publication Type(s): Journal Article

PubMedID: 34512968

Available at [Annals of medicine and surgery \(2012\)](#) - from Europe PubMed Central - Open Access

Abstract:

Background: COVID-19 is a multisystem disease complicated by respiratory failure requiring sustained mechanical ventilation (MV). Prolonged oro-tracheal intubation is associated to an increased risk of dysphagia and bronchial aspiration. Purpose of this study was to investigate swallowing disorders in critically ill COVID-19 patients.

Material and methods: This was a retrospective study analysing a consecutive cohort of COVID-19 patients admitted to the Intensive Care Unit (ICU) of our hospital. Data concerning dysphagia were collected according to the Gugging Swallowing Screen (GUSS) and related to demographic characteristics, clinical data, ICU Length-Of-Stay (LOS) and MV parameters.

Results: From March 2 to April 30, 2020, 31 consecutive critically ill COVID-19 patients admitted to ICU were evaluated by speech and language therapists (SLT). Twenty-five of them were on MV (61% through endotracheal tube and 19% through tracheostomy); median MV length was 11 days. Seventeen (54.8%) patients presented dysphagia; a correlation was found between first GUSS severity stratification and MV days ($p < 0.001$), ICU LOS ($p < 0.001$), age ($p = 0.03$) and tracheostomy ($p = 0.042$). No other correlations were found. At 16 days, 90% of patients had fully recovered; a significant improvement was registered especially during the first week ($p < 0.001$).

Conclusion: Compared to non-COVID-19 patients, a higher rate of dysphagia was reported in COVID-19 patients, with a more rapid and complete recovery. A systematic early SLT evaluation of COVID-19 patients on MV may thus be useful to prevent dysphagia-related complications.

Database: Medline

37. Peer Assessment Rating (PAR) scoring of cleft patients treated within a regional cleft centre in the United Kingdom.

Author(s): Furness, Claire; Veeroo, Helen; Kidner, Giles; Cobourne, Martyn T

Source: Journal of orthodontics; Aug 2021 ; p. 14653125211036715

Publication Date: Aug 2021

Publication Type(s): Journal Article

PubMedID: 34423667

Abstract:

OBJECTIVE: To assess static occlusal outcomes for patients with cleft lip and/or palate (CLP) and cleft palate (CP) managed within a UK Regional Cleft Service and to compare with previously published Peer Assessment Rating (PAR) scores from a non-cleft population of patients treated within a UK consultant-led hospital service.

DESIGN: Retrospective multicentre study.

SETTING: Eight orthodontic hospital units within the Spires Cleft Service, UK.

PARTICIPANTS: Patients born with CLP or CP between 1985 and 1995 treated within the service.

METHODS: Patients were assigned to groups by cleft type and whether they were treated by orthodontics only or a combination of orthodontics and orthognathic surgery. PAR was recorded before and after treatment from study models.

RESULTS: Data were collected for 171 patients included in the study. Median pre-treatment PAR was 42 and post-treatment 11. Median percentage change in PAR for all patients was 73%, although 12% of cleft patients had a PAR improvement that was worse or no different. Median change in PAR score was 71% for those treated with orthodontics only and 83% for those who had an osteotomy. Median PAR improvement for those treated with



orthodontics only was 73% in the cleft lip group, 77% in the CP group, 66% in the unilateral CLP group and 53% in the bilateral CLP group. Median pre- and post-treatment PAR for the cleft group was higher and PAR reduction lower than those published for non-cleft patients.

CONCLUSION: These data demonstrate high severity of malocclusion, complexity of orthodontic treatment and difficulty in achieving an ideal static occlusion for cleft patients. If PAR is to be used to assess orthodontic outcomes in cleft patients the findings of this study should be considered. A higher proportion of cases are likely to be classed as 'worse or no different', and a lower percentage change will be expected.

Database: Medline

38. Solution Focused Brief Therapy in Post-Stroke Aphasia (SOFIA): feasibility and acceptability results of a feasibility randomised wait-list controlled trial.

Author(s): Northcott, Sarah; Thomas, Shirley; James, Kirsty; Simpson, Alan; Hirani, Shashivadan; Barnard, Rachel; Hilari, Katerina

Source: BMJ open; Aug 2021; vol. 11 (no. 8); p. e050308

Publication Date: Aug 2021

Publication Type(s): Journal Article Research Support, Non-u.s. Gov't Randomized Controlled Trial

PubMedID: 34408055

Available at [BMJ open](#) - from BMJ Journals

Available at [BMJ open](#) - from Europe PubMed Central - Open Access

Available at [BMJ open](#) - from HighWire - Free Full Text

Available at [BMJ open](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract:

OBJECTIVES: The Solution Focused Brief Therapy in Post-Stroke Aphasia feasibility trial had four primary aims: to assess (1) acceptability of the intervention to people with aphasia, including severe aphasia, (2) feasibility of recruitment and retention, (3) acceptability of research procedures and outcome measures, and (4) feasibility of delivering the intervention by speech and language therapists.

DESIGN: Two-group randomised controlled feasibility trial with wait-list design, blinded outcome assessors and nested qualitative research.

SETTING: Participants identified via two community NHS Speech and Language Therapy London services and through community routes (eg, voluntary-sector stroke groups).

PARTICIPANTS: People with aphasia at least 6 months post stroke.

INTERVENTION: Solution-focused brief therapy, a psychological intervention, adapted to be linguistically accessible. Participants offered up to six sessions over 3 months, either immediately postrandomisation or after a delay of 6 months.

OUTCOME MEASURES: Primary endpoints related to feasibility and acceptability. Clinical outcomes were collected at baseline, 3 and 6 months postrandomisation, and at 9 months (wait-list group only). The candidate primary outcome measure was the Warwick-Edinburgh Mental Well-being Scale. Participants and therapists also took part in in-depth interviews.

RESULTS: Thirty-two participants were recruited, including 43.8% with severe aphasia. Acceptability endpoints: therapy was perceived as valuable and acceptable by both participants (n=30 interviews) and therapists (n=3 interviews); 93.8% of participants had ≥ 2 therapy sessions (90.6% had 6/6 sessions). Feasibility endpoints: recruitment target was reached within the prespecified 13-month recruitment window; 82.1% of eligible participants consented; 96.9% were followed up at 6 months; missing data <0.01%. All five prespecified feasibility progression criteria were met.



CONCLUSION: The high retention and adherence rates, alongside the qualitative data, suggest the study design was feasible and therapy approach acceptable even to people with severe aphasia. These results indicate a definitive randomised controlled trial of the intervention would be feasible. TRIAL REGISTRATION NUMBER NCT03245060.

Database: Medline

39. Lee Silverman Voice Treatment versus standard speech and language therapy versus control in Parkinson's disease: preliminary cost-consequence analysis of the PD COMM pilot randomised controlled trial.

Author(s): Scobie, Sarah; Jowett, Sue; Lambe, Tosin; Patel, Smitaa; Woolley, Rebecca; Ives, Natalie; Rick, Caroline; Smith, Christina; Brady, Marion C; Clarke, Carl; Sackley, Cath

Source: Pilot and feasibility studies; Aug 2021; vol. 7 (no. 1); p. 154

Publication Date: Aug 2021

Publication Type(s): Journal Article

PubMedID: 34372913

Available at [Pilot and feasibility studies](#) - from BioMed Central

Available at [Pilot and feasibility studies](#) - from Europe PubMed Central - Open Access

Available at [Pilot and feasibility studies](#) - from ProQuest (Health Research Premium) - NHS Version

Abstract:

BACKGROUND: The PD COMM pilot randomised controlled trial compared Lee Silverman Voice Treatment (LSVT[®] LOUD) with standard NHS speech and language therapy (SLT) and a control arm in people with Parkinson's disease (PwPD) with self-reported problems with voice or speech. This analysis compares costs and quality of life outcomes between the trial arms, and considers the validity of the alternative outcome measures for economic evaluations.

METHODS: A comparison of costs and outcomes was undertaken alongside the PD COMM pilot trial involving three arms: LSVT[®] LOUD treatment (n = 30); standard NHS SLT (n = 30); and a control arm (n = 29) excluded from receiving therapy for at least 6 months after randomisation unless deemed medically necessary. For all trial arms, resource use and NHS, social care and patient costs and quality of life were collected prospectively at baseline, 3, 6, and 12 months. Total economic costs and outcomes (EQ-5D-3L, ICECAP-O) were considered over the 12-month follow-up period from an NHS payer perspective. Quality of life measures for economic evaluation of SLT for people with Parkinson's disease were compared.

RESULTS: Whilst there was no difference between arms in voice or quality of life outcomes at 12 months, there were indications of differences at 3 months in favour of SLT, which need to be confirmed in the main trial. The estimated mean cost of NHS care was £3288 per patient per year for the LSVT[®] LOUD arm, £2033 for NHS SLT, and £1788 for the control arm. EQ-5D-3L was more strongly correlated to voice impairment than ICECAP-O, and was sensitive to differences in voice impairment between arms.

CONCLUSIONS: The pilot did not identify an effect of SLT on disease-specific or economic outcomes for PwPD at 12 months; however, there appeared to be improvements at 3 months. In addition to the sample size not powered to detect difference in cost-consequence analysis, many patients in the control arm started SLT during the 12-month period used for economic analysis, in line with the study protocol. The LSVT[®] LOUD intervention was more intense and therefore more costly. Early indications suggest that the preferred economic outcome measure for the full trial is EQ-5D-3L; however, the ICECAP-O should still be included to capture a broader measure of wellbeing. TRIAL REGISTRATION International Standard Randomised Controlled Trial Number Register: ISRCTN75223808. Registered 22 March 2012.

Database: Medline

40. Speech and language therapists' management of ventilated patients and patients with tracheostomy in Israel.

Author(s): Sella Weiss, Oshrat; Gvion, Aviah; Mcrae, Jackie



Source: International journal of language & communication disorders; Aug 2021

Publication Date: Aug 2021

Publication Type(s): Journal Article

PubMedID: 34357667

Available at [International journal of language & communication disorders](#) - from Wiley Online Library

Abstract:

BACKGROUND: There is increased involvement of speech and language therapists (SLTs) in critical care and long-term units supporting patients with ventilatory needs and complex dysphagia. SLTs have a range of specialist knowledge in the function of the pharynx and larynx to enable them to support therapeutic interventions and contribute to the management of those patients. In Israel, there are currently no designated courses or training programmes for SLTs to establish advanced clinical skills in tracheostomy and ventilator management. There are currently standards of care for SLT working in designated wards for ventilated patients, however not in acute wards, critical care, and internal medicine wards where ventilated patients can be hospitalized.

AIMS: To identify the skills and expertise of the Israeli SLT workforce working with tracheostomy patients. Specifically, to identify their level of training, access to training, client population, work settings, and level of work confidence.

METHODS: The study involved electronic distribution of a 55-item online survey to SLTs in Israel. The questions included demographic information, training, confidence, and clinical support.

RESULTS: Responses were received from 47 SLTs. The majority (40.4%) spent between 1% and 9% of their clinical time with ventilated patients. Almost 80% work with seniors (≥ 65 years) and almost 70% work with adults (18-65 years) half the time or more. In inpatient rehabilitation, 46.8% reported that they manage patients with tracheostomy half the time or more. In outpatient rehabilitation settings, 21.3% reported that they manage patients with tracheostomy half the time or more. Prior to managing complex airway patients independently, 55.3% received less than 5 h formal tracheostomy training whilst 68.1% received less than 5 h training on ventilated patients. Multidisciplinary teams (MDTs) existed for tracheostomy patients (85.1%) and ventilated patients (70.2%) and high levels of confidence were reported for managing patients with tracheostomies (mode of 4 in a scale of 0-5, where 5 means fully confident) and ventilated patients (mode of 3 in a scale of 0-5). A significant relationship was found between level of confidence and presence of an MDT.

CONCLUSIONS: Limited training access was found for SLTs working with this complex population. A competency framework needs to be established with access to training and supervision. MDT existence contributes to confidence. Most respondents worked in rehabilitation settings, and very few worked in acute care, critical care, and internal medicine wards. It seems reasonable that in order to change this, minimal standards of care should be established on these wards.

WHAT THIS PAPER ADDS: What is already known on the subject Speech and language therapists (SLTs) have an important role in critical care and long-term units supporting patients with complex dysphagia and undergo formal training and supervision in UK and Australia. What this paper adds to existing knowledge In Israel, most SLTs work with tracheostomy and ventilated adult patients in rehabilitation settings, whilst few work in acute, critical care, and internal medicine wards. There are limited opportunities for formal training and supervision, although MDT support enhances clinical confidence. What are the potential or actual clinical implications of this work? SLTs in Israel would benefit from establishing a competency framework for tracheostomy and ventilator patient management to support training, standards of care, and increase clinical involvement in acute settings. This will enhance clinical outcomes for their large population of complex airway patients.

Database: Medline

41. Supporting wellbeing through peer-befriending (SUPERB) for people with aphasia: A feasibility randomised controlled trial.

Author(s): Hilari, Katerina; Behn, Nicholas; James, Kirsty; Northcott, Sarah; Marshall, Jane; Thomas, Shirley; Simpson, Alan; Moss, Becky; Flood, Chris; McVicker, Sally; Goldsmith, Kimberley



Source: Clinical rehabilitation; Aug 2021; vol. 35 (no. 8); p. 1151-1163

Publication Date: Aug 2021

Publication Type(s): Randomized Controlled Trial Journal Article

PubMedID: 33624514

Available at [Clinical rehabilitation](#) - from Unpaywall

Abstract:

OBJECTIVE: To determine the feasibility and acceptability of peer-befriending, for people with aphasia.

DESIGN: Single-blind, parallel-group feasibility randomised controlled trial comparing usual care to usual care + peer-befriending.

PARTICIPANTS AND SETTING: People with aphasia post-stroke and low levels of distress, recruited from 5 NHS Hospitals and linked community services; their significant others; and 10 befrienders recruited from community.

INTERVENTION: Six 1-hour peer-befriending visits over three months.

MAIN MEASURES: Feasibility parameters included proportion eligible of those screened; proportion consented; missing data; consent and attrition rates. Acceptability was explored through qualitative interviews. Outcomes for participants and significant others were measured at baseline, 4- and 10-months; for peer-befrienders before training and after one/two cycles of befriending.

RESULTS: Of 738 patients identified, 75 were eligible of 89 fully screened (84%), 62 consented (83% of eligible) and 56 randomised. Attrition was 16%. Adherence was high (93% attended ≥ 2 sessions, 81% all six). The difference at 10 months on the GHQ-12 was 1.23 points on average lower/better in the intervention arm (95% CI 0.17, -2.63). There was an 88% decrease in the odds of GHQ-12 caseness (95% CI 0.01, 1.01). Forty-eight significant others and 10 peer-befrienders took part. Procedures and outcome measures were acceptable. Serious adverse events were few (n = 10, none for significant others and peer-befrienders) and unrelated.

CONCLUSIONS: SUPERB peer-befriending for people with aphasia post-stroke experiencing low levels of distress was feasible. There was preliminary evidence of benefit in terms of depression. Peer-befriending is a suitable intervention to explore further in a definitive trial. Clinical trial registration-URL: <http://www.clinicaltrials.gov> Unique identifier: NCT02947776 Subject terms: Translational research, mental health, rehabilitation, quality and outcomes, stroke.

Database: Medline

42. Giving Voice: Nurse-Patient Communication in the Intensive Care Unit.

Author(s): Happ

Source: American Journal of Critical Care; Jul 2021; vol. 30 (no. 4); p. 256-265

Publication Date: Jul 2021

Publication Type(s): Academic Journal

Available at [American Journal of Critical Care](#) - from EBSCO (CINAHL with Full Text)

Abstract: Communication is the essence of the nurse-patient relationship. The critical care nurse's role in facilitating patient communication and enabling communication between patients and their families has never been more important or poignant than during the COVID-19 pandemic. We have witnessed tremendous examples of resourceful, caring nurses serving as the primary communication partner and support for isolated seriously ill patients during this pandemic. However, evidence-based tools and techniques for assisting awake, communication-impaired, seriously ill patients to communicate are not yet systematically applied across all settings. Missed communication or misinterpretation of patients' messages induces panic and fear in patients receiving mechanical ventilation and can have serious deleterious consequences. This lecture presents a 23-year program of research in developing and testing combination interventions (eg, training, tailored assessment, and tools) for best practice in facilitating patient communication during critical illness. Evidence from related nursing and inter professional



research is also included. Guidance for unit-based assessment, tailoring, and implementation of evidence-based patient communication protocols also is provided.

Database: CINAHL

43. The Impact of COVID-19 on Speech-Language Pathologists Engaged in Clinical Practices With Elevated Coronavirus Transmission Risk.

Author(s): Kearney ; Searl, Jeff; Erickson-DiRenzo, Elizabeth; Doyle, Philip C.

Source: American Journal of Speech-Language Pathology; Jul 2021; vol. 30 ; p. 1673-1685

Publication Date: Jul 2021

Publication Type(s): Academic Journal

Available at [American journal of speech-language pathology](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [American journal of speech-language pathology](#) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at [American journal of speech-language pathology](#) - from EBSCO (CINAHL with Full Text)

Available at [American journal of speech-language pathology](#) - from Unpaywall

Abstract:

Purpose: This study assessed and described potential clinical practice changes secondary to COVID-19 that emerged as an early response to the pandemic for speechlanguage pathologists (SLPs) engaged in voice, alaryngeal, and swallowing activities that may increase the risk of virus transmission.

Method: SLPs from the United States and Canada (n = 665) who were engaged in clinical activities that might elevate the risk of COVID-19 exposure completed an online survey regarding their clinical practices. Topics assessed included potential clinical service modifications, COVID-19 testing and health, and potential financial impacts in the early time period of the pandemic.

Results: The percentage of SLPs completing the most endoscopic procedures prepandemic ($\geq 10/\text{week}$) was reduced from 39% of respondents to 3% due to the pandemic. Those who completed the most tracheoesophageal puncture voice prosthesis changes ($\geq 5/\text{week}$) reported a reduction in frequency from 24% to 6%. Twenty-five percent of SLPs reported that they were tested for COVID-19, and 6% reported a positive result. Descriptive statistics suggest that COVID-19 testing rates of SLPs, the percentage of SLPs experiencing a financial impact, and the percentage who were furloughed varied across SLP work setting.

Conclusions: These findings provide the first data characterizing the impact on COVID-19 on clinical practice for SLPs engaged in procedures such as endoscopy and laryngectomy care. The results indicate that, as frontline workers, SLPs were directly impacted in their practice patterns, personal health, safety, and financial security, and that these reported impacts occurred differently across SLP work settings.

Database: CINAHL

44. Speech input processing in children born with cleft palate: A systematic literature review with narrative synthesis.

Author(s): Southby ; Harding, Sam; Phillips, Veronica; Wren, Yvonne; Joinson, Carol

Source: International Journal of Language & Communication Disorders; Jul 2021; vol. 56 (no. 4); p. 668-693

Publication Date: Jul 2021

Publication Type(s): Academic Journal

Available at [International Journal of Language & Communication Disorders](#) - from Wiley Online Library

Available at [International Journal of Language & Communication Disorders](#) - from Unpaywall



Abstract:

Background: Speech development requires intact and adequately functioning oral anatomy and cognitive 'speech processing' skills. There is evidence that speech input processing skills are associated with speech output problems in children not born with a cleft. Children born with cleft palate ± lip (CP±L) are at high risk of developing disordered speech output. Less is known about their speech input processing skills and whether they are associated with cleft-related speech sound disorder (SSD).

Aims: (1) To collate and evaluate studies reporting evidence regarding the speech input processing skills of children born with cleft palate in comparison with data from typically developing children or other comparison groups; and (2) to identify any available evidence regarding relationships between speech input processing skills and speech output in children born with CP±L.

Methods & Procedures: Potentially relevant studies published up to November 2019 were identified from the following databases: Medline via Ovid, Embase via Ovid, Cinahl via Ebscohost, PsycInfo via Ebscohost, BNI via ProQuest, AMED via Ovid, Cochrane Library and Scopus. Inclusion criteria were: peer-reviewed articles published in scientific journals, any design, published in English, participants born with a CP±L aged up to age 18 years who completed speech input processing assessments compared with normative data and/or a control or other comparison group. Critical Appraisal Skills Programme (CASP) checklists were used to quality appraise included studies. **Outcomes & Results:** Six studies were retained in the final review. There is some evidence that children born with CP±L perform less well than non-cleft controls on some speech input processing tasks and that specific input processing skills may be related to errors in the children's speech. Heterogeneity in relation to study groups and assessments used, as well as small sample sizes, limits generalization of findings.

Conclusion & Implications: There is limited evidence regarding the speech input processing skills of children born with CP±L. There are indications that children born with CP+/L may have difficulty in some aspects of speech input processing in comparison with children not born with a cleft, and that difficulties with some speech input processing tasks may be specific to errors in children's speech output. Further research is required to develop our understanding of these skills in this population and any associations with speech output.

What this paper adds: What is already known on the subject: Few studies have been published that examine aspects of speech input processing in children born with CP±L. Theoretical models of speech processing, and published studies, propose that speech input processing skills are associated with SSD in children who were not born with a cleft. However, it is less clear whether there is any association between speech input processing and cleft-related SSD. What this paper adds to existing knowledge: This review systematically collates and evaluates the published, peer-reviewed evidence regarding speech input processing skills in children born with CP±L. The collated evidence indicates that some speech input processing skills differ between children with and without CP±L. There is some evidence, from a single study, that speech input processing of specific cleft speech characteristics (CSCs) may be associated with the presence of these CSCs in the speech output of some children born with CP±L. What are the potential or actual clinical implications of this work?: While the evidence is currently limited, increasing our knowledge of speech input processing skills in children born with CP±L contributes to our clinical understanding of the nature of cleft-related SSD. The current evidence suggests that speech and language therapists should consider speech input processing skills when assessing children with cleft-related SSD to support intervention planning. Considering these skills in relation to literacy development in these children may also be important.

Database: CINAHL

45. Psychological impact of COVID-19 on speech and language therapists working with adult dysphagia: A national survey.

Author(s): Rouse, Rachel; Regan, Julie

Source: International journal of language & communication disorders; Jul 2021

Publication Date: Jul 2021

Publication Type(s): Journal Article

PubMedID: 34331499



Available at [International journal of language & communication disorders](#) - from Wiley Online Library

Available at [International journal of language & communication disorders](#) - from Unpaywall

Abstract:

BACKGROUND: Speech and language therapists (SLTs) working with dysphagia have had to radically alter diagnostic and rehabilitation services during the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic, hereafter referred to as coronavirus disease (COVID-19). Given the aerosol-generating procedures inherent in swallow assessment and interventions, these SLTs have also been particularly susceptible to virus exposure.

AIMS: To investigate the psychological impact of COVID-19 on SLTs working with adult dysphagia across the Republic of Ireland and to identify the personal and professional factors associated with depression, anxiety, stress and post-traumatic stress disorder (PTSD). To explore SLT perspectives regarding their experiences during the COVID-19 pandemic.

METHODS & PROCEDURES: A cross-sectional 34-item online survey was developed and piloted. The survey collected demographic details and professional factors and it incorporated the Depression, Anxiety, and Stress Scale-21 (DASS-21) and the Impact of Event Scale-Revised (IES-R). The survey also sought SLT perspectives regarding their experiences during the pandemic. It was distributed to Irish SLT managers, the Irish Association of Speech and Language Therapists (IASLT) and the Irish Dysphagia Special Interest Group (SIG) for dissemination.

OUTCOMES & RESULTS: A total of 94 SLTs working with adults with dysphagia across Ireland responded. In total, 60% of respondents screened positive for depression, anxiety, stress and/or PTSD. Based on the DASS-21, 38% screened positive for depression (mean score = 8.0; SD = 6.3), 36% screened positive for anxiety (mean score = 6.5; SD = 6.0), and 49% screened positive for stress (mean score = 15.4; SD = 6.9). A total of 26% of respondents screened positive for PTSD (mean IES-R total score = 22.6; SD = 16.0). Factors associated with depression, anxiety, stress and PTSD were young age ($p = 0.002$), limited clinical experience ($p = 0.01$) and not living with children ($p = 0.02$). A thematic analysis of SLT perspectives identified four main themes: 'fear of COVID-19 infection and transmission', 'uncertainty regarding policies and procedures', 'changes in SLT roles and responsibilities' and 'increased workload'.

CONCLUSIONS & IMPLICATIONS: This study highlights the psychological impact of COVID-19 on SLTs working with adults with dysphagia in Ireland and identifies SLTs who are at risk of depression, anxiety, stress and PTSD during the COVID-19 pandemic. Findings may assist employers to identify staff who require psychological support and long-term follow-up during this pandemic and any future health emergencies.

WHAT THIS PAPER ADDS: What is already known on the subject Depression, anxiety, stress and PTSD are prevalent among nurses and other healthcare professionals internationally as a result of the COVID-19 pandemic and associated factors have been identified in previous research. Despite this, no research has been conducted to establish the psychological impact of the first surge of COVID-19 on SLTs working with dysphagia in relation to depression, anxiety, stress and PTSD and the associated factors. What this paper adds to existing knowledge A total of 60% of SLTs working with adults with dysphagia in this survey presented with depression, anxiety, stress and/or PTSD. Associated personal and professional factors amongst respondents included young age, limited clinical experience and not living with children. The perspectives of SLTs on their experiences during the first surge of COVID-19 are also explored. What are the potential or actual clinical implications of this work? The findings from this study may assist SLT managers to identify SLTs who are at a higher risk of depression, anxiety, stress and PTSD to ensure appropriate support can be provided.

Database: Medline

46. Attitudes to the Implementation of Speech and Language Therapist Led Low Risk Two Week Wait Clinic in the UK: A Survey Exploration Using Normalization Process Theory.

Author(s): Bradley, Paula T; Patterson, Joanne

Source: Journal of voice : official journal of the Voice Foundation; Jul 2021

Publication Date: Jul 2021

Publication Type(s): Journal Article

PubMedID: 34312024



Abstract:

OBJECTIVES: The aim of this study was to identify the factors which might shape the implementation of speech and language therapist led low risk 2 week wait clinic (SLTLR-2WW).

STUDY DESIGN: An online survey was designed, piloted, and disseminated through UK speech and language professional groups. The survey asked questions about, the skills of, and equipment available, to SLT respondents. Using a modified NoMAD instrument (based on Normalization Process Theory) the survey explored attitudes to the prospect of the development of the SLTLR-2WW clinical model in the UK. Responses were tallied and calculated as percentage of responses. The free text question responses were analyzed using a qualitative content approach, responses were coded and grouped into categories and mapped onto the Normalization Process Theory domains by the two authors.

RESULTS: There were 129 responses to the survey questions from SLTs from all regions of the UK and 72 respondents supplied free text comments for analysis.

CONCLUSIONS: The collected responses indicate there is enthusiasm for the potential development of SLTLR-2WW clinics. The survey demonstrates that there are disparities in terms of resource availability, departmental, management and clinical support, around the UK. There is limited but successful experience of SLTLR-2WW in the UK but the survey responses indicate there is potential for expanding the scope of practice for SLTs into the delivery of clinical care for patients referred as suspected cancer with hoarseness and swallowing issues. The responses to the NoMAD derived questions and free text analysis identify some factors which could impede the development of this new service model include, resistance, lack of training, supervision, and support from colleagues and management.

Database: Medline

47. Early Communication Behaviors in Infants With Cleft Palate With and Without Robin Sequence: A Preliminary Study.

Author(s): van Eeden, Stephanie; Wren, Yvonne; McKean, Cristina; Stringer, Helen

Source: The Cleft palate-craniofacial journal : official publication of the American Cleft Palate-Craniofacial Association; Jul 2021 ; p. 10556656211031877

Publication Date: Jul 2021

Publication Type(s): Journal Article

PubMedID: 34259062

Available at [The Cleft palate-craniofacial journal : official publication of the American Cleft Palate-Craniofacial Association](#) - from Unpaywall

Abstract:

OBJECTIVE: To investigate the early communication behaviors in infants with nonsyndromic isolated cleft palate (iCP) and Robin sequence (RS).

DESIGN: Group comparison using parent report.

PARTICIPANTS: There were 106 participants included in this study. Two groups were selected from the UK Cleft Collective resource. Parents had completed the Language ENvironment Analysis Developmental Snapshot questionnaire when their child turned 13 months. There were 78 participants in the iCP group and 28 in the RS group.

MAIN OUTCOME MEASURE(S): Total number of communication behaviors reported on the questionnaire. Subdomains for expressive and receptive language and social communication behaviors were also analyzed.

RESULTS: There were no statistically significant group differences. Parents of infants with RS reported fewer later communication behaviors compared to the iCP group. Infants in both groups had fewer communication behaviors compared to the normative sample. Across the whole sample, post hoc analysis revealed a significant correlation between severity of the cleft and social communication behaviors and expressive but not receptive language. Infants with a cleft of the hard and soft palate were more likely to be in the RS group (odds ratio: 7.04 [95% CI: 1.55-32.04]; P = .01).



CONCLUSIONS: Both groups reported similar levels of early communication. Some divergence of more complex language skills was seen, although there were no significant group differences. A relationship with the diagnosis of a cleft of the hard or soft palate with expressive language behaviors was found. Further study into the impact of cleft severity on early speech development and the relationship with later language skills is needed along with longitudinal follow-up of this population.

Database: Medline

48. Evaluating the Use of Oral Trials for Inpatient Dysphagia Management: An Initial Cross-Sectional Database Study.

Author(s): Julier, Rebecca; Benfield, Jacqueline K

Source: American journal of speech-language pathology; Jul 2021; vol. 30 (no. 4); p. 1793-1804

Publication Date: Jul 2021

Publication Type(s): Research Support, Non-u.s. Gov't Journal Article

PubMedID: 34161749

Available at [American journal of speech-language pathology](#) - from ProQuest (Health Research Premium) - NHS Version

Available at [American journal of speech-language pathology](#) - from ProQuest (MEDLINE with Full Text) - NHS Version

Available at [American journal of speech-language pathology](#) - from EBSCO (CINAHL with Full Text)

Abstract: Purpose Oral trials, otherwise known as swallow trials or tasters, are widely used in dysphagia management. However, to date, no studies have investigated the effectiveness of oral trials or outlined how the approach is utilized in everyday practice. This article aims to start a dialogue regarding this much-used but little-evidenced dysphagia intervention by exploring three main aspects to (a) identify the patient demographics and environments in which oral trials are used in hospital, (b) explore clinical decision making around the approach, and (c) consider clinical implications around current findings and future areas for research. Method A cross-sectional examination of 118 patients on the dysphagia caseload of a United Kingdom-based inpatient speech and language therapy team was conducted. Statistical analysis explored demographic differences between oral trials groups and the rest of the dysphagia caseload. Results Twenty-three of 118 (19.5%) individuals on the caseload were or had been on oral trials during admission. Individuals in the oral trials group were significantly more likely to have a neurological diagnosis than the full oral intake group (78.3% vs. 30.5%, $p < .001$). There was a lack of uniformity in oral trials recommendations, and the rationale behind quantity and types of diet or fluids offered was unclear. Conclusions This study begins to evidence the use of a dysphagia therapy not previously explored within existing literature. It highlights the wide use of oral trials within the hospital trust observed. Based on current evidence, it would be difficult for clinicians to know how to implement oral trials as an intervention. Further research is required both to explore the effectiveness of this approach and also to develop a consensus within practice around how, why, and when oral trials are offered. This would ensure an equitable and effective service is offered and would ensure a high standard of evidence-based practice within dysphagia management.

Database: Medline

49. Factors Associated With Psychological Adjustment in Adults With Cleft Lip and/or Palate: Findings From a National Survey in the United Kingdom.

Author(s): Costa, Bruna; Ardouin, Kenny; Stock, Nicola Marie

Source: The Cleft palate-craniofacial journal : official publication of the American Cleft Palate-Craniofacial Association; Jul 2021 ; p. 10556656211028494

Publication Date: Jul 2021

Publication Type(s): Journal Article



PubMedID: 34235990

Available at [The Cleft palate-craniofacial journal : official publication of the American Cleft Palate-Craniofacial Association](#) - from Unpaywall

Abstract:

OBJECTIVES: Research has identified adults born with cleft lip and/or palate (CL/P) to be at risk of poorer psychological outcomes compared to the general population. This study investigated factors that may contribute to positive and negative adjustment in adults born with CL/P.

DESIGN: A survey was designed and distributed by the Cleft Lip and Palate Association in collaboration with the Centre for Appearance Research CAR at the University of the West of England (UWE). There were 207 eligible responses (95% completed online) received between July and October 2018. Dependent variables included the Body Esteem Scale for Adolescents and Adults, Harter's Self Perception Profile for Adults (Global Self-Worth, Social Competence, and Intimacy subscales), the Fear of Negative Appearance Evaluation Scale, and the Revised Adult Attachment Scale. Independent variables were the Revised Life Orientation Test, bi-demographic data, and self-reported single-item questions.

RESULTS: Factors associated with positive adjustment included reports of a happy childhood, talking about CL/P with family, close friendships, comfort in public spaces, satisfaction with appearance, and a positive life orientation. Psychological distress was associated with a desire for further surgery to improve appearance and/or function.

CONCLUSIONS: Several factors were identified that may influence psychological adjustment in adults with CL/P. Throughout childhood, family-centered practice to support family cohesion and an open dialogue about CL/P is indicated, as is support for young people to develop social confidence. For adults returning to the cleft service, treatment options for appearance and/or functional concerns should be explored, with access to psychological support when indicated. Interventions to increase optimism, resilience, and self-acceptance may also be warranted throughout the life span.

Database: Medline



#	Database	Search term	Results
1	CINAHL	exp "REHABILITATION, SPEECH AND LANGUAGE"/	9262
2	CINAHL	(speech AND therap*).ti,ab	6562
3	CINAHL	((speech OR speak* OR language*) AND therap*).ti,ab	15288
4	CINAHL	(1 OR 2 OR 3)	22800
5	CINAHL	exp APHASIA/	6506
6	CINAHL	(aphasia).ti,ab	6400
7	CINAHL	exp STROKE/	75071
8	CINAHL	(cerebrovascular AND accident).ti,ab	1917
9	CINAHL	exp "VOICE DISORDERS"/	4355
10	CINAHL	(voice OR vocal).ti,ab	32928
11	CINAHL	exp PHONATION/	3566
12	CINAHL	exp PALATE/	2998
13	CINAHL	(palate).ti,ab	6477
14	CINAHL	("speech sound disorder").ti,ab	154
15	CINAHL	(articulat*).ti,ab	12872
16	CINAHL	(stutter*).ti,ab	2455
17	CINAHL	exp "FLUENCY DISORDERS"/	3272
18	CINAHL	(hear*).ti,ab	260264
19	CINAHL	exp "HEARING DISORDERS"/	40824



20	CINAHL	(5 OR 6 OR 7 OR 8 OR 9 OR 10 OR 11 OR 12 OR 13 OR 14 OR 15 OR 16 OR 17 OR 18 OR 19)	407152
21	CINAHL	(4 AND 20) [DT 2020-2021]	850
23	CINAHL	(COVID-19 OR COVID OR COVID19 OR 29941 COVID2019 OR coronavirus OR "Corona Virus" OR 2019-nCoV OR SARS-CoV).ti,ab	
24	CINAHL	(4 AND 20 AND 23) [DT 2020-2021]	32
25	CINAHL	(UK OR Great Britain OR England OR Wales OR "United Kingdom" OR Ireland OR Scotland OR NHS).ti,ab [DT 2020-2021]	19489
26	CINAHL	(UK OR Great Britain OR England OR Wales OR "United Kingdom" OR Ireland OR Scotland OR NHS).ti,ab	181324
27	CINAHL	(4 AND 20 AND 26) [DT 2020-2021]	40
28	CINAHL	(review OR RCT).ti,ab	569823
29	CINAHL	(4 AND 20 AND 28) [DT 2020-2021]	168
30	CINAHL	(JAMA OR Lancet OR NEJM OR BMJ).ti,ab	18431
31	CINAHL	(JAMA OR Lancet OR NEJM OR BMJ).jn	47124
32	CINAHL	(4 AND 20 AND 31) [DT 2020-2021]	2
33	CINAHL	(Journal of Speech, Language, AND Hearing Research).jn [DT 2020-2021]	0
34	Medline	("speech and language therap*" AND COVID*).ti,ab	26
35	EMBASE	("speech and language therap*" AND COVID*).ti,ab	50
36	CINAHL	("speech and language therap*" AND COVID*).ti,ab	15



37	CINAHL	(4 AND 20) [DT 2021-2021]	431
38	CINAHL	(4 AND 20 AND 26) [DT 2021-2021]	21
39	CINAHL	(4 AND 20 AND 23) [DT 2021-2021]	26
40	CINAHL	(4 AND 20 AND 28) [DT 2021-2021]	81
41	CINAHL	(4 AND 20 AND 31) [DT 2021-2021]	1
42	Medline	exp "REHABILITATION, SPEECH AND LANGUAGE"/	0
43	Medline	(speech AND therap*).ti,ab	10707
44	Medline	((speech OR speak* OR language*) AND therap*).ti,ab	29641
45	Medline	exp "REHABILITATION OF SPEECH AND LANGUAGE DISORDERS"/	11229
46	Medline	(43 OR 44 OR 45)	37776
47	Medline	exp APHASIA/	12290
48	Medline	(aphasia).ti,ab	13593
49	Medline	exp STROKE/	153024
50	Medline	(cerebrovascular AND accident).ti,ab	4631
51	Medline	exp "VOICE DISORDERS"/	10524
52	Medline	(voice OR vocal).ti,ab	57627
53	Medline	exp PHONATION/	5645
54	Medline	exp PALATE/	17452
55	Medline	(palate).ti,ab	35686
56	Medline	("speech sound disorder").ti,ab	199
57	Medline	(articulat*).ti,ab	31469
58	Medline	(stutter*).ti,ab	4819



60	Medline	(hear*).ti,ab	1015386
61	Medline	exp "HEARING DISORDERS"/	92248
62	Medline	exp "LANGUAGE DISORDERS"/	51121
63	Medline	exp "SPEECH DISORDERS"/	31218
64	Medline	(48 OR 50 OR 52 OR 55 OR 56 OR 57 OR 58 OR 60)	1152815
65	Medline	(47 OR 49 OR 51 OR 53 OR 54 OR 61 OR 62 OR 63)	321010
66	Medline	(62 OR 63)	51121
67	Medline	(64 OR 66)	1186216
68	Medline	(46 AND 67)	13380
69	CINAHL	(4 AND 20) [DT 2021-2021]	431
70	CINAHL	(4 AND 20 AND 26) [DT 2021-2021]	21
71	CINAHL	(4 AND 20 AND 23) [DT 2021-2021]	26
72	CINAHL	(4 AND 20 AND 28) [DT 2021-2021]	81
73	CINAHL	(4 AND 20 AND 31) [DT 2021-2021]	1
74	Medline	(UK OR Great Britain OR England OR Wales OR "United Kingdom" OR Ireland OR Scotland OR NHS).ti,ab	274607
75	Medline	(46 OR 47 OR 48 OR 51 OR 52 OR 53 OR 54 OR 55 OR 56 OR 57 OR 58 OR 62 OR 63)	216073
76	Medline	(74 AND 75) [DT 2021-2021]	326
77	Medline	(COVID-19 OR COVID OR COVID19 OR COVID2019 OR coronavirus OR "Corona Virus" OR 2019-nCoV OR SARS-CoV).ti,ab	214900
78	Medline	(75 AND 77)	1011



