

# Cost effectiveness of Aphasia Computer Treatment versus Usual Stimulation or attention control long term post stroke

<b>Submission date</b> 18/02/2014	<b>Recruitment status</b> No longer recruiting	<input checked="" type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
<b>Registration date</b> 18/02/2014	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 07/12/2023	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Aphasia is a language disorder affecting understanding, talking, reading and writing, often as a result of a stroke. People with aphasia rarely receive speech and language therapy for more than a few months after a stroke. They may receive continued support from stroke groups and carers or relatives. There is evidence that people can continue to improve their language skills for several years. There is also evidence that people with aphasia can use computer software independently for structured language practice. This study investigates whether people who have had aphasia for more than 4 months can get better at finding the correct words by using computer exercises, and whether offering computer therapy is good value for money.

### Who can participate?

Those identified as having had a stroke, with a diagnosis of aphasia, 4 months or more after the stroke, aged 18 years or above.

### What does the study involve?

A Research Speech and Language Therapist (SLT) will visit potential participants at home to assess their language and daily life activities. The SLT will use a consent support tool to identify the style of information the potential participant is most likely to understand to be able to give informed consent. For those with severe aphasia the researcher will seek advice from a carer, relative or legal representative about whether or not the potential participant should take part. Participants will be randomly allocated to one of the following three groups:

1. Continuing with usual activities/therapy
2. Using the computer therapy exercises
3. Carrying out daily puzzle book activities

Usual care will involve a range of activities as this varies across the country, such as face to face speech and language therapy support, or attendance at support groups. The computer therapy will be tailored to the individuals' needs by an SLT, using a computer program specifically designed to help people with aphasia improve their word finding ability, called StepByStep. Participants will be encouraged to practice daily, and trained volunteers or SLT assistants will provide support with language practice and computer use. Participants allocated to do puzzle

book activities will be provided with books of standard puzzles to be carried out each day. A member of the research team will contact the participants or carers once a month to mimic the attention provided by volunteers in the computer therapy arm. Participants will be in the study for 12 months and have their treatment for 6 months, with follow-up assessments at 6, 9 and 12 months.

What are the possible benefits and risks of participating?

The initial study showed greater ability to find words and have a conversation, and improved confidence. The only risk identified was fatigue (tiredness). Participants will have the opportunity to keep the software on their own computer at the end of the study. The SLT will help those that did not receive the computer treatment during the study to borrow a computer and software at the end of the study.

Where is the study run from?

Participants will be recruited from about 20 speech and language therapy departments across the UK, from current and past patient records and contacts with longer-term voluntary support groups.

When is the study starting and how long is it expected to run for?

January 2014 to September 2017

Who is funding the study?

National Institute for Health Research (UK)

Who is the main contact?

Mrs Liz Cross

e.a.cross@sheffield.ac.uk

## Contact information

**Type(s)**

Scientific

**Contact name**

Mrs Elizabeth Cross

**ORCID ID**

<https://orcid.org/0000-0002-7976-8463>

**Contact details**

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# Additional identifiers

## Protocol serial number

15733; HTA 12/21/01

# Study information

## Scientific Title

Cost effectiveness of Aphasia Computer Treatment versus Usual Stimulation or attention control long term post stroke: a randomised trial

## Acronym

Big CACTUS

## Study objectives

This research will establish whether people with post stroke aphasia can continue to improve their ability to talk after completion of traditional NHS therapy, and whether this can be achieved cost effectively by offering computer treatment at home.

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

Leeds West REC, 13/01/2014, ref: 13/YH/0377

## Study design

Randomised; Interventional; Design type: Treatment

## Primary study design

Interventional

## Study type(s)

Treatment

## Health condition(s) or problem(s) studied

Topic: Stroke Research Network; Subtopic: Primary Care, Rehabilitation; Disease: Therapy type

## Interventions

Participants will be randomly allocated to either:

1. Continuing with usual activities/therapy only
2. Using the computer therapy exercises with usual care
3. Carrying out daily puzzle book activities with usual care

## Intervention Type

Other

## Phase

Phase III

## Primary outcome(s)

Current primary outcome measures as of 20/02/2018:

1. The change in word finding ability of words personally relevant to the participant will be measured by a picture naming task (100 words with a maximum of 2 points each). The word finding score will be expressed as a percentage of the total score and change in the percentage 6 months from baseline will be calculated
2. Improvement in functional communication will be measured by blinded ratings of video recorded conversations between a SLT and participants, using the activity scale of the Therapy Outcome Measures

Added 18/04/2018: The outcomes are measured at 6, 9 and 12 months.

Previous primary outcome measures:

1. The change in the number of words (of personal relevance to the participant) named correctly at 6 months will be measured by a picture naming task
2. Improvement in functional communication will be measured by blinded ratings of video recorded conversations between a SLT and participants using the activity scale of the Therapy Outcome Measures and number of target words used in conversation, at 6 months

### **Key secondary outcome(s)**

Current secondary outcome measures as of 20/02/2018:

1. Improvement in patient perception of communication will be measured using the COAST - a patient reported measure of communication participation and related quality of life
2. Use of learnt vocabulary in the context of conversation will be measured using a checklist of target words during rating of the videoed conversations at 6 months

Added 18/04/2018: The outcomes are measured at 6, 9 and 12 months.

Previous secondary outcome measures:

Improvement in patient perception of communication will be measured using the COAST - a patient-reported measure of communication participation and related quality of life

### **Completion date**

12/09/2017

## **Eligibility**

### **Key inclusion criteria**

1. Aged 18 or over
2. Diagnosis of stroke(s)
3. Onset of stroke at least 4 months prior to randomisation
4. Diagnosis of aphasia, subsequent to stroke, as confirmed by a trained speech and language therapist.
5. Word retrieval difficulties tested by the naming test of the Comprehensive Aphasia Test [25] (score of 10-90% 5-43/48).
6. Ability to perform a simple matching task with the StepbyStep© programme (to confirm sufficient vision and cognitive ability to participate in the intervention)

### **Participant type(s)**

Patient

### **Healthy volunteers allowed**

No

**Age group**

Adult

**Lower age limit**

18 years

**Sex**

All

**Total final enrolment**

278

**Key exclusion criteria**

1. They have another premorbid speech and language disorder caused by a neurological deficit other than stroke (a formal diagnosis can be reported by the participant or relatives and confirmed by the recruiting speech and language therapist).
2. They are unable to repeat words (suggesting presence of severe dyspraxia)
3. They require treatment for a language other than English (as the software is in English)
4. They are currently using the StepbyStep© computer programme or other computer speech therapy aimed at word retrieval/naming

**Date of first enrolment**

01/09/2014

**Date of final enrolment**

18/08/2016

**Locations****Countries of recruitment**

United Kingdom

England

Northern Ireland

Scotland

Wales

**Study participating centre**

Sheffield Teaching Hospitals NHS Foundation Trust

United Kingdom

S10 2JF

**Study participating centre**

**Humber NHS Foundation Trust**

United Kingdom

HU10 6ED

**Study participating centre**

**Newcastle Upon Tyne Hospitals NHS Foundation Trust**

United Kingdom

NE7 7DN

**Study participating centre**

**Northern Health & Social Care Trust**

United Kingdom

BT41 2RL

**Study participating centre**

**Belfast Health & Social Care Trust**

United Kingdom

BT9 7AB

**Study participating centre**

**South Essex Partnership University NHS Foundation Trust**

United Kingdom

SS11 7XX

**Study participating centre**

**NHS Greater Glasgow and Clyde**

United Kingdom

G12 0XH

**Study participating centre**

**Cwm Taf University Health Board**

United Kingdom

CF45 4SN

**Study participating centre**

**Derbyshire Community Health Services NHS Trust**  
United Kingdom  
DE45 1AD

**Study participating centre**  
**Nottinghamshire Healthcare NHS Trust**  
United Kingdom  
NG3 6AA

**Study participating centre**  
**Northern Lincolnshire & Goole NHS Foundation Trust "**  
United Kingdom  
DN15 7BH

**Study participating centre**  
**Livewell Southwest (Plymouth Community Healthcare)**  
United Kingdom  
PL4 7PY

**Study participating centre**  
**Norfolk Community Health and Care NHS Trust**  
United Kingdom  
NR2 3TU

**Study participating centre**  
**Somerset Partnership NHS Foundation Trust**  
United Kingdom  
TA6 4RN

**Study participating centre**  
**Cambridgeshire and Peterborough NHS Foundation Trust**  
United Kingdom  
CB21 5EF

**Study participating centre**

**Northamptonshire Healthcare Foundation Trust**  
United Kingdom  
NN15 7PW

**Study participating centre**  
**Dorset HealthCare University Foundation Trust**  
United Kingdom  
BH17 0RB

**Study participating centre**  
**City Hospitals Sunderland NHS Foundation Trust**  
United Kingdom  
SR4 7TP

**Study participating centre**  
**Abertawe Bro Morgannwg University Health Board (ABMUHB)**  
United Kingdom  
SA12 7BR

**Study participating centre**  
**NHS Ayrshire and Arran**  
United Kingdom  
KA6 6AB

## **Sponsor information**

**Organisation**  
University of Sheffield (UK)

**ROR**  
<https://ror.org/05krs5044>

## **Funder(s)**

**Funder type**  
Government

## Funder Name

Health Technology Assessment Programme

## Alternative Name(s)

NIHR Health Technology Assessment Programme, Health Technology Assessment (HTA), HTA

## Funding Body Type

Government organisation

## Funding Body Subtype

National government

## Location

United Kingdom

# Results and Publications

## Individual participant data (IPD) sharing plan

Current IPD sharing statement as of 14/06/2019:

All data requests should be submitted to the corresponding author for consideration. Please note exclusive use will be retained until the publication of major outputs. Access to anonymised data may be granted following review.

Previous IPD sharing statement:

The datasets generated during and/or analysed during the current study are/will be available upon request from Rebecca Palmer (r.l.palmer@sheffield.ac.uk). All data collected (anonymised) will become available after publication of the report and main peer reviewed paper in 2018 for 10 years from the end of study date. The trialists would individually consider each request before deciding whether to give which (if any) data. They would ensure secure transfer of information and stipulate terms of use of the data within a data sharing agreement. They have consented participants to anonymised data sharing. Shared data would always be anonymised as far as possible.

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/09/2019	12/08/2019	Yes	No
<a href="#">Results article</a>	results	01/04/2020	06/05/2020	Yes	No
<a href="#">Results article</a>	results	23/11/2020	18/12/2020	Yes	No
<a href="#">Protocol article</a>	protocol	27/01/2015		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No

<a href="#">Other publications</a>	impact for NHS SLT departments that participated in Big CACTUS	07/12 /2022	12/12 /2022	Yes	No
<a href="#">Other publications</a>	Qualitative exploration of the computerized speech and language therapy approach	05/12 /2023	07/12 /2023	Yes	No
<a href="#">Study website</a>	Study website	11/11 /2025	11/11 /2025	No	Yes