

Supporting stroke survivors

Speech and language therapy plays an important role in the rehabilitation and reablement of stroke survivors by assessing their needs and providing appropriate strategies to support their speech, language, communication and swallowing needs.

Alan's swallowing problem

When Alan became dizzy, unable to walk in a straight line and lost the ability to swallow, he went to hospital where he was diagnosed as having had a mild stroke. A few days later and still unable to swallow, he required a percutaneous endoscopic gastrostomy tube in order to consume food, fluids and medication. Alan describes his experience as 'dreadful and frustrating'. His wife of nearly 50 years had recently died and, still grieving, this felt like a new low.

Shortly after, Alan met his speech and language therapist, Andrew. Together, they worked on a variety of daily exercises to regain his ability to swallow. Alan began to make swift progress and now back on solid food, he hopes to have his feeding tube removed soon.

Alan attributes his progress not only to the exercises but to the enthusiasm and support of Andrew. He says: "Until it happens to you, you don't realise how many people benefit from speech and language therapy. Without Andrew's help, I believe I would still be unable to swallow. Thanks to him life is slowly returning to normal."



The size of the problem

- ▶ There are approximately **152,000** strokes in the UK every year¹ – more than one every five minutes.
- ▶ There are approximately **1.1 million** stroke survivors living in the UK.²
- ▶ Around a third of people will have some level of communication difficulties (called aphasia or dysphasia) following a stroke.³
- ▶ At least **40%** of stroke survivors will initially experience some difficulty swallowing.⁴ If left untreated swallowing difficulties can result in aspiration pneumonia, increased hospital admission and lengthier stays in hospital.

▶ For more information, visit: www.rcslt.org

Issues of access

Despite the obvious importance of speech and language therapy to the rehabilitation of stroke survivors, many have difficulty accessing speech and language therapy services:

- The Care Quality Commission has found that in half of areas, people have waited two weeks on average until they receive community-based speech and language therapy.⁹
- Royal College of Speech and Language Therapists' research found that of 500 stroke survivors, less than a fifth received speech and language therapy in the first month following their stroke.¹⁰



How you can help

To support survivors of stroke, the Royal College of Speech and Language Therapists is calling on GPs, commissioners, budget holders and care providers to:

- Ensure every stroke survivor has a prompt referral to speech and language therapy for a swallow assessment within the first 24 hours following their stroke.
- Ensure every stroke survivor has prompt referral to speech and language therapy to enable them to access an appropriate method of communication in the immediate days following their stroke.
- Recognise that when a stroke survivor leaves hospital there must be a seamless transition into the community with adequate support to ensure therapy can be sustained.
- Ensure that every community stroke team includes at least one speech and language therapist.

► For more information visit: www.rcslt.org

How speech and language therapy services can help

- Speech and language therapy is an effective intervention for supporting people with aphasia following stroke.⁵
- Speech and language therapy also offers economic benefits. Social return on investment research estimates that:
 - The annual benefit of providing speech and language therapy to the **52,757** aphasia post-stroke patients is **£60m**.⁶
 - Each **£1** invested in low intensity speech and language therapy for adults with dysphagia after stroke generates **£2.30** in healthcare cost savings though avoided cases of chest infections.⁷
 - Each **£1** invested in enhanced speech and language therapy for aphasia patients generates **£1.30** due to the monetary benefit associated with a quality of life gain.⁸



REFERENCES AND RESOURCES

- 1 Townsend N, et al (2012). Coronary heart disease statistics 2012 edition. British Heart Foundation: London. p57.
- 2 Townsend N, et al (2012). Coronary heart disease statistics 2012 edition. British Heart Foundation: London, p58.
- 3 Stroke Association (2012). Speech and Language Therapy after Stroke. Stroke Association: London.
- 4 Ibid.
- 5 Kelly H, Brady MC, Enderby P. *Speech and language therapy for aphasia following stroke*. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub2
- 6 Marsh K, et al (2010) *An economic evaluation of speech and language therapy*, Matrix Evidence, p75. http://www.rcslt.org/giving_voice/matrix_report
- 7 Ibid.
- 8 Ibid.
- 9 Care Quality Commission (2011) Supporting Life After Stroke. Care Quality Commission: London.
- 10 Royal College of Speech and Language Therapists (2008). *Speaking out for stroke survivors*. http://www.rcslt.org/about/campaigns/England_stroke_briefing