



NSW Speech Pathology Evidence Based Practice Interest Group

Critically Appraised Paper (CAP)

CLINICAL BOTTOM LINE: Weak evidence showing treatment effect of CIN therapy (evidenced in generalised improvement) in mild-mod “pure” anomia.

Clinical Question [patient/problem, intervention, (comparison), outcome]: Does Circumlocution-induced naming therapy show generalisation in mild-mod anomics who have “pure” anomia ie impairment of POL?

Search Terms: Anomia/
Aphasia/Circumlocution/ Naming therapy/

Search Systems:

Citation: Francis, D, Clark, N, and Humphreys, G.W. (2002). Circumlocution–induced naming (CIN): a treatment for effect generalisation in anomia. *Aphasiology*. 16(3). 243-259.

Design: Single Case Study. Not case controlled. Multiple baselines measures taken pre and post therapy to control for spontaneous recovery.

Participants: A 79 yr old female with an ischaemic infarct in the Left MCA territory.

Experimental Group: The participant in the experimental design had had a stroke that resolved to produce a persistent anomia and phonological dyslexia. The treatment design involved 13 sessions of 15-30 min over 4 weeks using CIN therapy when the patient was 2-3 month post onset. Pt was assessed ? *immediately* and 2 ½ weeks post therapy.

Control Group: Baseline measures were taken to control for spontaneous recovery.

Results: : Improvement was measured with the therapy items. A small significant improvement on naming non-treatment items was measured post therapy showing treatment effect. Results were maintained but not improved upon 2 ½ weeks post therapy – significance of this result? Qualitative changes in error patterns also noted.

Comments on Design: Evidence to use this therapy was weak but the results showed a good theoretical basis for the therapy and that the study was worthy of replication but with modifications to the design (major flaw of the study). To replicate the study it was suggested that it needed to be case matched and compared with traditional naming therapy in patients with different degrees of anomia and at different stages of recovery – this would help identify validity of treatment effect and appropriate client population for this therapy

Level of Evidence (NH&MRC): Level 3

Appraised By: Adult Sp and Language EBP IG
Clinical Group:

Date: August 2002