

Letter to the Editor: “Aphasia Screening Test (TeRAp): Construction and Validation for European Portuguese”

Carta ao Editor: “Teste de Rastreio de Afasia (TeRAp): Construção e Validação para o Português Europeu”

Keywords: Aphasia/diagnosis; Portugal; Psychometrics; Reproducibility of Results; Surveys and Questionnaires

Palavras-chave: Afasia/diagnóstico; Inquéritos e Questionários; Portugal; Psicometria; Reprodutibilidade dos Resultados

Dear Editor,

It was with particular interest that I read the article “Aphasia Screening Test (TeRAp): Construction and Validation for European Portuguese”.¹ According to the Portuguese Institute of Aphasia, there are nearly 40 000 people affected with aphasia in Portugal and an estimate of 8000 new cases of aphasia every year.

Aphasia is a language disorder that may be acquired due to brain injury, stroke or other neurological conditions. According to Statistics Portugal, stroke remained the leading cause of death in 2022,² which should make us even more aware of the importance of early diagnosis and an accurate approach to aphasia.

As stated in the article from Fonseca *et al*,¹ the Aphasia Screening Test (TeRAp) was developed as a fast and easy-to-use tool for the screening of aphasia and better assessment of communication skills and language impairments of patients. The fact that the test is always available if the clinician has an internet connection is undoubtedly positive. As a family doctor who often deals with patients after stroke, with dysarthria or even mild cognitive impairment, it may be a challenge to decipher the needs of patients and to speak with people affected by communication disorders. Given this, not only is making a correct diagnosis mandatory, but also evaluating the ability of these patients to participate in decision-making about their own healthcare.

From the point of view mentioned in the article from Hinckley *et al*,³ some clinicians tend to search for information about patients with aphasia from their partners or family members instead of talking directly to patients. It is important to provide person-centered care, personalized, that is in line with the individual's reality. Speech-language pathologists (SLPs) receive specialized training in communication, namely for people affected by communication disabilities, unlike medical doctors, whose initial education does not involve acquiring skills for approaching people with language disorders. Thus, SLPs have a key role in teaching other healthcare professionals (such as clinicians from primary and secondary care services) about successful communication techniques to recognize the evolution of patients' capacities throughout time and improve the quality of healthcare, thus mitigating dialogue barriers and paving the way for the reintegration of these people into society. Only adequate communication between clinicians and patients allows reasonable shared decision-making.

COMPETING INTERESTS

The author has declared that no competing interests exist.

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