d’apprentissage avec réduction des erreurs sur les mots entraînés. Nous proposons que la procédure multimodale a été cruciale dans l’efficacité de cette thérapie.


**Version anglaise**

CO43-001–EN

**Intensity of facial palsy with the dynamometer**

P. Gatignol*, E. Lannadere, F. Tankéré, G. Lamas

*Service ORL et otoneurologie, hôpital Pitié-Salpêtrière, Paris, France

*Corresponding author.

**Keywords:** Facial palsy; Assessment; Dynamometer

**Introduction.**—The prognosis of facial palsy, in addition to its etiology, is directly related to its intensity. This criterion is usually assessed either by clinical grading is a subjective measure is calculated by axonal loss during stimulation electromyography, examination often difficult to obtain.

**Study aims.**—Comparison of results of the dynamometer with the grading of House and Brackmann (HB) scale Drive Oral-facial-lingual and electromyography.

**Patients and methods.**—Fifty-three patients with facial palsy were studied. The following items were considered: gender, date of onset of facial palsy, initial grading of HB, etiology, scale Motricity lingual-oral-facial, results of electromyography (EMG) and stimulation scores with the Newton, dynamometer to measure strength bilabial.

**Results.**—These evaluations are very highly correlated, especially between 6 and 12 months. The correlation between the dynamometer and House-Brackmann scale remained the highest in this period, followed closely by the correlation between the dynamometer and the EMG.

During the first month, the correlation was strong (r = 0.52) between the dynamometer and House-Brackmann scale, and between EMG and the other two tests (r = 0.47 for HB and r = −0.32 for the dynamometer).

For patients whose assessment was made beyond 12 months after the injury, strong correlations remained between the HB grading and EMG (r = 0.68) and dynamometer (r = −0.63) and tended to decline over 12 months between the dynamometer and EMG (r = −0.42).

**Conclusion.**—This review examined a quick and simple with an inexpensive device used to evaluate prognosis, an essential element of the patient’s request.

**Further readings**


CO43-002–EN

**Perception of emotions in Alzheimer disease**

P. Gatignol*, O. Aubert-Garbalalde, T. Rousseau

*Unadreo Lurco ERU 17, hôpital Pitié-Salpêtrière, Paris, France

b Unadreo Lurco ERU 17, Sablé sur sarthe, France

*Corresponding author.

**Keywords:** Perception; Primary emotions; Alzheimer’s disease

**Introduction.**—Alzheimer’s disease is a major public health challenge. If we include the family circle, they are nearly three million people directly affected. A disorder of perception of emotions could explain the behavior disorders, communication and emotional numbing that have Alzheimer’s patients.

**Objectives.**—To evaluate the perceptual disturbances of emotions and to quantify them, we developed a test of perception of emotions (TPE), based on the recognition test of facial expressions Ekman (1975); it assesses the patient’s visual, auditory and auditory-verbal ability of perception.

Our task was to compare the performance of our control population (30 subjects) with the performance of ten AD patients (MMS > 13).

**Results.**—Our study revealed the existence of a disorder of perception of emotions in patients with Alzheimer type dementia. We found this trend in all three modalities, particularly for visual and auditory-verbal perception. Only the verbal modality seems to be relatively preserved, which demonstrates the importance of intonation contour in the process of identifying emotions.

We also showed that Alzheimer subjects despite reduced verbal communication skills in comprehension and production still manage to produce speech with emotionally charged vocal inflections. Their biggest challenge is not to produce speech with an emotional prosody appropriate to achieve but to perceive the emotions conveyed in the voice of their interlocutor.

**Conclusion.**—Our study has revealed that there was a lack of perception of emotions in Alzheimer’s disease and the strengthening of emotional prosody could be used as a communication support

**Further readings**


CO43-003–EN

**Impact study of a training program on communication for aphasic family carers**

N. Joyeux*, C. Rives, M. Kerlan

a UNADREO, Lurco-ERU40, 11, avenue Joël-Le-Theule, BP 70145, 72303 Sablé sur Sarthe cedex, France

b FNO, Vesoul, France

*Corresponding author.

**Keywords:** Aphasia; Communication; Training; Carers

Socially and politically, aphasia is naturally concerned by the national stroke plane for 2010–2014. The communication disability which results from this chronic disease induces a loss of autonomy and modifies profoundly the social role of the patient.

**Objectives.**—A training program for family carers was built by the profession of speech therapists in partnership with the National Federation of Aphasics of France, covering the entire French territory.

A first session of information approached the impact of the communication disability then during the following 2 sessions specific problems of aphasics in terms of shared communication disability and quality of life.

This program was the object of a measure of impact on the aphasics and also on family carers. We verified the degree to which it responds to their request for information about the aphasia and communication disability if it improves their communication with the aphasic, and decreases the communication disability if it relieves the burden of family carers.

**Material and methods.**—The family carers were recruited from 25 sites throughout France from October 2010 till June 2011. Information sessions in the evening then two days for training workshops were proposed every three months.

Seven types of questionnaires (before/after or satisfaction) are proposed to family carers and aphasics.

**Results.**—One thousand and five hundred persons attended the preliminary information sessions, an average of 60 persons by meeting. Approximately 60% of the people who were asked wished to obtain additional information and felt a need for training.

**Discussion.**—Information and training for family carers of aphasic devoted to aphasia, communication and communication disability responds to a real demand from these families. The final exploitation of the results should enable a measure of the real impact in terms of changing behaviour, communication, and quality of life.