CO37-003-f
Réinsértion sociale et professionnelle et syndromes dysexécutifs
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Mots clés : Fonctions exécutives ; Réinsértion professionnelle
Les troubles des fonctions exécutives sont une source de difficultés de réinsertion, tant sociale que professionnelle. Les données de la littérature anglo-saxonne ont montré que des mesures de soutien et d’accompagnement spécifique (supported employment) permettaient d’améliorer l’intégration social et le taux de retour au travail [2,3]. En France, la mise en place de dispositifs médicosociaux spécifiques (UEROS avec pour certaines des antennes hospitalières, SAMSAH spécifiques) permet de proposer un accompagnement adapté et dans la durée à ces patients [1]. Nous présenterons des données émanant de l’antenne UEROS-UGECAMIF et d’un SAMSAH implanté au sein d’un établissement sanitaire, l’hôpital Raymond-Poincaré (AP–HP, Garches) et discuterons de l’apport des accompagnements médicosociaux dans la prise en charge des fonctions exécutives.

Références

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CO37-004-f
Expertise médicolégale du handicap cognitif
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Mots clés : Fonctions exécutives ; Évaluation médicolégale

Oral communications

English version

CO37-002-e
Executive dysfunction rehabilitation of planning and problem solving abilities: A case study
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Keywords: Executive functioning; Brain injury; Cognitive rehabilitation; Problem-solving; Goal management
Executive deficits following brain injury have frequently negative repercussions on patient’s daily life. These deficits can prevent patients get back home or work. Easy and/or complex daily life problem solving can be deeply impaired by executive deficits affecting situation analysis, resolution strategy planning, and initiation of an action plan or the control of its execution. Among the interventional methods described in the literature, the “Goal Management Training” (GMT) proposed by Levine et al. [1] seems the most efficient in individual and group rehabilitation programs of patients with various aetiologies. This approach is based on the attentional theory of “goal neglect” and consists in training the patient (1) to stop all on-going behavior and focalize the attention on a hierarchical list of sub-objectives leading to the final aim, (2) to regulate his/her behavior during the running of the task. The rehabilitation program includes explanation sessions in order to better comprehend errors in daily life and also exercises leading to the application of metamemory strategies in imaginative and real problem solving tasks drawn from daily life. To illustrate this approach, we will present the rehabilitation program of a traumatic brain injury patient with planning difficulties objectified at the neuropsychological examination. The administration of an adapted “GMT” program leads to the normalization of performance in executive problem solving tasks. Nevertheless, no real improvement was observed in daily life (assessed by the DEQ questionnaire).

CO37-001-e
Rehabilitation for executive dysfunction in adults suffering non-progressive acquired brain damage
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Keywords: Executive function; Frontal lobes; Rehabilitation; Acquired brain injury; Traumatic brain injury; Stroke
Executive function is very frequently affected when the brain is damaged through non-progressive acquired brain damage. We use executive abilities to organise ourselves and solve problems, from doing daily activities to dealing with new ways of performing complex goal-oriented tasks. If it is possible to improve executive function, then more people with brain injury might become more independent with activities of daily living and succeed in community and vocational re-entry. The effectiveness of rehabilitation interventions for executive dysfunction is still being debated and meta-analysis are controversial: Chung et al. [1] concluded to “identified insufficient high-quality evidence to reach any generalised conclusions about the effect of cognitive rehabilitation on executive function, or other secondary outcome measures” at the same time as Manly et al. [2] said “significant gains have been reported, and further work applying appropriate methods is urgently required”. There are various rehabilitation strategies for training executive functions, most commonly classified in restorative interventions, compensative interventions or adaptive interventions in goal directed tasks. Interventions that work with patients on developing insight and strategies can produce significant benefits. Emotional and social cognition rehabilitation is another bridge to gap. Effect generalization and clinical significance of change for everyday function are required.
Since the first attempts of Walter Poppelreuter (1917) and Kurt Goldstein (1942), the needs have been stressed: (1) to connect rehabilitation to “real world” activities and (2) to adapt individually with the careful observation of patient’s response to failures and their natural preferences for using one form of substitution or compensation over another. Focus is given in analytic organization of goal directed activities and explicit verbal instructions, but global “in task” interaction and implicit behaviour need more interest of rehabilitation professionals.

References

CO37-002-f
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Social and vocational re-entry of dysexecutive patients

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Keywords: Executive functions; Vocational rehabilitation

Disorders of executive functions are associated with both social and vocational re-entry difficulties. Following pioneer works in North America showing the effectiveness of the supported employment approach for social reintegration and return to work of brain injured patients [2,3], specialised community-re-entry programmes have been developed in France, such as the UEROS programme or specialised community-based services (SAMSAH) [1]. We present personal data from our community-re-entry programmes and discuss the contribution of the social supports in the rehabilitation of the executive functions.

Références