



Validation of the Brief Evaluation of Receptive Aphasia (BERA) tool in post-comatose patients

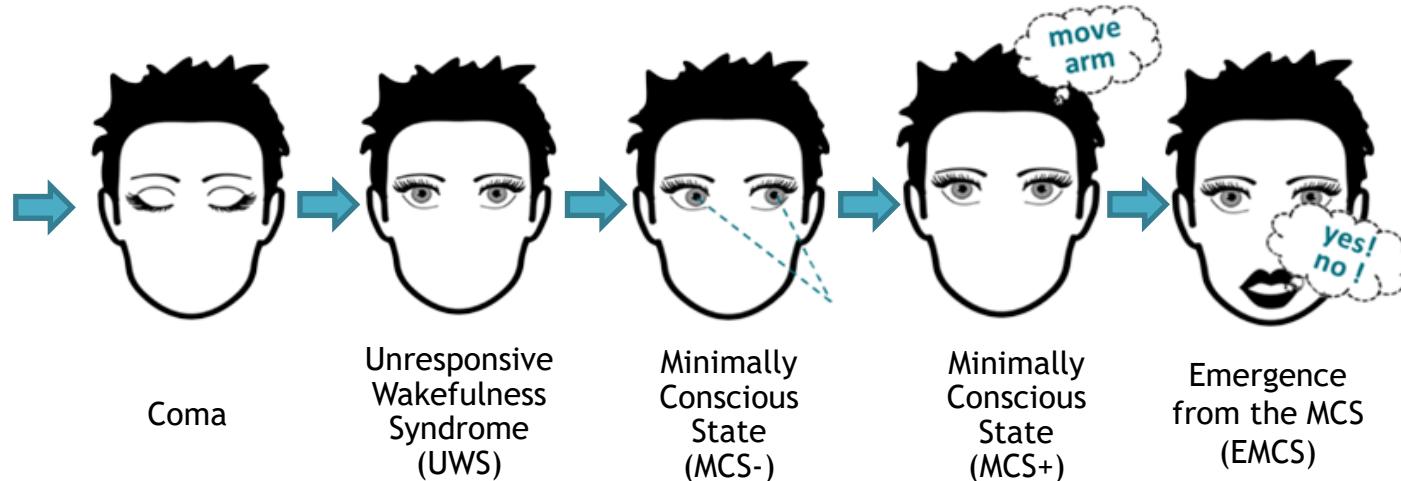
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Disorders of consciousness after coma

Trauma
Anoxia
Hemorrhage
Metabolic
Infection
Inflammation



Deafness
Blindness
Motor impairment
Aphasia
...



**30-40% risk of
consciousness
misdiagnosis**

Aphasia in disorders of consciousness

CRS-R, SECONDS,...: diagnosis of consciousness levels including language-related items

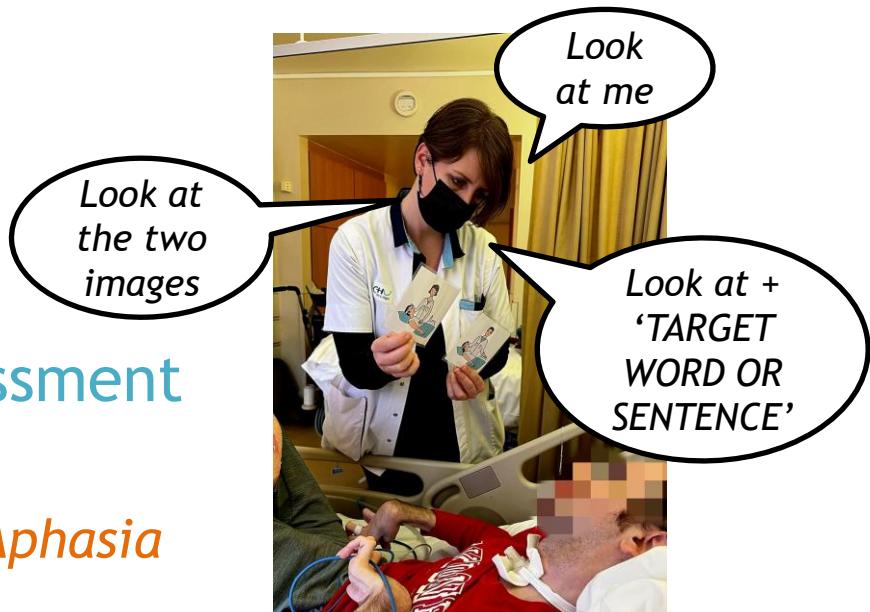
BUT no language assessment...

- Language components?
- Psycholinguistic variables?

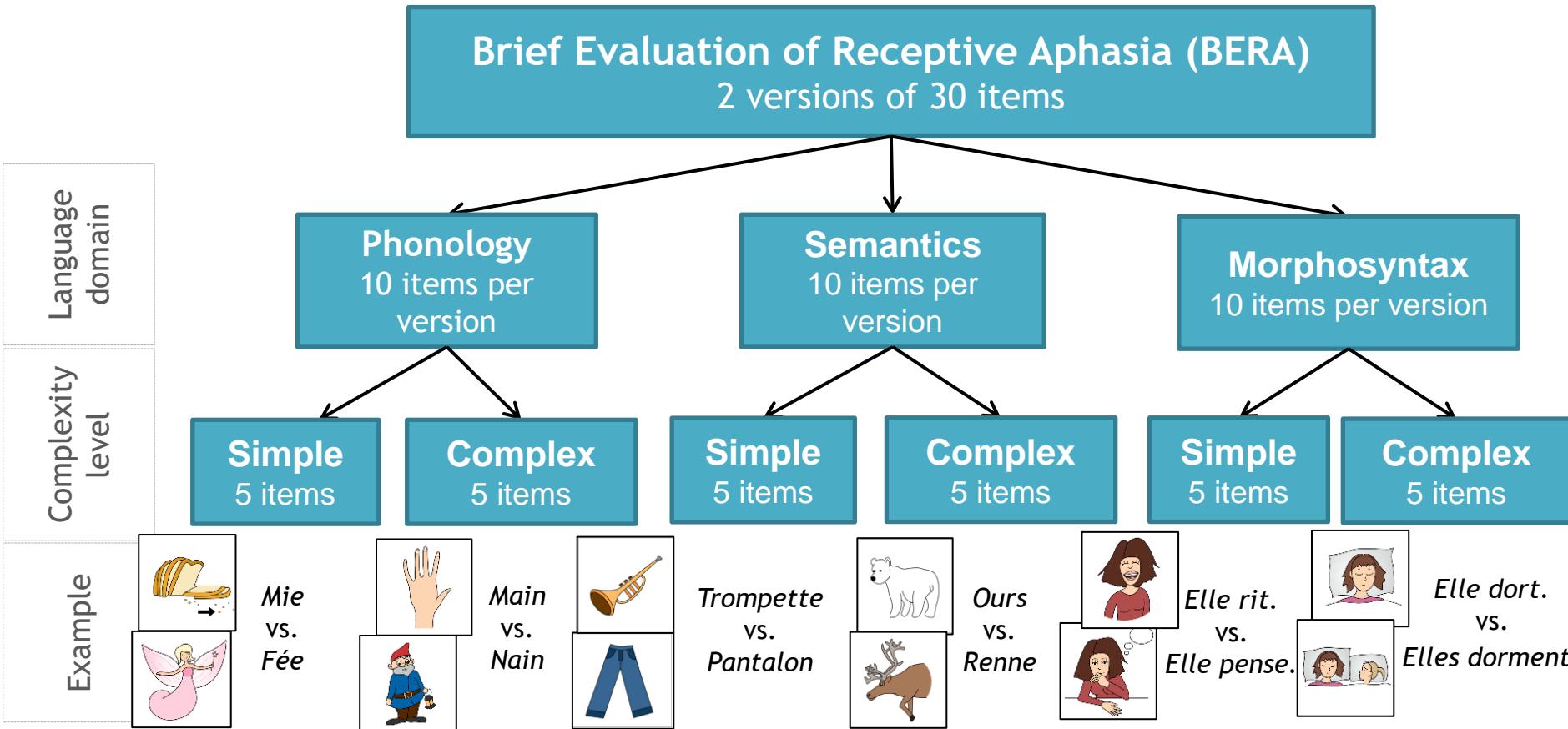
Towards a language-specific assessment



Elaboration of the
Brief Evaluation of Receptive Aphasia
(BERA)

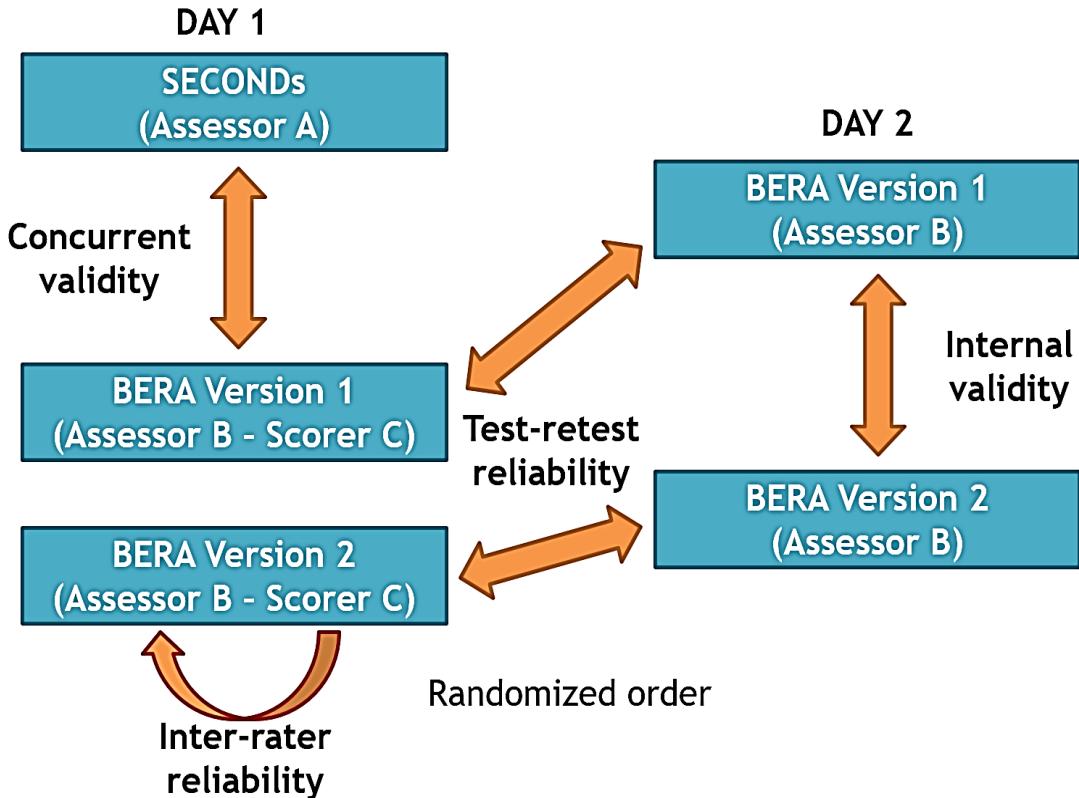


Elaboration of the BERA language-specific tool



Inclusion criteria and validation procedure

- n = 48 patients
- Coma following severe brain injury
 - Time post-onset: > 28 days
 - Age: 18-80 y.o.
 - French-speakers
 - Preserved visual fixation or pursuit

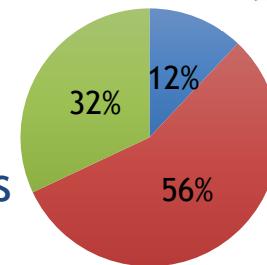


Psychometric preliminary data

(n = 25)

Duration mean for one version: $11,4 \pm 4,6$ min

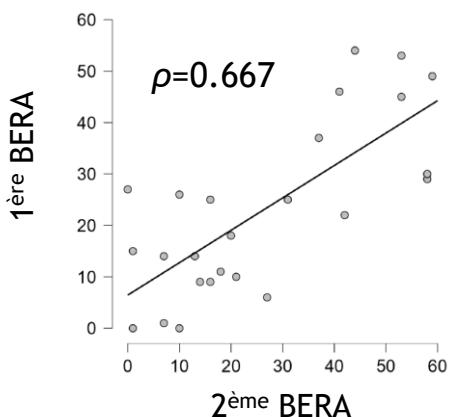
DoC
diagnosis



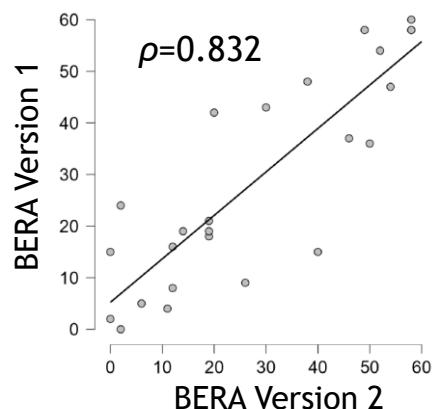
■ MCS- ■ MCS+ ■ EMCS

Inter-rater reliability: $ICC = 0.961$

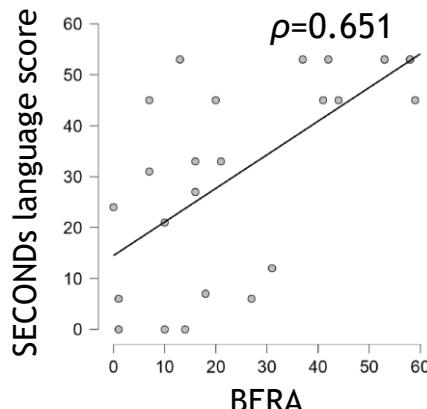
Test-retest reliability



Internal validity



Concurrent validity



Conclusion

- The BERA may complement the CRS-R or SECONDS scales for assessing and diagnosing post-comatose patients
 - Reduce consciousness misdiagnosis in aphasic patients
- BERA scores also indicate selective receptive difficulties for phonological, semantic and morpho-syntactic abilities
 - Orient speech-language therapies



James S. McDonnell Foundation



Thank you!

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Open-access material here:
<https://www.coma.uliege.be/severe-brain-injury/#dc-diagnosis>