Littérature “Conscience de soi”

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Titre** | **Conclusions** | **Clientèles et research design** | **Résultats** | **Références** |
|  |
| Driving difficulties and adaptive strategies: the perception of individuals having sustained a mild traumatic brain injury | **La fatigue et la difficulté à se concentrer** ont été nommées plus souvent en lien avec la conduite auto. **Les TCC légers ont tendance à bien percevoir leur difficulté et à développer avec le temps des stratégies adaptatives. La conscience de ses problèmes est un indicateur de la réussite en conduite.** | Entrevues avec 27 conducteurs TCC légers | Objectif : Connaitre leur perception quant à leur conduite. Ils ont documenté les difficultés reliées à la conduite et les stratégies compensatrices pour assurer leur sécurité. 93% des participants ont rapporté au moins une difficulté perçue comme ayant un impact sur les activités de tous les jours. La fatigue et la difficulté à se concentrer ont été nommées plus souvent en lien avec la conduite auto. 74% ont adapté leur conduite ou développer des stratégies compensatrices pour des difficultés. Les TCC légers ont tendance à bien percevoir leur difficulté et à développer avec le temps des stratégies adaptatives. La conscience de ses problèmes est un indicateur de la réussite en conduite.  | Bottari, Rehabilitation research pactice2012 |
| Awareness of deficits and on-road driving performance.  | **Le manque d’introspection des incapacités serait plus risqué pour la conduite que les problèmes cognitifs ou physiques.** D’ailleurs ceux présentant un manque d’introspection ont plus de difficulté à accepter les restrictions pour la conduite que les autres. les légers et sévères sont les groupes les moins risqués car les sévères ne reprendront pas la conduite et les légers ont peu d’incapacités. Les modérés sont les plus à risque. 2 choses importantes pour diminuer les risques : la reconnaissance des déficits et la compensation efficace de ces déficits. **Les résultats démontrent que les patients qui sont conscients de leurs déficits réussissent mieux au test sur route que les autres et s’autoévaluent mieux.**  Le niveau de conscience des déficits est fortement associé aux performances sur route. Quand la conscientisation est basse, les tests neuropsy sont très importants car même un léger déficit non compensé devient risqué. Chez les peu conscients, les fonctions exécutives et le raisonnement visuospatial sont fortement corrélés.  | AVC et TCC | Barriers to driving Questionnaire (BDQ) and Driving Survey (DS) pour ceux qui conduisent déjà, le Awareness Questionnaire, On-road driving evaluation including assessment of vision and UE and LE extremity coordination. Neuropsychological tests battery : TMT A and B, Stroop test, Symbol Digit Modalities Test, Judgment of line Orientation, Brixton spatial anticipation test, Weschler Adult intelligence scale – working memory, Matrix reasoning subtests. Among adults with impaired awareness (n = 21), neuropsychological functioning was substantially related to driving outcomes; in contrast, driving outcome showed weak relation to neuropsychological functioning among those with intact awareness (n = 24) or hypervigilance (n = 17) toward deficits.. La conscience (awareness) des déficits a une influence considérable sur les résultats de la conduite directement et comme modérateur entre les résultats aux tests neuropsy et les résultats sur route. Bon descriptif des capacités nécessaires à la conduite auto. 40-60% des AVC et TCC reprennent la conduite auto. Les 2/3 ne sont pas du tout évalués pour leur aptitude (ÉU?). L’évaluation sur route est le gold-standard. Peu de groupes contrôle ont fait le test sur route. Une étude a démontré que les évaluations neuropsy prédisent mieux que l’âge ou le diagnostic mais plusieurs études ne trouvent pas de relation entre les résultats d’éval neuropsy et les performances sur route. Le manque d’introspection des incapacités serait plus risqué pour la conduite plus que les problèmes cognitifs ou physiques. D’ailleurs cette catégorie de patient a plus de difficultés à accepter les restrictions pour la conduite que les autres. Lundqvist 2007 rapporte que les ABI qui échouent au test sur route surestiment leurs performances sur route alors que ceux qui passent connaissent mieux leurs capacités cognitives et ajuste mieux leurs comportements. Coleman et Bryer 2005 rapportent que les légers et sévères sont les groupes les moins risqués car les sévères ne reprendront pas la conduite et les légers ont peu d’incapacités. Les modérés sont les plus à risque. Rapport et al 2008 ont trouvé que les TCC plus anosognosiques conduisent plus et avaient plus d’incidents sur route que ceux qui sont conscients de leur limite. 2 choses importantes pour diminuer les risques : la reconnaissance des déficits et la compensation efficace de ces déficits. Ils ont testé 62 personnes : 50% AVC et 17.7% TCC. Ils ont mesuré le « Barriers to driving Questionnaire and Driving Survey » (pour ceux qui conduisent déjà), le « Awareness Questionnaire », le On-road driving evaluation including assessment of vision and UE and LE extremity coordination. Neuropsychological tests battery : TMT A and B, Stroop test, Symbol Digit Modalities Test, Judgment of line Orientation, Brixton spatial anticipation test, Weschler Adult intelligence scale – working memory, Matrix reasoning subtests. Les résultats démontrent que les patients qui sont conscients de leurs déficits réussissent mieux au test sur route que les autres et s’autoévaluent mieux. Cette conscientisation modère les conséquences des problèmes identifiés aux tests neuropsy. Le niveau de conscience des déficits est fortement associé aux performances sur route. Les personnes hypervigilante de leurs incapacités (les surestimant) avaient moins de succès que les N ou ceux conscients. Les tests neuropsy sont prédictifs (de modeste à fort) des résultats du test sur route autant que la conscience des déficits. Quand la conscientisation est basse, les tests neuropsy sont très importants car même un léger déficit non compensé devient risqué ((Ryan 2009). Les personnes qui manquent de conscientisation et ceux hypervigilants ont de moins bonnes performances. La vitesse de processing psychomoteur et visuomoteur est corrélée à une meilleure performance sur route même chez les sujets sains. Les fonctions exécutives sont peu corrélées chez les sains, les conscients et hypervigilants. Chez les peu conscients, les fonctions exécutives et le raisonnement visuospatial sont fortement corrélés.  | Griffen JA, Rapport LJ, Coleman Bryer R, Bieliauskas LA, Burt C. The Clinical Neuropsychologist, 25(7), 1158-1178, 2011. |
| Awareness of deficit and driving simulatorperformance after stroke | **Impaired awareness of cognitive and especially motor/sensory deficits predicted poor driving** and they were substantially stronger predictors of actual driving skill and awareness of emotional and behavioral deficits was related to prediction and postdiction of driving skills. |  | Impaired awareness of cognitive and especially motor/sensory deficits predicted poor driving and they were substantially stronger predictors of actual driving skill and awareness of emotional and behavioral deficits was related to prediction and postdiction of driving skills. | Scott-thèse |
| Awareness of driving disability in people with stroke tested in a simulator. | An analysis indicated that **awareness of driving disability and cognitive screening outcome explained 74% of the variance in driving ability.** This study indicated that a majority of the people with stroke who fail a driving evaluation also have limited awareness of their disability | 38 post-AVC évalués dans le simulateur avec le P-Drive. | The aim of this study was to explore and describe awareness of driving disability in people with driving difficulties after stroke. The study comprised a consecutive sample of 38 participants with stroke who showed difficulties in a technically advanced, interactive driving simulator. Driving ability in the simulator was measured using Performance Analysis of Driving Ability (P-Drive). Awareness of driving disability was measured using a modified version of Assessment of Awareness of Disability (AAD), measuring the discrepancy between observed driving actions and self-reported disability after a driving evaluation in a simulator. La majorité n’est pas consciente de leur difficulté à conduire sur le test AAD. Ont fait aussi le NorSDSA. , A majority of the participants (n = 36) demonstrated driving ability that was below the cut-off criterion for P-Drive. Furthermore, a majority of the items measuring awareness of driving disability were scored low, indicating that participants with stroke who did not pass a driving evaluation also had limited awareness of driving disability. A General Linear Model analysis indicated that awareness of driving disability and cognitive screening outcome explained 74% of the variance in driving ability. This study indicated that a majority of the people with stroke who fail a driving evaluation also have limited awareness of their disability, which indicates the need to address awareness in driving evaluations | Patomella et al. Scand J Occup Ther. 15(3):184-92, 2008 |
| Self-assessment of driving ability and the decision to resume driving following stroke | The decision to resume driving after stroke can be complicated by the sequelae of stroke as well as the established finding that **even healthy adults overestimate their driving ability.**  | 67 AVC et 67 contrôles | This study evaluated whether stroke survivors (n = 67) disproportionately overestimated their driving ability as compared to healthy significant others (n = 67). Comparison to a known target reduced self-bias among both groups, but shift toward enhanced accuracy was significantly greater among survivors than significant others. Additionally, self-bias may reflect a pervasive trait of cognitive ability, as overestimation of driving ability was paralleled on a cognitive estimation task. Use of a specific criterion can facilitate accurate self-ratings of driving ability among survivors; however, actual decisions regarding driving status may be unrelated to self-view. | Scott, J Clin Exp Neuropsychol. 2009 Apr;31(3):353-62. Epub 2008 Jun 16. |
| Driving after brain injury: self-awareness and coping at the tactical level of control | The group that passed the driving test and the group that failed the driving test did not differ in terms of cognitive functions. Neither did they differ in their self-ratings of driving performance. However, **the group that failed the driving test significantly over-estimated their performances as compared to the assessments made by the professional driving inspector, while the group that passed the test made more accurate self-ratings.** the group that made a more realistic evaluation of their driving performance were more aware **of their cognitive capacity** compared to those who failed the driving test. They seemed to have a better ability to adjust their driving behaviour at a tactical level. Thus, the subject's metacognition, awareness of his/her own cognitive capacity, is important for coping with cognitive impairments at tactical driving. | A consecutive series of 30 drivers with acquired brain injury were assessed concerning cognitive functions and driving performance. In addition the drivers assessed their driving performance through self-rating. | Objectif: To study whether metacognition is a prerequisite for coping at the tactical level of driving. On average the drivers with ABI had cognitive impairments compared to a healthy reference group. The group that passed the driving test and the group that failed the driving test did not differ in terms of cognitive functions. Neither did they differ in their self-ratings of driving performance. However, the group that failed the driving test significantly over-estimated their performances as compared to the assessments made by the professional driving inspector, while the group that passed the test made more accurate self-ratings. CONCLUSIONS: One interpretation of these results is that the group that made a more realistic evaluation of their driving performance were more aware of their cognitive capacity compared to those who failed the driving test. They seemed to have a better ability to adjust their driving behaviour at a tactical level. Thus, the subject's metacognition, awareness of his/her own cognitive capacity, is important for coping with cognitive impairments at tactical driving. | Lundqvist, Brain Inj. 2007 Oct;21(11):1109-17. |
| The influence of self-awareness of driving ability on on-road performance of persons with acquired brain-injury. | Les participants qui **sur-estiment leurs capacités à conduire ont plus de chance d'échouer les évaluations de conduite** ou de nécessiter de l'entrainement que ceux qui jugent bien leur capacité ou les sous-estiment. Le temps de réaction en réponse à un stimuli visuel mesure le scanning visuel, l'attention, la vitesse de mouvement, et le contrôle de l"impulsion" étaient significativement reliés à la performance sur route. |  | Les participants qui sur-estiment leurs capacités à conduire ont plus de chance d'échouer les évaluations de conduite ou de nécessiter de l'entrainement que ceux qui jugent bien leur capacité ou les sous-estiment. Le temps de réaction en réponse à un stimuli visuel mesure le scanning visuel, l'attention, la vitesse de mouvement, et le contrôle de l"impulsion" étaient significativement reliés à la performance sur route. | Mallon KLThèse. |
| Predictors of driving outcome after traumatic brain injury.  | QUAND le patient conduit déjà, la famille et les proches peuvent nous donner plus d’infos sur leur performance que les infos médicales. |  | QUAND ils conduisent déjà, la famille et les proches peuvent nous donner plus d’nfos sur leur performance que les infos médicales. | Coleman RD, Rapport LJ, Ergh TC, Hanks RA, Ricker JH, Millis SR Arch Phys Med Rehabil. 2002 Oct;83(10):1415-22. |
| Vision, attention, and self-reported driving behaviors in community-dwelling stroke survivors | These results suggest that **vision** and **attention**, both of which are important for driving, are often impaired in stroke survivors. The severity of these deficits could be an influence on driving status and driving behavior. **Stroke survivors who return to driving strategically limit their driving exposure and rely on others for transportation, which suggests that they may deliberately self-regulate their driving behavior.** | A cross-sectional design to compare stroke survivors to older adults without stroke on visual measures, attentional measures, and self-reported driving behaviors. Fifty stroke survivors and 105 older adults without neurologic or visual impairment. Visual acuity, contrast sensitivity, peripheral vision, useful field of view (UFOV), Behavioral Inattention Test, and a driving habits questionnaire. | To elucidate the relationships among vision, attention, driving status, and self-reported driving behaviors in community-dwelling stroke survivors. Stroke survivors had impaired contrast sensitivity, peripheral vision, and UFOV compared with older adults in good visual and neurologic health. Driving stroke survivors typically had less attentional impairment than nondrivers. Stroke survivors who returned to driving reported difficulty in challenging driving conditions, drove less, and relied more on other people for transportation than older adults without stroke. CONCLUSIONS: These results suggest that vision and attention, both of which are important for driving, are often impaired in stroke survivors. The severity of these deficits could be an influence on driving status and driving behavior. Stroke survivors who return to driving strategically limit their driving exposure and rely on others for transportation, which suggests that they may deliberately self-regulate their driving behavior. | Fisk |
| Neuropsychological aspects of driving characteristics | The paper demonstrates the complementary value of neuropsychological assessment and a driving test: The relevance of cognitive factors for interpretation of driving problems, but also the relevance of a driving test to show compensatory capacity in some drivers with brain injury. Thus, collaboration between medical, neuropsychological and driving expertise can promote and deepen the total assessment of driving performance after brain injury. | 4 patients BI |  A neuropsychological assessment and a driving test are additional parts of the driving assessment besides the medical examination. In this paper, neuropsychological test results and driving test results from four patients with brain injury are presented. The paper demonstrates the complementary value of neuropsychological assessment and a driving test: the relevance of cognitive factors for interpretation of driving problems, but also the relevance of a driving test to show compensatory capacity in some drivers with brain injury. Thus, collaboration between medical, neuropsychological and driving expertise can promote and deepen the total assessment of driving performance after brain injury. | Lundqvist |
|  | **PAS EN LIEN AVEC LA CONDUITE AUTO** |  |  |  |
| Review of self-awareness and its clinical application in stroke rehabilitation | Le « self-awareness » est essentiel au succès de la réadaptation | PAS EN LIEN AVEC CONDUITE AUTO | The objectives of this study were (i) to explore, the concepts of self-awareness, its assessment, and intervention for self-awareness deficits, as well as its clinical significance in stroke rehabilitation; and (ii) to apply the concepts of self-awareness in the context of a rehabilitation program. Le « self-awareness » est essentiel au succès de la réadaptation. It is hoped that more studies can be conducted on the effectiveness of awareness enhancement programs incorporated in on-going therapies can be conducted, so that the evidence base can be further built up in this evolving area of practice. | Leung, D. P.Liu, K. P.Int J Rehabil Res. 2011 Sep;34(3):187-95. |
| The evaluation of anosognosia in stroke patients |  | PubMed search with appropriate terms was carried out in order to critically review the issuePAS EN LIEN AVEC CONDUITE AUTO | Anosognosia in stroke patients showed a relevant detrimental effect on the rehabilitation course and patients' quality of life, especially in those with brain injury. Although a number of reliable scales for the assessment of anosognosia in stroke and traumatic brain injury have been developed, at present no single measure fully explores the multifaceted nature of the phenomenon. The main dimensions to consider in the investigation of anosognosia in brain-injured patients are (a) awareness of deficit and related functional implications, (b) modality specificity, (c) causal attribution, (d) expectations of recovery, (e) implicit knowledge and (f) differential diagnosis with psychological denial. Time elapsed from stroke, aetiology, laterality, aphasia and clinical complications may influence all these characteristics and must be taken into consideration. Finally, an adequate association of the anosognosia evaluation with other neuropsychological and behavioural aspects is relevant for a modern holistic approach to the patient. This review is meant to stimulate the development of a new comprehensive assessment procedure for anosognosia in brain injury and particularly in stroke, in order to catch the multidimensionality of the phenomenon and to shape rehabilitation programmes suitable to the specific clinical features of every single patient | Orfei |
| Brain injury beliefs, self-awareness, and coping: a preliminary cluster analytic study based within the self-regulatory model |  | 37 TCC sévèresPAS EN LIEN AVEC CONDUITE AUTO | We conducted a preliminary study to determine whether the Self-Regulatory Model can identify different clusters of individuals according to belief schemata, and to explore whether clusters differed across measures of coping and self-awareness. The Illness Perception Questionnaire-Revised was administered to 37 participants with severe traumatic brain injury (TBI), along with the Ways of Coping Checklist-Revised and the European Brain Injury Questionnaire. Clinicians also rated clients' level of difficulties using the latter scale, and the discrepancy between client and clinician scores was used as a measure of self-awareness. Hierarchical cluster analysis distinguished three groups based on profiles of subjective beliefs about TBI, labelled "low control/ambivalent", "high salience", and "high optimism". The high salience group was characterised by beliefs about serious consequences of the injury and greater self-awareness, and reported a greater range of coping strategies. The other two groups showed lower levels of awareness but differed in coping styles, with the low control/ambivalent group showing a trend towards more avoidance coping against a background of lower perceived control | Medley, Neuropsychological Rehabilitation |
| A longitudinal study of awareness of deficit after moderate to severe traumatic brain injury |  | TCCPAS EN LIEN AVEC CONDUITE AUTO | Lack of awareness of deficits is a common problem after traumatic brain injury (TBI), and is associated with worse functional outcome and poor compliance with rehabilitation. Little is known, however, about the course of awareness of deficits after TBI. Using a longitudinal design, we examined changes in self-awareness between the subacute stage (about 45 days after injury) and one-year follow-up in a sample of 123 individuals with moderate to severe TBI. Even at one year, participants rated themselves as higher functioning than did their relatives. Awareness at baseline and, for the AQ, time to follow commands, significantly predicted awareness at one year. Ont utilisé AQ et Patient competency rating scale PCRS. Awareness of deficits was operationalised as the discrepancy between patient and family ratings on the Awareness Questionnaire (AQ) and Patient Competency Rating Scale (PCRS). Compared to baseline, awareness was improved at one year, as evidenced by smaller discrepancy scores and stronger correlations between participant and family ratings. Changes in awareness were most pronounced for the behavioural/affective domain and least pronounced for the motor/sensory domain, which showed best agreement at baseline. Even at one year, participants rated themselves as higher functioning than did their relatives. Awareness at baseline and, for the AQ, time to follow commands, significantly predicted awareness at one year. These results suggest that awareness of deficits improves between the subacute and post-acute stages after TBI, and highlight the need for effective interventions for persons with impaired awareness and for flexible timing of rehabilitation efforts. | Hart |
| **Awareness of disabilities in stroke rehabilitation--a clinical trial** |  | AVC Sixty consecutive patients (36 with right, 24 with left hemisphere damage) admitted to rehabilitation hospital with a first, single, unilateral stroke were evaluated at admission, discharge and at 1-year post onset of stroke. rehabilitation following TBIPAS EN LIEN AVEC CONDUITE AUTO | To investigate the frequency of unawareness of disabilities after stroke during the rehabilitation stage, the relationship of unawareness with neuroanatomical variables, and the impact of unawareness on functional outcomes. Unawareness of disabilities was found in 44/60 patients at admission and 24/57 at discharge. There was no significant difference between the hemisphere groups in the frequency of unawareness at both times. Discharge unawareness in the right hemisphere group was significantly associated with lesions in the frontal and temporal lobes, and with lesion size. Unawareness in the left hemisphere damaged group was not associated with any neuroanatomical variables. A negative impact of unawareness at admission on functional outcomes was not found, but it was found that unawareness at discharge was a negative predictor of activity level (ACS score) at follow up, after controlling for the severity of initial disability level. CONCLUSIONS: Unawareness of disabilities is a significant issue in stroke rehabilitation. Unawareness that persists to discharge from rehabilitation correlates with neuroanatomical variables in right hemisphere damaged patients, and is a negative predictor for some rehabilitation outcomes at follow-up. Unawareness of disabilities was operationally defined as the discrepancy between therapist and patient's rating on the motor scale of the functional independence measure (FIM). Functional outcomes included FIM, instrumental activities of daily living (IADL) scale, activity card sort (ACS) and safety rating scale. | Hartman-MaeirDisabil Rehabil. 2003 Jan 7;25(1):35-44. |
| **Awareness of behavioral, cognitive, and physical deficits in acute traumatic brain injury** |  | Inception cohort Three inpatient rehabilitation programs. PARTICIPANTS: People with acute TBI (N=161), tested as soon as feasible after posttraumatic amnesia.PAS EN LIEN AVEC CONDUITE AUTO | To compare awareness of deficit in 3 domains of function (physical, cognitive, behavioral/emotional) in acute traumatic brain injury (TBI), controlling for severity of impairment in the different domains. Awareness Questionnaire (AQ) completed by the person with TBI and the treating neuropsychologist; and self- and clinician-rating scores calculated in the 3 domains. RESULTS: For participants who were rated by clinicians as more impaired in at least 1 domain (ie, scored lower on the AQ), self-ratings differed significantly from one another in all 3 domains, with behavioral self-ratings highest, physical self-ratings lowest, and cognitive self-ratings intermediate. In subgroups of participants rated at the same level by clinicians in all 3 domains, physical self-ratings were also lowest, that is, more consonant with clinician ratings. Participants tended to rate themselves as relatively unchanged in cognitive and behavioral domains regardless of the level of clinician ratings on these factors. CONCLUSIONS: Patterns of discrepant awareness of deficit in different functional areas seen in postacute TBI also appear to be present acutely and are not entirely related to differential severity of deficit. We discuss several possible reasons for discrepant awareness of deficit, including differences in internal and external feedback, cultural and psychologic factors, and different levels of ambiguity inherent in causal explanations for different types of problems. | Hart |
| **Self-awareness after traumatic brain injury: a comparison of measures and their relationship to executive functions** |  | PAS EN LIEN AVEC CONDUITE AUTO | The present study compared measurement of awareness by the Dysexecutive (DEX) Questionnaire self-other rating scale with the Self-Awareness of Deficits Interview (SADI), a semistructured interview measure. Evaluation of awareness by these measures was compared to tests of executive functioning and IQ. Results indicated significant, albeit marginal relationships between the two measures, and better correlation of the SADI with measures of frontal lobe functioning. The SADI also predicted injury severity. | Bogod |
| **Measurement of impaired self-awareness after traumatic brain injury: a comparison of the patient competency rating scale and the awareness questionnaire** |  | TCC. : Prospective cohort of patients seen for inpatient rehabilitation following TBIPAS EN LIEN AVEC CONDUITE AUTO | To compare the Patient Competency Rating Scale (PCRS) and the Awareness Questionnaire (AQ) in the measurement of impaired self-awareness (ISA) in persons with traumatic brain injury (TBI). Measures of self-awareness were collected at resolution of post-traumatic amnesia and outcomes (rated employability) were collected at discharge from inpatient rehabilitation. OUTCOMES AND RESULTS: Subjects were 129 persons with TBI. Measures from the PCRS and AQ showed moderate correlations. Models using as predictors patient/clinician discrepancies for the PCRS and the AQ performed comparably in predicting employability (Nagelkerke R(2) = 0.22 and 0.20, respectively). CONCLUSIONS: The PCRS and AQ showed only moderate correlations, but performed comparably as measures of ISA after TBI. Patient/clinician discrepancies appeared to be more valid measures of ISA early after TBI than patient/family discrepancies. Preliminary cutting points for severity of ISA were presented for the two scales. | Sherer M |
| **Early impaired self-awareness after traumatic brain injury** |  | A total of 129 patients with TBI seen for inpatient rehabilitation at 1 of 2 rehabilitation centers. All subjects had emerged from posttraumatic amnesia before being assessed for this study. Impaired self-awareness as measured by the Awareness Questionnaire (patient self-ratings, clinician ratings) and employability (rated on the Disability Rating Scale) at discharge from inpatient rehabilitationPAS EN LIEN AVEC CONDUITE AUTO | To evaluate predictors of early impaired self-awareness after traumatic brain injury (TBI); to examine interrelationships of the perceptions of patient, clinician, family, and significant other of how patients are functioning after TBI; and to determine how early impaired self-awareness helps to predict employability at rehabilitation discharge. Regression analysis revealed that early impaired self-awareness was predicted by age and functional status (FIM instrument total score) at admission to inpatient rehabilitation. Spearman correlation coefficients revealed that clinician, family, and significant other ratings of patient functioning were related (r(s) =.42, P<.001), but were not related to patient self-ratings. Multiple logistic regression analysis revealed that early impaired self-awareness was predictive of employability at discharge from inpatient rehabilitation. Clinician ratings of patient functioning showed a positive relation to employability (P =.05), whereas patient self-ratings showed a trend toward a negative relation to employability (P =.09). CONCLUSIONS: Our results support the importance of early impaired self-awareness assessment, its predictive value for complex functional activities, and the need for further research to determine if treatment programs for impaired self-awareness enhance functional outcomes. | Sherer MArch Phys Med Rehabil |
| Awareness of deficits in stroke rehabilitation |  | Sixty first-event stroke patients, The Awareness Interview was administered The FIM motor scale and a safety rating were used to measure functional outcomes at discharge from rehabilitation and at 1-year follow up.PAS EN LIEN AVEC CONDUITE AUTO | The aim of this study was to evaluate the awareness of deficit profiles of stroke patients undergoing rehabilitation, and examine the impact of unawareness on rehabilitation functional outcomes. The frequency of unawareness for motor and sensory deficits was low, whereas unawareness of cognitive deficits was much higher. Unawareness was not associated with a specific lesion site, however a significant association was found with cortical involvement, and with lesion size. In the right hemispheric damage group a significant negative correlation was found between total unawareness scores and discharge functional outcomes. Multiple regressions revealed that unawareness at admission was a significant predictor of discharge FIM motor scores in the right hemispheric damage group, beyond the contribution of cognitive and demographic variables. Findings delineate the multifaceted nature of unawareness phenomenon, and highlight the significance of unawareness in post-stroke rehabilitation. | Hartman-MaeirJ Rehabil Med. 2002 Jul;34(4):158-64. |
| Anosognosia for hemiplegia in stroke rehabilitation |  | Forty-six hemiplegic stroke patients 1 month after onset of stroke. Anosognosia was evaluated PAS EN LIEN AVEC CONDUITE AUTO | The purpose of this study was to investigate anosognosia for hemiplegia (AHP) in the rehabilitation phase after onset of stroke. Anosognosia was found in 28% of the RHD and 24% of the LHD group. The majority of patients with AHP in the RHD group had large lesions involving the frontal, parietal, or temporal lobes and had coexisting sensory deficits and unilateral spatial neglect, whereas the LHD patients with AHP had predominantly small subcortical lesions and no sensory or attentional deficits. The functional outcomes of AHP patients in both hemisphere groups revealed their inability to retain safety measures at discharge from rehabilitation (p < 0.036) and their need for assistance in basic and instrumental activities of daily living at follow-up. CONCLUSIONS: Anosognosia presents a significant risk for negative functional outcome in stroke rehabilitation. The underlying mechanisms of AHP may be different for left and right hemisphere patients, therefore requiring different intervention approaches. | Hartman-MaeirNeurorehabil Neural Repair. 2001;15(3):213-22. |
| Self-awareness of deficits in adults with traumatic brain injury: how best to measure? |  | The most commonly used method is comparison of patients' self-ratings on questionnaires of functional abilities with ratings by relatives or staff on the same questionnaires. An additional method of assessment, an interviewer-rated semi-structured interview is proposed (the Self-Awareness of Deficits Interview), and some preliminary inter-rater reliability data are presented. However, quantitative methods of evaluating self-awareness have shortcomings, and qualitative research may be more appropriate in some circumstances.PAS EN LIEN AVEC CONDUITE AUTO | Some method of assessing self-awareness of deficits in patients with traumatic brain injury (TBI) is required to increase our understanding of the phenomenon, and to then evaluate strategies for clinical intervention with patients who lack such self-awareness. Options for the assessment of self-awareness of deficits following TBI are reviewed. An approach which makes use of multiple measures to evaluate self-awareness of deficits is recommended. | Fleming, J. M. |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |