VATA-L: VISUO-ANALOGUE TEST FOR ANOSOGNOSIA FOR LANGUAGE DISORDERS

Gianna Cocchini a,b, Nicola Gregg a,b, Nicoletta Beschin c,
Michael Dean d, Sergio Della Sala e

a Psychology Department, Goldsmiths University of London, UK
b Blackheath Brain Injury Rehabilitation Centre and Neurodisability Service, London, UK
c Rehabilitation Department, Gallarate Hospital, Italy
d Regional Neurological Rehabilitation Unit, Homerton University Hospital, London, UK
e Human Cognitive Neuroscience, and Centre for Cognitive Ageing and Cognitive Epidemiology,
Psychology, University of Edinburgh, UK

The VATA-L is a questionnaire about a patient’s ability to perform common language tasks. Each question is illustrated by a simple drawing to facilitate comprehension for people with aphasia. Patients rate their current ability to carry out each task using a 4-point visual-analogue scale (0 =”no problem in carrying out the task”, 3 = “a major problem in carrying out the task”). Scores (0 – 3) are displayed along a continuum, with written labels “no problem” and “problem” at either extremity, along with a smiling or non-smiling face to aid comprehension. The patient/caregiver rates the patient’s ability in each task by stating a number on the scale or the corresponding word or by pointing to a position along the rating scale.

The VATA-L comprises 1 example, and 14 questions about the patients’ ability to perform common language tasks requiring language production (8 questions), language comprehension (4 questions), or both production and comprehension (2 questions). In addition, 4 “check questions” that elicit obvious answers at either end of the response scale are used to monitor poor compliance, comprehension problems and perseveration. The ratings from the check questions are not included in the calculation of the total VATA-L score. Moreover, patients/caregivers who fail to provide the expected response to any of the check questions are excluded as their data are not considered reliable.

The total score of the VATA-L is calculated by summating the scores from the 14 questions. Wherever possible, 2 caregivers (a professional and a non-professional) rate the same patient’s ability and the mean caregivers’ rating is calculated. The patient’s total score is subtracted from the caregiver’s total score to provide a caregiver-patient discrepancy value. A positive caregiver-patient discrepancy value indicates that, in comparison with the caregiver/s evaluation/s, the patient
has overestimated their own language abilities, indicating anosognosia (unawareness). Based on a recent study a patient/caregiver discrepancy value equal to or lower than 11.9 should be considered as an indicator of preserved awareness, whereas a patient/caregiver discrepancy value equal to or higher than 13.1 should be considered as an indicator of unawareness. A patient/caregiver discrepancy value between 12.0 and 13.0 should be considered as ‘borderline’ (Cocchini, Gregg, Beschin, Dean & Della Sala, submitted).