



# Importance of Cross-cultural Adaptation of Language Screening Test into Persian for Screening Aphasia in Patients with Acute Stroke

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## Dear Editor,

Stroke is a major cause of disability in adults worldwide. Studies have shown that between 20% and 38% of acute stroke survivors will experience aphasia (1). Aphasia is a linguistic disorder that damages comprehension, reading, writing, and speaking skills (2). It is very difficult and challenging to identify the aphasia in the acute phase of stroke (3). Thus, quick and easy to administer tools for screening stroke survivors are required to identify aphasia to make a decision to apply early interventions. Formal screening or bedside clinical assessments are frequently used to make an early diagnosis of aphasia, usually performed by health professionals, especially physicians, nurses, or speech-language pathologists. It is essential to use valid and quick screening tools to accurately and quickly diagnose aphasia and apply rehabilitation techniques to prevent complications such as aspiration (4). Most of the tools available to screen aphasia are not quick and easy to administer for stroke survivors in the acute stage.

There are many tests for the diagnosis of aphasia in stroke (5), but they take time to administer and thus are not suitable for bedside assessments in the acute phase of stroke. It follows that quick and easy to administer screening tools are required. The Language Screening Test (LAST), developed in French by Flamand-Roze (cited in Rohde et al.), is a useful clinical tool for early screening and detection of aphasia in the acute stage of stroke (5). It can be easily and quickly administered (~2 minutes) in the early stage of the stroke onset. The validated LAST comprises 5 subtests and 15 items with the expression index of 3 subtests and 8 items (Total score = 8) and receptive index of 2 subtests and 7 items (total score = 7) (6).

There are German (7), Chinese (8, 9), and English (4, 10) versions of LAST, whose reliability and validity are confirmed in line with the original French version. There are no valid tools in Persian to administer quickly for early detection of aphasia in the acute phase of stroke. A review of 11 tools indicated that LAST was the most accurate and rapid bedside tool for aphasia screening (10). Considering the usefulness of LAST, it is important to cross-culturally adapt it into Persian and determine its psychometric properties for use as a bedside screening tool to early diagnose aphasia in stroke survivors. The availability of the Persian version of LAST would help the clinicians in Iran and Persian-speaking countries to apply the early medical and rehabilitation interventions to prevent serious complications such as aspiration pneumonia. The availability of the Persian version of LAST will enable the Persian-speaking clinicians to provide early care after the stroke onset and participate in international research projects that use LAST as the main outcome measure.

## Footnotes

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