session, submental electrical stimulation was performed with TENS at sensitive threshold.

**Results.**– The three patients did not present adverse effect of magnetic stimulations. Initially, before rTMS, all the patients presented a pharyngeal residue of all the bolus, without any efficient swallowing with an increase of the superior oesophageal sphincter. This was responsible of bronchial aspirations. After three sessions of rTMS, 18 months later, one patient could have a partial oral feeding, one patient recovered a pharyngeal peristalsism with an opening of the superior oesophageal sphincter, and one patient did not improve the swallowing function.

**Conclusion.**– This study showed that transcranial rTMS could be an original treatment of oropharyngeal dysphagia in brainstem infarction and should be evaluated.

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**P065-e**

**Dependency and autonomy evaluation after stroke**

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**Keywords:** Stroke; Autonomy; Dependency

**Introduction.**– Strokes are sources of functional disabilities affecting the patient’s autonomy. The main objective of this study was to evaluate autonomy of stroke victims before and after rehabilitation.

**Patients et methods.**– This is a prospective study including 70 patients suffering from stroke attacks and addressed for rehabilitation. We evaluated their autonomy before, at the end of treatment and 6 month after. This evaluation was based on KATZ autonomy scale of activity of daily living and by the MIF scale. In a second step, we sought a possible correlation between these scores and management delay, pathologies associated (hypertension, diabetes, heart disease) and presence of complications of stroke like capulutis, shoulder-hand syndrome or foot equine.

**Results.**– We collected 54 men and 16 women, average age 64 years (44–89 years). They consult after one week to 4 months after stroke. 18 patients already came with a stroke complication. The initial KATZ score was 16 with a clear predominance on transfers, transferring and clothing. The average MIF was of 76/126. We noted a correlation between the presence of complications (25%), of comorbidity in 80% of the cases, the delay of the time of the rehabilitation (one month) and the deterioration of the two scores.

**Discussion.**– Many autonomy scales are exposed in literature, but MIF remains a reference scale to evaluate dependency. In this study, it is clear that the stroke deteriorate considerably the autonomy of the patient especially in the presence of complications or comorbidity. An early rehabilitation is essential to minimize the functional after-effects and to improve autonomy of stroke victims.

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**P066-e**

**Depression after stroke: What characteristics?**

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**Objective.**– The main aim of this study is to seek the depression within a population of stroke hemiplegics and to secondarily identify possible relations between this disorder and the factors associated prognoses.

**Method.**– It is an exploratory study which concerned 214 adult hemiplegics stroke victims, admitted in the Department of Physical Medicine of the CHU Oran over one 26 months period. Were evaluated subjects that do not have important vigilance disorders, a state of insanity or a major aphasia. We based ourselves on the criteria of the DSM-IV to diagnose depression. Autonomy in the activities of everyday life is evaluated through indexes of Barthel. Many functions were evaluated by scales suitable and which were indexed in a card standardized.

**Results.**– They are 214 patients including 114 men and 100 women. The depression is present at 56.1% of the patients, the women are touched more than the men (P < 0.05). In the same way the subjects of more than 70 years are more exposed (P < 0.001). The depression is all the more severe as autonomy in the activities of daily life is somewhat limited (P < 0.0001). Significant relationships were found between the depression and the presence of urinary dysfunctions (P < 0.05), of orthopedic disorders (P < 0.05) or of cognitive deteriorations. A correlation between the depression and the presence of sexual disorders is established (P < 0.0001).

**Discussion and conclusion.**– The depression was found in 56.1% of the cases. This result is in the broad interval reported in the literature. The severity of the disability and the deterioration of certain functions are many elements supporting and/or worsening the occurrence of the depression in poststroke hemiplegics.

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