each domain, difficulties and emotional report are evaluated. Patients’ and caregivers’ points of view are collected. Sixty-nine patients filled out the EAVQ-QdV in the chronic phase (46 right stroke, 23 left stroke). Patients also filled out SF36. MRI brain imaging was performed in all patients.

Results  Preliminary results show a significant negative correlation between EAVQ-QdV and SF36 (r = −0.54). Age, educational level, delay post-stroke or lesion volume did not correlate with the EAVQ-QdV scores. There was no difference between EAVQ-QdV scores in left-sided vs. right-sided strokes (P > 0.45). However, right-brain damaged patients, but not left-brain damaged patients, underestimated their difficulties when their scores were compared to the caregivers’ (P < 0.03). Analysis of the distinct domains of the scale revealed differences in language, attention, executive functions, memory and social relation, with greater severity in patients with left hemisphere strokes, and in the domain of visual neglect for patients with right-sided stroke (P < 0.02).

Discussion  A single questionnaire exploring different cognitive domains, and comparing patients’ and caregivers’ assessments, with the evaluation of the emotional impact of patients’ and caregivers’ difficulties may permit to obtain a better estimation of residual handicap in stroke patients.

Keywords Stroke; Quality of life; Cognitive disorders

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P001-e The actimetry as assessment method of patients’ compliance and effectiveness of constraint induced movement therapy

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Objective  To assess the pertinence of actimeters (Actisleep®) in verifying patients’ compliance to the constraint induced movement therapy (CIMT).

References


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