Screening of the sleep respiratory disorders after stroke in a rehabilitation unit


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Introduction.– Sleep respiratory disorders SRD (central apnea syndrome or Cheynes-Stokes dyspnea) are frequent after stroke (40–70%). The influence of the SRD on the functional prognosis is debated.

Objective.– To find out the feasibility of the screening and the frequency of the SRD after stroke in a PRM department and to study their possible relationship with attentional disorders and functional and neurological recovery.

Patients and methods.– This prospective monocentric study had to include 45 patients within 6 months after a stroke. The detection of the SRD was made using a nocturnal oxymetry device and measuring the inspiratory flow (Apnéalink® system), gathering the apnea-hypopnea index (AHI). An AHI > 10 was suggestive of the presence of SRD, which has to be confirmed by a polysomnographic recording. Assessment included the NIH, the Fugl-Meyer (FM) and the FIM scales at the moment of inclusion and two months later, in order to evaluate the neurological and functional recovery.

Discussion and conclusion.– Systematic screening for SRD in a PRM unit shows a high frequency of apnea or hypopnea among patients after recent stroke. In spite of some technical difficulties, such a screening remains easy of use, but there are high difficulties to have access to sleep laboratories for confirmation of the diagnostic. The complete analysis with the study of the possible links between attentional, disorders functional prognosis and SRD will be presented in the conference.

Conclusion.– In this study, 15.1% of patients are disabled after aneurysmal subarachnoid hemorrhage caused by rupture of the anterior communicating artery. We should now evaluate more precisely the functional outcome of GOS 2 and 3 patients. We will use the Glasgow Outcome Scale Extended (GOSE) and the Dysexecutive questionnaire (DEX).

Further reading
