and reading (0.84%). Social difficulties affected the patients’ financial situation, personal relationships and social integration. CD were predominant after left brain damage \( (P = 2.10^{-5}) \). The type of stroke, sex and age of the patients did not influence the occurrence of CD after stroke. 95.78% of the patients received neuromuscular reeducation but only 5.91% had speech therapy. Outcome was favourable in 14.28%.

Conclusion.-- In Benin, post-stroke CD are very common and cause major social problems. The prevalence of CD in an oral culture emphasises the importance of speech therapy in Benin.

Reference


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CO21-005-e Longitudinal follow-up of severe traumatic brain injury (TBI) patients: What are the evolution patterns between one and four years post-TBI?

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Keywords: Traumatic brain injury; Participation; Prognostic factors; Late outcome

Objectives.-- To describe and explain cognitive and professional outcomes at one and four years post-TBI, through a comparative prospective observational study.

Methods.-- This study is part of a multicentre inception cohort study of severe TBI adult patients (initial Glasgow Coma Scale score \( \leq 8 \)) in the Parisian area, the Paris-TBI study. Patients were consecutively recruited by mobile emergency services between 2005 and 2007. Patients were evaluated one year and four years post-injury by trained neuropsychologists. Evaluations addressed trauma severity and socio-demographic characteristics, global disability (Glasgow Outcome Scale-Extended [GOSE]), cognitive deficiencies (Dysexecutive questionnaire [DEX]), and return to work [1,2].

Results.-- Among 504 patients and 250 one-year survivors, 91 had both evaluations. Mean age was 33 ± 14 years, 80% were men. DEX total scores showed a non-significant decrease, and the most frequent behavioural impairments were similar. Global disability on the GOSE had improved, but 13% of the sample had a worse late GOSE score. Employment rates were similar (39% at one year, 40% at four years), but only 26% of the sample had a stable employment at both evaluations, while 11% had lost their activity from one to four years, and 10% had gained a professional activity. More than half of the sample described various professional difficulties related to cognitive sequelae. Several prognostic factors associated with return to work and with employment stability were described.

Discussion.-- This comparative study on a prospective long-term study of severe TBI patients showed that, despite an improvement in global disability, cognitive deficiencies remain significant. There were different evolution patterns in terms of participation, and the reasons for this need to be better studied.

References


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CO21-006-e Long-term functional outcome after subarachnoid haemorrhage after rupture of an aneurysm on the anterior communicating artery

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Keywords: Functional outcome; Subarachnoid hemorrhage; Anterior communicating artery; GOSE

Objective.-- Aneurysmal subarachnoid haemorrhage (SAH) affects a large number of patients among the working population and is associated with high morbidity and mortality. The purpose of this study was to describe long-term functional outcome after SAH caused by rupture of the anterior communicating artery. Patients and methods.-- This study included patients admitted to a neurointensive care unit between February 2005 and February 2010 after SAH caused by rupture of an aneurysm on the anterior communicating artery, who showed mild to severe disability 6 months after bleeding. Demographic, clinical and biological data were gathered prospectively in the neurointensive care unit. The long-term functional outcome was assessed by the Glasgow Outcome Scale Extended (GOSE). The Dysexecutive questionnaire (DEX) was filled out by the patient and his personal referent.

Results.-- Thirty-four patients were included. Among them, 62% of the patients were initially graded as WFNS III-V and 70% were graded as Fischer 4-5. Thirty-five months after their SAH, 21% of the patients had a favo Urable outcome and were able to live independently (GOSE 1-2), 27% presented mild disability (GOSE 3-4), 18% were severely disabled but were able to return home (GOSE 5) and 15% were dependent (GOSE 6). No vegetative state (GOSE 7) was reported. DEX questionnaires showed cognitive and behavioural impairment. 25% of the patients had physical sequelae.

Discussion.-- Long-term impairment was observed in 93% of patients who showed mild to severe disability 6 months after aneurysmal SAH caused by rupture of the anterior communicating artery. The GOSE structured interview provides a comprehensive assessment of the patient’s “invisible” impairment. The DEX questionnaire gives a qualitative assessment on cognitive and behavioural impairment.

Further reading


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CO21-007-e Neurocognitive outcome and Academic achievement in adult survivors of childhood medulloblastoma

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Keywords: Medulloblastoma; Childhood; Academic achievement; Diploma

Purpose.-- To investigate neurocognitive outcome and academic achievement in adult survivors of childhood medulloblastoma.