CO28-005-e
Role of visuo-spatial work memory and of postural control in older subjects with or without pathologic conditions
A. Perrochon a,b, G. Kemoun a,b, A. Berthoz b
a Université de Poitiers, A allée Jean-Monet, 86000 Poitiers, France
b Collège de France, France
*Corresponding author.
E-mail address: anaick.perrochon@hotmail.fr
Unknown abstract.
http://dx.doi.org/10.1016/j.rehab.2013.07.610

CO28-006-e
Compliance with recommendations of management of swallowing disorders in the elderly after stroke
V. Cressot a,b, E. Thié b, M. Rainfray b, P. Dehail d, J. Jenn a, E. Cugy b
a CHU de Bordeaux, hôpital Xavier-Arnozan, avenue du Haut-Lévêque, 33600 Pessac, France
b CHU de Bordeaux, hôpital Pellegrin, France
*Corresponding author.
E-mail address: veronique.cressot@chu-bordeaux.fr
Keywords: Swallowing disorders; Elderly; Stroke; Quality of life; Patient education
Swallowing disorders in the elderly are common in the aftermath of a stroke. They represent a major prognostic factor.
Objectives.— The main objective was the observation of home monitoring recommendations for management of swallowing disorders. The secondary objectives were to monitor the evolution of swallowing disorders and the effectiveness of care.
Materials, patients and methods.— Prospective and descriptive study, with inclusion, leaving the service acute care and rehabilitation Geriatric Hospital of Bordeaux, of all patients treated in the aftermath of a stroke. Data collection to M1 and M3 was carried out during a single consultation for patients without swallowing disorder at baseline or during an assessment in a day hospital for others. All patients left the service between 1 January and 30 April 2012 were included. We collected the inclusion of data on co-morbidity, disability and activity limitations, and early complications and management of swallowing disorders. At M1 and M3, we added nutritional parameters and quality of life score.
Results.— We included 41 patients (mean age 83.7 years), 78% had swallowing disorders at baseline. Proposed treatments were: an adaptation of texture of solid foods and beverages, with “sheets” and oral interviews for support. At 1 month, 22.2% of the patients with swallowing disorders showed aspiration pneumonia. Recommendations supports were better monitored at home and in institutions. At 3 months, the quality of life score was significantly lower in cases of persistent swallowing disorders, and weight loss was also significant.