Stroke in young adults: Portuguese rehabilitation perspective

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Keywords: Stroke; Adult; Rehabilitation

Introduction.– There is evidence that stroke among young adults is increasing. Survival and functional outcomes of these patients may be better than those observed in older patients, but socioeconomic and quality of life consequences are still very important. This study aims to disclose the reality of Rehabilitation Medicine Centre of Alcoitão.

Material and methods.– Data was collected from discharge report of patients that left Adults Rehabilitation Service 3 between 2007 January 1st and 2012 December 31st. Patients were categorized according to gender, age and stroke year. Group analysis was made to unveil characteristics of young adults (age < 45 years) with stroke namely about functional outcome, time between stroke and centre admission, and length of stay.

Results.– In this six-year period, 697 stroke events were identified, 99% of them reporting to first episode. Stroke incidence in young adults varied from 5% (2010) to 24.1% (2011). Compared to stroke group, young adults had better functional outcome, more delay until centre admission, and higher length of stay.

Discussion.– Dealing with young adults after stroke can be very challenging considering the familiar, social and professional environment reintegration. Prevention is the best bet, but sometimes it’s necessary to improve other aspects that benefit outcomes.

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Long-term stroke disability and health-related quality of life

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Keywords: Stroke; Outcome; Quality of life; Predictive factors

Aim.– The aim of this study was to examine the long-term outcome (4 years after stroke) and to identify the determinants of health-related quality of life (HRQoL) in stroke survivors.

Methods.– Subjects were assessed at 1 year (n=49) and 4 years (n=45) post-stroke for disability [FIM: Functional Independence Measure; Frenchay Arm Test: FAT and PASS: Postural Assessment Scale for Stroke Patients] and HRQoL was assessed using the Medical Outcomes Study 36-item Short Form (SF-36).

Results.– At 1 and 4 years, 8.2 and 8.8%, respectively, were disabled (FIM<75); and survivors had altered physical health score (PHS) (36.8) and mental health score (MHS) (34.1) of the SF-36 at 4 years. There was a graded positive relationship between MHS and PHS of SF-36 domains and FIM. Spearman rank correlations were strong between the PASS and MHS (r=0.799) and PHS (r=0.472). Correlation between the FAT, MHS (r=0.704) and PHS (r=0.409) were also significant.

Conclusion.– Disability remains stable up to 4 years after stroke. Patients’ perception of physical and mental health is persistently low term length after stroke. Four years after stroke, physical functioning, postural and motor impairment (PASS and FAT) contributed to a reduced HRQoL.

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Stroke care pathways

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Keywords: Stroke; Integrated care pathway; Thrombolysis

Stroke is a leading cause of death and disability in Europe. Current optimal management of stroke is based on organized stroke care pathway, in which the stroke units play a central role. Admission in a stroke unit is the most effective treatment in stroke, by decreasing mortality and disability, with a high level of evidence. This efficiency is due to coordinated multidisciplinary care provided by specialized medical, nursing and therapy staff. This unit is also devoted to recanalization of the occluded artery by intravenous thrombolysis or mechanical thrombectomy. In order to increase the proportion of patients that may benefit of recanalization, it is mandatory to reduce the delay between onset of symptoms and treatment. This is allowed by activation of the SAMU centre 15 for all cases of suspected stroke. In Marseille, the stroke unit was established in 2005. Stroke patients have priority access to the MRI, and IV thrombolysis is started in the radiology department. After the acute phase, the stroke care pathway involves specialized rehabilitation centers and rehabilitation should be started as soon as possible.

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Post-stroke disposition and associated factors in a population-based study: The Dijon Stroke Registry

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Keywords: Epidemiology; Registry; Rehabilitation; Stroke delivery

The organization of post-stroke care is a major challenge. We aimed to assess hospital disposition after stroke and its associated factors in clinical practice. All cases of stroke were identified from 2006 to 2010 from the population-based Stroke Registry of Dijon, France. Multivariate analyses were performed using logistic regression models to identify factors associated with post-discharge disposition.

Of the 1069 stroke patients included, 913 survived in acute stage. Among them, 433 (47.4%) returned home, whereas 206 (22.6%) were discharged to rehabilitation centres. Admission in a stroke unit is the most effective treatment in stroke, by decreasing mortality and disability, with a high level of evidence. This efficiency is due to coordinated multidisciplinary care provided by specialized medical, nursing and therapy staff. This unit is also devoted to recanalization of the occluded artery by intravenous thrombolysis or mechanical thrombectomy. In order to increase the proportion of patients that may benefit of recanalization, it is mandatory to reduce the delay between onset of symptoms and treatment. This is allowed by activation of the SAMU centre 15 for all cases of suspected stroke. In Marseille, the stroke unit was established in 2005. Stroke patients have priority access to the MRI, and IV thrombolysis is started in the radiology department. After the acute phase, the stroke care pathway involves specialized rehabilitation centers and rehabilitation should be started as soon as possible.

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The tibial somatosensory evoked potential can prognosticate for the ambulation in hemiplegic stroke

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Keywords: SEP; Stroke; Ambulation; BBS

Introduction.– To examine the association between tibial nerve somatosensory evoked potentials(SEP) and ambulatory outcomes in hemiplegic stroke patients.

Methods.– We reviewed medical records for hemiplegic patients with the first ever stroke who received inpatient rehabilitation from January 2009 to May 2013. We excluded the patient with DM, quadriplegia, bilateral lesion, brainstem lesion, old age over 80 years, and severe musculoskeletal problem. Tibial nerve