



Title	Outcome of neurogenic dysphagia in stroke patients
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Return To work After Stroke In Hong Kong. Part 2 : A Psychosocial Perspective

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Return to work is increasingly recognized as one of the important outcome measures after stroke. No study has been done on the vocational aspects stroke in Hong Kong. Our aim of this study was to determine some psychosocial factors affecting the vocational outcome of stroke in Hong Kong. We carried out semi-structured interview to determine the vocational and socioeconomic status, and some psychological variables of a cohort of 34 patients who had paid employment before stroke. Thirty-four subjects agreed for interview. Two subjects could not complete a full interview because of severe dysphasia. There were 29 male subjects and 5 female subjects. Seventeen subjects (50%) returned to paid employment after stroke. Of the 17 returnees, 15 could resume previous job and 2 had to change job. Five out of 17 (29.4%) returnees reported a reduction in working hour. Twelve out of the 17 (70.6%) returnees required some adjustment in the complexity and physical demand of their work. Seven out of 17 (40%) returnees reported a reduction in income. White-collar workers reported a higher rate of return to work (5/7 i.e.71%) when compared with blue-collar workers (12/27 i.e.44%) though the result was not statistically significant. Six out of 9 (67%) patients with above-primary educational level returned to work as compared with 11 out 25 (44%) patients with below-primary educational level (statistically NS). Two out of 6 (33%) regular drinkers returned to work as compared with 15 out of 28 (54%) non-drinker or social drinker (statistically NS). Non-returnees had significantly higher mean Geriatric Depression Scale (GDS) score than returnee (7.5 Vs 4.1 ; p=0.017). Returnees had significantly higher Motivational Index score than non-returnees. There was no difference in premorbid job satisfaction between the two stroke groups. We concluded that vocational success after stroke was significantly associated with high motivation for work and absence of depression. Possible socioeconomic factors associated with a favourable vocational outcome included white-collar occupational type, higher educational level and absence of a regular drinking history. Our results should help in planning of vocational rehabilitation services for stroke patients

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OUTCOME OF NEUROGENIC DYSPHAGIA IN STROKE PATIENTS

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Neurogenic dysphagia is a common complication after acute stroke. The incidence reported was varied according to the method of assessment. The gold standard for assessment of neurogenic dysphagia is by means of swallowing videofluoroscopy(VFSS). This study was designed to evaluate the outcome of dysphagic stroke patients on discharge from the inpatient rehabilitation programme. 60 stroke patients who was documented with swallowing problems by VFSS was followed up and re-evaluated just before discharged from the inpatient rehabilitation programme. All patients received dysphagic rehabilitation education and training during the VFSS session. 46 patients (76.7%) was able to resume normal diet after the first VFSS. 6 patients (10%) required modified diet after the first VFSS but the second VFSS before discharged showed that they could resume normal diet. Another 8 patients (13.3%) showed persistent abnormality in repeated VFSS. On discharge from the stroke rehabilitation unit, 5 patients (8.3%) of these dysphagic stroke patients required modified oral diet and another 3 patients (4%) required nasogastric or gastrostomy tube feeding. This study showed that neurogenic dysphagia in stroke patients had a good prognosis but about 1 in 10 patients still had significant problems in swallowing. Long-term follow-up for re-evaluation and diet prescription would be required.