



Title	Health-related quality of life after stroke
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0268 Health-related Quality of Life after Stroke

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The impact of stroke can be devastating. Depending on its severity and type, stroke can result in residual impairment of physical, psychological and social functions. Stroke-related oral impairment can also be disabling as speech, mastication and swallowing are common problems. Objective: To measure health-related quality of life (HRQoL) of stroke survivors on hospital discharge after rehabilitation. Methods: 51 stroke survivors of mild to moderate stroke in the non-dominant cerebral hemisphere (mean age 70.3 years, SD 10.3) and 56 controls (mean age 73.1 years, SD 6.5) took part in the study. Both groups completed oral specific (GOHAI) and general (SF-36) health status questionnaires and an oral health transition scale assisted by a trained interviewer. All participants had a dental examination. The Barthel Index (BI) was used as an objective measure of physical function after hospital-based rehabilitation. Data were analysed using Chi-squared and independent t-tests. Results: The mean GOHAI summary score for the stroke group was 51.3 (SD 6.7) and 52.2 (SD 5.8) for controls with no significant difference between groups. However, 57% of the stroke group had more problems with speaking because of the condition of their mouth ($P < 0.05$). Transitional scale data revealed that appearance, ability to speak and to use a tooth brush were perceived as worse than before the stroke ($P < 0.05$). Stroke survivors had significantly lower scores in five of the SF-36 sub-scales (physical functioning, role-physical, vitality, role-emotional & mental health) [$P < 0.05$]. Participants were partially dentate. The mean BI of the stroke group was 91.3 (SD 12.4) indicating quite good physical function. Conclusion: HRQoL was significantly impaired after stroke even although patients were considered physically well enough to be discharged from hospital. There was some impairment in oral HRQoL. The semi-fluid hospital diet should be taken into account when interpreting the GOHAI scores. Supported by CRCG-HKU.

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