

requires sharing information and building knowledge together. Communities of practice meet these requirements and provide a structure which is:

- resilient;
- open to external resources;
- favourable for the involvement of different teams;
- favourable for public and private activities.

Specifically, we propose the creation of a site for sharing and collaboration in a process of community of practice which would have an international perspective (Montreal-Bordeaux) and that would be available to stroke health professionals and in part to post-stroke patients and to their relatives. We will present the different types of practice communities as well as their advantages and disadvantages. We will illustrate these points by presenting the experience of the Montreal Network for Stroke (rmavc). The rmavc 2.0 is a web site with over 500 health professionals and within which different communities of practice have evolved in recent years. In France, the community should target general practitioners, rehabilitation teams, health professionals, leaders of industry, policy makers, users and their organizations. Value added and development strategies will be discussed in light of the specificities and challenges of respective communities. Emergent phenomena in the health system, communities of practice and use of the web to support professional collaboration are viable and accessible avenues for development. The establishment and sustainability of these communities, however, require constant human investment.

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Autonomy after specific or polyvalent rehabilitation in the post stroke population: An analysis of the french inpatient database

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Keywords: Strike; Rehabilitation; Medical pathway

Introduction.– Stroke is a major cause of disability and third leading cause of death. The specialized rehabilitation can minor the burden of stroke [1]. In France, stroke patients were oriented in the post-acute phase in RF (specialized post acute rehabilitation) or in SSM (= polyvalent rehabilitation). The aim of this study was to assess the functional outcome of the stroke patients hospitalized in SSR in 2009 in the post acute phase.

Methods.– Data PMSI has allowed describing the diagnosis, autonomy, comorbidity and outcome of the stroke patients hospitalized in 2009.

Intervention.– NA.

Results.– In 2009, 28 201 patients were hospitalized in SSR after a stroke, 19 553 in SSM (69%) and 8648 in RF (31%). Patients oriented in SSM were older ($P < 0.001$). RF was associated with a better functional improvement (OR = 1.90) and return home SSM (OR = 1.60).

Discussion and conclusion.– This study based on a very large population confirmed the functional impact of rehabilitation period in the post-stroke acute phase.

Reference

[1] Duncan PW, Zorowitz R, Bates B, Choi JY, Glasberg JJ, Graham GD, et al. Management of adult stroke rehabilitation care: a clinical practice guideline. *Stroke* 2005;36:e100–43.

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Barriers to medication adherence after stroke: A qualitative study in neurological rehabilitation clinical units

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Keywords: Patient education; Beliefs; Stroke; Drug therapy; Patient; Care-giver

Introduction.– Secondary preventive medication adherence after stroke is essential to prevent recurrence. According to some recent studies, it is far from being optimal, as it varies from 50% to over 90%. The aim of this work is to describe patients and caregivers' beliefs about stroke and medication to identify educational needs.

Materials and methods.– A qualitative study was conducted with semi-structured interviews. Either patients or caregivers took part in the interviews. The questionnaire used for the interview was developed by a multi-professional team (physician, pharmacist, and psychologist). The items discussed were: stroke, drug therapy, patient experience and patient/healthcare professional relationship. The interviews were recorded, transcribed and then analyzed with the software of semantic analysis, Tropes[®]. The protocol has been validated by the ethics committee of the institution and registered with the CNIL.

Results.– Fourteen interviews were conducted: eight patients (inpatients with recent stroke, outpatients with older stroke) and six caregivers (9M/5F, 56 years ± 12). Stroke causes are identified by half of participants. The interest of each drug is rarely understood, and participants are able to name only two drugs out of an average of nine drugs per patient. The lack of confidence in generic drugs is frequently discussed. Nine participants report previous harmful side effects to medication. Generally, relationships between patients and healthcare professionals appear satisfactory to patients. On the other side, caregivers report a frequent lack of information, and a medical speech sometimes hard to understand.

Discussion and conclusion.– Concerning medication adherence, two mains obstacles were identified: fear of generic drugs and side effects. These elements have to be integrated into our future educational program. Furthermore, there are differences between patients and caregivers perceptions. The latter have to be taken in consideration each time, because they play an important role in the management and daily monitoring of patient's medication. This qualitative study allowed us to target specific needs. It paves the way for the development of an educational program around drug therapy.

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Factors influencing the functional prognosis of a sample of guadeloupean people after a stroke

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Keywords: Stroke (CVA); Functional prognosis; Vascular risk factors; Blood pressure; Blood glucose; Diabetes

Introduction.– While there is a higher frequency of vascular risk factors compared to European populations, hypertension and diabetes in particular, few Caribbean Studies have helped to highlight the influence of risk factors on functional prognosis following a stroke. The aim of our study was to evaluate the influence of vascular risk factors on functional prognosis after a stroke.

Method.– Prospective, randomized study of patients admitted at University Hospital of Pointe-à-Pitre between November 2010 and April 2011 for ischemic stroke.