PST10
THE METHODOLOGY BEHIND A PROSPECTIVE, OBSERVATIONAL STUDY OF THE ECONOMIC BURDEN OF ISCHEMIC STROKE
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OBJECTIVES: To present steps involved in launching the first national, prospective study determining resource utilization and direct (hospitalization, rehabilitation, outpatient, community care) and indirect (lost productivity, caregiver) costs of managing ischemic stroke in the first 6-months post-stroke.

METHODS: A prospective, observational study was designed. A cohort (N = 200) of ischemic stroke patients will be recruited in a consecutive manner by stroke centres across Canada. Ethics approvals will be obtained and a minimum of one neurologist and one study coordinator per centre will participate to identify eligible patients, obtain informed consent, and interview patients. Three sets of questionnaires (baseline, 3-months, and 6-months) will be completed. Questionnaires include clinical and drug histories, stroke severity, disability, resource utilization, depression and utility. Patients will also complete diaries to quantify indirect costs. A pilot study will be conducted to evaluate the study tools. Data collected will be entered electronically via a secure website.

RESULTS: Ten stroke centres across Canada (Ottawa, Toronto, Calgary, Montreal, Quebec City, Edmonton, Vancouver, Halifax, Saint John and Thunder Bay) will each recruit 20 eligible ischemic stroke patients into this study. Inclusion criteria such as age, language, neuroimaging evidence and non-interventional clinical trial involvement have been defined in order for the study to be launched on September 26, 2005 (with a 3-month recruitment period) and end July 2006. The primary analysis will provide an overall estimate of costs per ischemic stroke patient. Sub-analyses for atrial fibrillation and severity will also be conducted.

CONCLUSIONS: The BURST study will be the first Canadian study that will determine the resource utilization and overall costs of treating ischemic stroke in both acute and post-acute settings with participation from tertiary-based and community-based stroke centres. The economic data collected will be critical for future stroke care funding systems.
ticriteria methods were chosen for comparison including: Kepner-Tregoe analysis (KTA), simple multi attribute rating technique (SMART), SMART using swing weights (SWING), Analytic Hierarchy Process (AHP) and Conjoint Analysis (CA). Four attributes of treatment were identified (impact, duration, and end-result of treatment and associated risks). Subjects were asked to rate both rank and rate the importance of these attributes. After the methods to establish preferences for treatment, subjects were asked to judge the overall difficulty of the techniques on a 1–10 scale, and answer questions regarding clarity of explanation of method, difficulty in answering questions, understanding method in relation to goal, and use of the method in health care situations. Subjects were interviewed either once (n = 14) or twice (n = 14) (Only the results of the first measurement are presented).

RESULTS: In the overall rating of methods CA scored best (mean score 3.63), followed by SMART (3.70), AHP (4.00), SWING (4.40) and KTA (4.67). CA also scored best on verbal/written explanation, understanding of method in relation to goal second and usefulness in health care situations, and scored second place on difficulty in answering questions. In the impaired population, AHP was rated best on the overall difficulty. CONCLUSIONS: In this pilot study, conjoint analysis was the most preferred method of preference elicitation. Our main concern regarding CA is the time it takes to fill out a CA questionnaire and the fact that data analysis is most complicated of all methods included. Another concern regarding the use of multicriteria methods needing further study is the rate of rank-reversal between methods in the cognitively impaired population.

**PST13**

**EFFECTIVENESS OF AN EARLY REHABILITATION STRATEGY WITH HOME FOLLOW-UP FOR PATIENTS WITH ISCHEMIC VASCULAR CEREBRAL DISEASE IN MEXICO**

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**OBJECTIVE:** To evaluate, in cases of ischemic vascular cerebral disease (VCD), effectiveness in terms of functional recovery and quality of life of an early hospital rehabilitation intervention with follow-up in the patient’s home by a nursing team. Material and METHODS: Patients with VCD >45 years of age were randomized for inclusion in an intervention program or control group. The patients were selected from three Mexican Social Security Institute (IMSS) hospitals in Mexico City between March 2003 and May 2004. The intervention consisted in a physical and social rehabilitation program involving a nursing team which began in the hospital and continued in the patient’s home; it had three phases: a) intensive, with daily visits over 15 days, b) intermediate, with two weekly visits during the following two weeks, and c) support, with a weekly visit over the following two months. The control group received only information regarding VCD and patient care and weekly visits. Barthel, Frenchay and SF 36 were evaluated on admittance in hospital, and at 3 and 6 months after discharge from hospital. RESULTS: Of a total of 187 patients recruited, 90 completed the follow-up, 45 in group 1 (intervention), and 44 in group 2 (control). Average age was similar in both groups (72 years). Around 82% in both groups present chronic disease. An increase of 43 points was observed in the Barthel index at the end of the follow-up period for both groups (p = 0.21). General health was better at the end of the follow-up for group 1 (p = 0.05). CONCLUSIONS: Early rehabilitation in hospital with subsequent follow-up improves the perception the VCD patient has of his/her health. It is also a useful support to the patient’s functional recovery.