CO14-003-e
Healthcare circuits and functional outcomes 3 and 12 months after a stroke in a population-based cohort of 929 patients
L. Huchon (Dr)\textsuperscript{a,}\textsuperscript{*}, A. Termoz (Dr)\textsuperscript{b},
J. Haesebaert (Dr)\textsuperscript{c}, G. Rode (Prof)\textsuperscript{b},
A.M. Schott (Prof)\textsuperscript{b}
\textsuperscript{a}Hôpital Henry-Gabrielle, hospices civils de Lyon, Saint-Genis-Laval, France
\textsuperscript{b}Pôle information médicale évaluation et recherche clinique, hospices civils de Lyon, France
\textsuperscript{*}Corresponding author.
E-mail address: laure.huchon@chuyon.fr (L. Huchon)

Objectives and methods 
There are few epidemiologic data about stroke collected on a large, non-selected and representative population of stroke patients. We present a population-based cohort study, which included all adult ischemic (IS) or hemorrhagic (HS) stroke cases recorded in the Rhône area (1.7 million inhabitants) for seven months. The aim was to provide an accurate description of the demographic characteristics of stroke patients, their healthcare circuits (prehospital, acute and secondary phases), their activity limitations 3 and 12 months after stroke through the modified Rankin Scale (mRS) and the Barthel Index (BI), and to identify factors associated with the mRS 1 year after stroke by an univariate and then multivariate analysis.

Results 
Nine hundred and twenty-nine stroke cases have been recorded (697 IS, 232 HS, mean age: 74.1 years, sex ratio = 1). Only 44.5% of patients were oriented prior to hospital admission by the emergency medical dispatch service. 85.4% of patients were first admitted to an emergency department, whereas 8.8% of patients were admitted directly to stroke unit. Only 17% of stroke patients were referred to stroke unit during their healthcare circuit, and more than 55% have never been admitted in a neurology department. Mortality rate was 12.1% one month after stroke and 31.3% three months after stroke in the ischemic group, compared with 34 and 52% respectively in the hemorrhagic group. Mortality did not increase between the third and the twelfth month post-stroke. A favorable functional outcome (mRS \leq 2) one year after stroke has been obtained for 47% of IS and 34.6% of HS. The mean BI at one year was 68.5 among surviving patients. Age \geq 80 years, female sex and presence of severity criteria in acute phase were significant factors associated with non-favorable outcome.

Discussion 
In this study, carried out with an exhaustive population within a region and a one-year follow-up with few missing data, the results show a morbi-mortality after stroke higher than the one reported in previous studies. The results also confirm the better prognosis of IS.

Keywords 
Stroke; Care pathway; Inpatient database

Disclosure of interest
The authors have not supplied their declaration of conflict of interest.

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CO14-004-e
Prevalence of self-reported stroke and disability in the French adult population: A transversal study
A. Schnitzler (Dr)\textsuperscript{a,}\textsuperscript{*}, P. Tuppen (Dr)\textsuperscript{b},
F. Womant (Dr)\textsuperscript{b}
\textsuperscript{a}Hôpital R.-Poincaré, Garches, France
\textsuperscript{b}CNAM, service d'épidémiologie, France
\textsuperscript{*}Service de neurologie, Lariboisière, France

Corresponding author.
E-mail address: alexis.schnitzler@rpc.aphp.fr (A. Schnitzler)

Background 
In France, the prevalence of stroke and the level of disability of stroke survivors are little known. The aim of this study was to evaluate functional limitations in adults at home and in institutions, with and without self-reported stroke.

Survey 
A survey named “the Disability Health Survey” was carried out in people’s homes (DHH) and in institutions (DIH). Medical history and functional level (activities-of-daily-living [ADL] and instrumented-activities-of-daily-living [IADL]) were collected through interviews. The modified Rankin Score (mRS) and the level of dependence and disability were compared between participants with and without stroke.

Results 
Thirty-three thousand eight hundred and ninety-six subjects responded. The overall prevalence of stroke was 1.6% (95% [1.4%-1.7%]). The mRS was over 2 for 34.4% of participants with stroke (28.7% of participants at home and 87.8% of participants in institutions) versus respectively 3.9, 3.1 and 71.6% without stroke. Difficulty washing was the most frequently reported ADL for those with stroke (30.6% versus 3% for those without stroke). Difficulty with ADL and IADL increased with age but the relative risk was higher below the age of 60 (17 to 25) than over 85 years (1.5 to 2.2), depending on the ADL. In the overall population, 22.6% of those confined to bed or chair reported a history of stroke.

Discussion 
These results thus demonstrate a high national prevalence of stroke. Older people are highly dependent, irrespective of stroke history and the relative risk of dependence in young subjects with a history of stroke is high compared with those without.

Keywords 
Stroke; Disability; Outcome and Process Assessment (health care): Observational study

Disclosure of interest 
The authors have not supplied their declaration of conflict of interest.

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Recovery of daily activities and quality of life after stroke: The EAVQ-QdV scale
M. Lunven (Dr)\textsuperscript{a,}\textsuperscript{*}, S. Correia\textsuperscript{b}, R. Migliaccio (Dr)\textsuperscript{a},
C. Duret (Dr)\textsuperscript{b}, M. Blanchard (Dr)\textsuperscript{b}, G. Laurent (Dr)\textsuperscript{b},
P. Bartolomeo (Prof)\textsuperscript{b}, C. Bourlon (Dr)\textsuperscript{b}
\textsuperscript{a}ICM, Inserm U1127, CNRS UMR 7225, hôpital de la Pitié-Salpêtrière, Paris, France
\textsuperscript{b}Clinique Les Trois-Soleils, Boissise-Le-Roi, France
\textsuperscript{*}Corresponding author.
E-mail address: marine.lunven@hotmail.fr (M. Lunven)

Aim 
Stroke is a leading cause of long-term disability in adults. Few studies have investigated the impact of cognitive deficits on health-related quality of life (HRQOL) in patients or caregivers, notably in function of stroke laterality and of lesion volume. This research aims to a better evaluation of HRQOL with a new multi-dimensional scale based on description of the person’s present state compared to the pre-stroke state.

Methods 
EAVQ-QdV is an auto-administered questionnaire composed of physical, cognitive, psychic and social domains. For
each domain, difficulties and emotional report are evaluated. Patients’ and caregivers’ points of view are collected. Sixty-nine participants filled out the EAVQ-QdV in the chronic phase (46 right stroke, 23 left stroke). Patients also filled out SF36. MRI brain imaging was performed in all patients.

Results Preliminary results show a significant negative correlation between EAVQ-QdV and SF36 (r = −0.54). Age, educational level, delay post-stroke or lesion volume did not correlate with the EAVQ-QdV scores. There was no difference between EAVQ-QdV scores in left-sided vs. right-sided strokes (P > 0.45). However, right-brain damaged patients, but not left-brain damaged patients, underestimated their difficulties when their scores were compared to the caregivers’ (P < 0.03). Analysis of the distinct domains of the scale revealed differences in language, attention, executive functions, memory and social relation, with greater severity in patients with left hemisphere strokes, and in the domain of visual neglect for patients with right-sided stroke (P < 0.02).

Discussion A single questionnaire exploring different cognitive domains, and comparing patients’ and caregivers’ assessments, with the evaluation of the emotional impact of patients’ and caregivers’ difficulties may permit to obtain a better estimation of residual handicap in stroke patients.

Keywords Stroke; Quality of life; Cognitive disorders

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

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Resumption to work after cerebrovascular accident in Cotonou

H.E. Alagnide (Dr)*, D. Niama Natta (Dr), M.G. Hounbedji (Dr), H. Azamnasso (Dr), M. Bamigboche, G.T. Kpadonou (Prof)

Service de médecine physique et de réadaptation, CNHU-HKM (Cotonou), Cotonou, Benin

*Corresponding author.

E-mail address: ealagnide@yahoo.fr (H. E. Alagnide)

Stroke affects more and more young and active population. For many survivors, the resumption to work is very complex [1]. The reduction in productivity, which ensues from it because of the sequel is a brake for the development. Restoration of function and rehabilitation are very important to prevent or reduce these sequelae.

Objective Study resumption to work after stroke in Cotonou and factors that influence it.

Method Prospective and transversal study, realized from September 5th till December 3rd, 2012. It was about 114 subjects, victims of stroke at least 6 months before the period of study, having an employment before the cerebrovascular accident, not hospitalized during the period of study for stroke or other pathology affecting the prognosis for survival and having consented to participate in this study. The tests of Chi-square, reduced gap and Kruskal-Wallis were used for the statistical analysis.

Results Subjects are from 30 to 59 years old with an average of 49.4 years. They were for the greater part men (63.2%). 53.5% returned to a professional activity. This work was the same for half of them, without modification of the workstation. Motivating factors of this resumption were boredom (54%), fear of the dismissal (29.5%), need of money (16.4%). For those who did not resume work, the lack of strength was the main reason evoked. The initial profession, the number of children in charge, a depression, the risk of fall and the level of motor FIM influenced the resumption in a professional activity.

Discussion and conclusion Occupational reintegration of patients after stroke is complex and requires the collaboration of several practitioners such as physiotherapist, social worker, employer, company doctor, family, with the patient in the center.

Keywords Return to work; Stroke; Rehabilitation

Disclosure of interest The authors have not supplied their declaration of conflict of interest.

Reference


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P001-e

The actimetry as assessment method of patients’ compliance and effectiveness of constraint induced movement therapy

A. Collin*, M. Grimee, P.Y. Libois (Dr)

Grand hôtel de Charleroi (GHDC), Lovereal, Belgium

*Corresponding author.

E-mail address: amandine.collin@ghdc.be (A. Collin)

Objective To assess the pertinence of actimeters (Actisleep®) in verifying patients’ compliance to the constraint induced movement therapy (CIMT).

Introduction CIMT is a neuromuscular reprogramming therapy that uses a time-limited constraint and prolonged active use in order to produce changes in motor patterns, in particular in the affected hemisphere. However, despite high effectiveness in improving motor function, it is not widely used in daily practice because of the difficulty of monitoring patient compliance to the protocol.

Objectives To determine whether, in the absence of management in physical and rehabilitation medicine (PRM), the discomfort felt by stroke patients are screened by their general practitioner (GP). To evaluate the feasibility of using actimeters to verify compliance to CIMT.

Methods We have conducted a pilot study on patients less than 75 years old included more than 6 months after their stroke, with minimal sequelae, gone back home without rehabilitation management. They were assessed by the G–MAP questionnaire composed by 24 items that assessed their activity limitations (AL), their PR, any trouble, and the influence of the environment. In parallel, we have contacted their doctor to evaluate his feelings of trouble, compared to patients’ by Wilcoxon signed rank test.

Results Seventeen patients and 39 controls were included. There was a statistically significant difference in perception of trouble underevaluated by the GP for only 3 items out of 24: romantic relationships (P = 0.038), sex (P = 0.016) and group hobbies (P = 0.026).

Discussion GP have a good perception of the troubles of their patients, except for the romantic and sexual relationships, as well as group hobby. This involves coordination between PRM and GP in order to improve the assessment of PR and the environment of post-stroke patients.

Keywords Stroke; Participation restriction; General practice

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