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Stroke Caregiving: Two Sides to the Story

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Stroke Caregiving: Two Sides to the Story

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Dependence in Prestroke Mobility Predicts Adverse Outcomes in Elderly Acute Ischemic Stroke Patients

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Background: Stroke survivors are commonly dependent in activities of daily living, however the relationship between pre-stroke mobility impairment and post-stroke outcomes remains poorly understood. The purpose of this study was to: 1) describe the patient population, 2) pre-stroke mobility impairment, 2) evaluate the association between pre-stroke mobility impairment and a plan for physical therapy (PT), and 3) evaluate the association between pre-stroke mobility impairment and outcomes. Methods: This is a secondary analysis of the National Stroke Project, a retrospective cohort of Medicare beneficiaries who were hospitalized in the United States with an acute ischemic stroke (1998–2001). We included patients ≥65 years of age. Multivariate logistic regression was used to examine the adjusted association of pre-stroke mobility impairment with a PT plan, in-hospital death, discharge mobility status, and discharge to a skilled nursing facility (SNF). Among the 67,445 patients, the age ranged from 65 to 94 (median 78) years, 57% were women, 78% were white, 68% were independent in pre-stroke mobility, 26% required assistance, and 6% were dependent in pre-stroke mobility. Patients who were independent in pre-stroke mobility were often elderly, white women, with multiple co-morbidities (e.g., prior stroke) admitted to the hospital from a setting other than home. Pre-stroke mobility impairment was independently associated with a reduced likelihood of having a plan for PT (OR 0.85, 95%CI 0.74–0.96). Pre-stroke mobility dependence was strongly associated with post-stroke mobility impairment (OR 9.9, 95%CI 9.1–10.8), in-hospital death (OR 2.4, 95%CI 2.2–2.7), and discharge to a SNF (OR 3.3, 95%CI 3.3–3.4). Conclusions: Adjustment for factors that were associated with these outcomes (e.g., age, sex, comorbidity, admission residence, and stroke severity). Conclusions: This is the largest, racially and geographically diverse, investigation demonstrating the importance of pre-stroke mobility impairment and its association with adverse outcomes among elderly stroke patients. Though not statistically significant, patients with more pre-stroke mobility impairment were less likely to receive a plan for PT in this cohort. Clinicians should screen patients for pre-stroke mobility impairment to identify patients at greatest risk for adverse events. Future studies should elucidate the mechanisms by which pre-stroke mobility impairments act to impair recovery and should evaluate interventions to reduce the burden of pre-stroke mobility impairment.

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Bilateral Motor Practice Does Not Increase Motor Function in Chronic Stroke

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Introduction: More effective therapies for improving upper extremity (UE) motor function after stroke are needed. Bilateral motor practice could, theoretically, be better than unilateral practice because: 1) the UEs couple centrally into a coordinated unit when used bilaterally; 2) both hemispheres become activated during bilateral movement and may allow the intact hemisphere to activate the lesioned hemisphere; 3) there is decreased interhemispheric inhibition from the side of the lesion. Due to the limitations of the study by Ko et al. (1997), a more sensitive motor assessment battery was used. Methods: Subjects with a peak Alberta Stroke Program Early CT score of 7.0 were randomized to the treatment arm of the study. One trial, comparing nasogastric (NG) feeding and modified nasal feeding, found no difference in length of hospitalization. Two trials, comparing tube and liquid diet, found similar results for weight loss or body mass index. Despite the perceived association between dysphagia treatment and a reduction of serious complications including aspiration pneumonia, there is very little evidence to support the use of many of the therapies used to treat dysphagia. Using multiple databases to search for relevant studies, we conducted a systematic review of all randomized controlled trials (RCTs) published between the years 1970 and 2005 evaluating the efficacy of the treatments associated with dysphagia therapy. The inclusion of studies was restricted to those in which the entire study sample was comprised of patients recovering from stroke and who received treatment within six months of their stroke. This systematic review included assessing a broad range of treatments, most provided within the first several weeks post-stroke: texture-modified diets (n=4), dysphagia therapy programs (n=2), nonoral (enteral) feeding (n=2), solid food vs. liquid diet, miscellaneous oral care interventions (n=1), and instillation of levobupivacaine or lidocaine (n=3). Conclusion: Dysphagia therapy reduces aspiration pneumonia and increases swallowing efficiency when compared to the control interventions.

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A Systematic Review of Therapeutic Interventions for Dysphagia Poststroke

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Despite the perceived association between dysphagia and treatment and a reduction of serious complications including aspiration pneumonia, there is very little evidence to support the use of many of the therapies used to treat dysphagia. Using multiple databases to search for relevant studies, we conducted a systematic review of all randomized controlled trials (RCTs) published between the years 1970 and 2005 evaluating the efficacy of the treatments associated with dysphagia therapy. The inclusion of studies was restricted to those in which the entire study sample was comprised of patients recovering from stroke and who received treatment within six months of their stroke. This systematic review included assessing a broad range of treatments, most provided within the first several weeks post-stroke: texture-modified diets (n=4), dysphagia therapy programs (n=2), nonoral (enteral) feeding (n=2), solid food vs. liquid diet, miscellaneous oral care interventions (n=1), and instillation of levobupivacaine or lidocaine (n=3). Conclusion: Dysphagia therapy reduces aspiration pneumonia and increases swallowing efficiency when compared to the control interventions.