

Quality of Life Among Post-acute Care Stroke Patients

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INTRODUCTION

Stroke has become the world's third largest cause of death. Brain stroke in Taiwan is ranked number two among the top ten causes of death. With the aging of the population, stroke is the main cause physical disorders with the elderly. The sequela that follows a stroke is sever, such as limb paralysis, immobility, language disorders, dysphagia and other symptoms.

AIM

The purpose of this study is to research the quality of life and the factors of influence among stroke patients in admission and after admission.

METHOD

This is a prospective study, which is focus on stroke patients in levels 2-4 of the Modified Rankin Scale (MRS). Questionnaire data was collected in southern medical center, two regions hospital and a district hospital. The research is from October 2015 to January 2017. The patients are in two groups, which is PAC group and Non-Pac group. The two groups of patients completed the **Modified Rankin Scale (MRS)**, **Barthel index (BI)**, **Functional oral intake scale (FOIS)**, **Euro QoL-5D (EQ5D)**, **Lawton-Brody IADL Scale (IADL)**, **Berg Balance Scale (BBS)**, **Mini-mental state examination (MMSE)** questionnaire as a measure of quality of life. All patients were examined at 6 weeks and 12 weeks after admission. The research tools use the generalized estimation equation (GEE) to analyze the quality of life.

CONCLUSIONS

The study can further our understanding of the quality of life among PAC and Non-PAC stroke patients at different follow-up times. The study found that both patients had improved after admission, but the improvement in the PAC group was better than the Non-PAC group. Although the Non-PAC group after 12 weeks admission in some questionnaires was better, patients’ need continuous follow-up in order to understand the quality of life among two groups of patients in the future.

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RESULTS

368 patients were sampled in study. The average age was 67 (SD = 12.48). Males accounted for 57.90%. There were 230 patients (62.5%) with a BMI of 24. 317 (86.10%) had ischemic stroke; 228 (62%) had a history of hypertension; 30 (8.2%) were diagnosed with urinary tract infection. Two groups of patients were significant in MRS, BI, EQ5D, IADL, BBS and MMSE. There was significant increase in MRS 、BI 、IADL 、BBS and MMSE when one year older. Hemorrhagic stroke compared with ischemic was significant in MRS, EQ5D and IADL.

		MRS	BI	FOIS	EQ5D	IADL	BBS	MMSE
		Coef.	Coef.	Coef.	Coef.	Coef.	Coef.	Coef.
PAC vs. Non-PAC		-0.16*	1.73	0.20	-0.47*	0.01	2.20*	0.38
Demography								
sex	Male vs Female	-0.05	-0.01	0.02	0.02	-0.15	0.94	-0.07
Age		0.01***	-0.20*	-0.01	0.02***	-0.01**	-0.17***	-0.07**
Education		-0.01	0.12	0.01	0.04	0.01	-0.13	0.02
BMI		-0.01	0.23	0.01	0.01	0.02	0.07	0.07
Stroke type	hemorrhagic vs. ischemic	0.23*	0.14	0.15	0.43*	-0.23*	-0.08	-0.18
CCI		-0.08	1.78	-0.01	-0.03	-0.19	1.42	-0.33
Quality of Medical Care								
Length of Stay		-0.01	0.04	-0.01	0.01	-0.01	0.02	0.01
Discharge diagnosis								
UTI	Yes VS. No	0.05	-1.56	-0.04	0.30	0.02	-0.86	1.11
CKD	Yes VS. No	0.04	0.41	0.06	0.18	0.01	-1.27	0.24
Hypertension	Yes VS. No	0.03	-2.26	0.03	-0.05	0.04	-1.67	0.07
Diabetes	Yes VS. No	0.06	-0.18	0.05	0.14	0.23	-0.33	0.64
HLP	Yes VS. No	-0.06	1.80	0.13	-0.11	0.09	0.29	-0.06
Admission Integrated Care								
admission		0.98***	0.82***	0.69***	0.74***	0.86***	0.83***	0.73***