

health
technology
assessment



**EXECUTIVE
SUMMARY**

**STROKE
REHABILITATION**

HEALTH TECHNOLOGY ASSESSMENT UNIT
MEDICAL DEVELOPMENT DIVISION
MINISTRY OF HEALTH
MOH/PAK

EXECUTIVE SUMMARY

INTRODUCTION

Stroke has been defined as 'rapidly developing clinical signs of focal (or global) disturbance of cerebral function, with symptoms lasting 24 hours or longer or leading to death, with no apparent cause other than vascular origin' (WHO).

SCOPE

Focusses on rehabilitation of stroke only and does not include diagnosis or management of stroke. The goal of rehabilitation is to reduce dependence and improve physical ability.

OBJECTIVE

To determine the effectiveness and cost implications of stroke rehabilitation.

RESULTS AND DISCUSSION

The literature shows that after stroke, 19% were very severely disabled, 4% severely disabled, 26% moderately disabled, and 41% had minor disability, 10% had no disability. After complete stroke rehabilitation, 91.9% of the stroke survivors were fully independent in self-care activities. All stroke survivors will benefit from organised rehabilitation services regardless of the severity of the stroke, age and the timing of rehabilitation. Rehabilitation is associated with a significant reduction in mortality and morbidity.

Rehabilitation should be an integral part of stroke care and should begin as soon as the condition of the patient permits based on the assumed pathophysiology of the stroke - . includes monitoring of physiological parameters, specialised care by nurses, as well as physiotherapy, occupational and dietary therapies. Coordinated multi-disciplinary rehabilitation is important in prevention of complications, enhancing recovery, reducing hospital stay, and improving functional activity and self-care. Social support is important for both patients and carers.

With respect to costs, figures from other countries show that the overall cost (direct and indirect) ranges from US\$ 30 - 40 billion. The cost per patient varies from about US\$ 12 000 – 40 000, of which about 93% of the cost was for in-patient care (Wolf, 1995).

RECOMMENDATIONS

- Organised multi-disciplinary stroke rehabilitation services should be established since it is associated with a reduction in mortality, improvement in functional disability, reduction in length of hospital stay and in long term institutionalised care, and thus saves health care costs in the long term.
- Specialised personnel from various professional groups are required for stroke care.
- Local data on the prevalence, incidence and other epidemiological data of stroke for this country is needed.