Reply to 'Intervention of clinical management units of physical medicine and rehabilitation in cerebrovascular disease'☆

Respuesta a «Intervención de las unidades de gestión clínica de medicina física y rehabilitación en la enfermedad cerebrovascular»

Dear Editor:

We have carefully read the letter titled 'Intervention by physical medicine and rehabilitation management units in cases of cerebrovascular disease' which refers to our own study.[1] The letter cited above describes the analysis of a sample of 173 patients diagnosed with acute cerebrovascular disease and attended by the rehabilitation unit at Hospital Torrecárdenas in Almería. On average, patients in that sample were younger than those in our own group (mean of 70 years vs 75 years). This difference may have arisen because our hospital is a medium- to long-stay hospital that admits and rehabilitates older patients displaying higher levels of clinical and functional impairment than patients treated by the unit described in the letter. Regarding the main vascular risk factors, the prevalences of arterial hypertension (60%), diabetes (26.5%), and prior stroke (25%) cited by the Hospital de Torrecárdenas group are lower than in our study (68%, 40%, and 34%, respectively).[1] As stated before, the reason for this discrepancy is probably that patients seen in the rehabilitation unit of an acute care hospital tend to be younger, and would therefore show a lower prevalence of the listed factors. Nevertheless, it is interesting that the reported prevalence of atrial fibrillation (18.3%) was similar to that in our study (20.2%)[1] even though prevalence of this condition increases with age.[2] Generally speaking, the data provided by the Almería group are comparable to our own and support the cerebrovascular risk profile identified for patients in our setting.

The Letter to the Editor also entered into functional considerations that are very relevant to stroke patient care. The Almería group compares Barthel index scores taken at the beginning and end of the rehabilitation period. We feel that it would have been even more instructive to include a breakdown of patients by degree of functional impairment (mild, moderate, severe, and total dependence [Barthel index]), and indicate how their status changed over time with rehabilitation, so as to better assess the impact of this treatment. On the other hand, the percentage of patients with a modified Rankin Scale score indicative of severe disability at the end of the rehabilitation programme (22.5%) coincides with that described by other authors (19.1%).[3] We agree with these authors that rehabilitation has a significant impact on functional prognosis in stroke patients, although we should also be mindful that the patient's initial level of disability when the stroke occurs[4–6] is the variable with the greatest predictive value for functional status in the long term. Lastly, we wish to congratulate the authors on their study and encourage them to continue their research aimed at improving quality of life and functional status in stroke patients, and at raising awareness about this disease and its consequences.

References

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☆ Please cite this article as: Pardo Cabello AJ, Manzano Gamero V. Respuesta a «Intervención de las unidades de gestión clínica de medicina física y rehabilitación en la enfermedad cerebrovascular». Neurología. 2015;30:389.