

Independency in daily-living after neurorehabilitation

- A comparison of subarachnoid hemorrhage and intracranial hemorrhage or infarction

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Aim

To compare independency in daily-living as measured by Functional Independence Measure (FIM) following specialized interdisciplinary neurorehabilitation at Hammel Neurorehabilitation Centre and University Research Clinic (HNC) in a cohort of patients who sustained either a SAH or ICH/ICI.

Study population

The Danish National Patient Registry was used to identify the study population. 212 SAH and 448 ICH/ICI were included. Patients were matched on age.

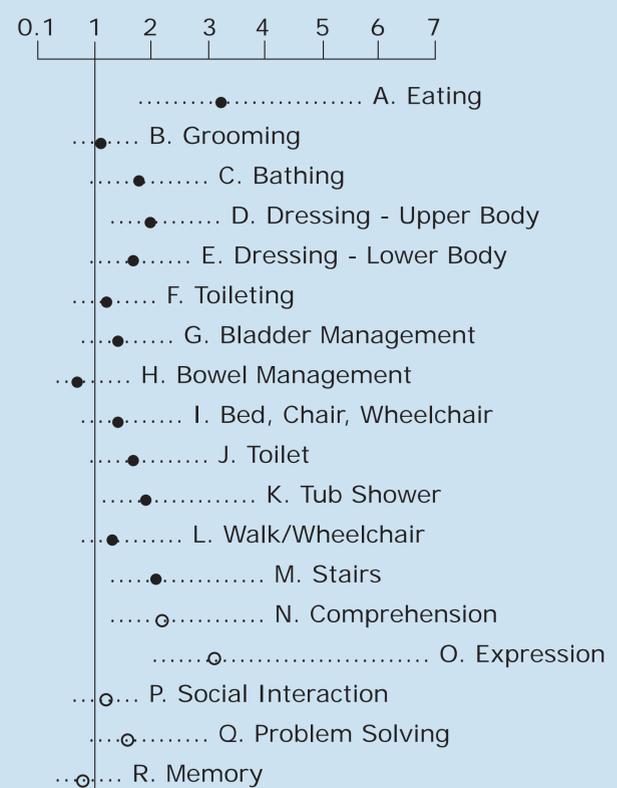
Analysis

FIM contains 18 items (13 motor and 5 cognitive) scored on an ordinal scale (1-7) which is further aggregated into three levels of functional independency: total dependency (score 1-2), moderate dependency (score 3-5), and independency (score 6-7). We estimated the item-wise odds-ratio (OR) for independency at discharge between SAH and ICH/ICI by multivariable logistic regressions adjusted for gender, age, length-of-stay in acute care, year of admission to HNC, FIM item scores at admission, and the event of interrupted neurorehabilitation.

Results

The adjusted analysis showed a statistical significant difference at a 5% level in six of the 18 items of FIM; items were: eating, dressing upper body, transfer in tub/shower, walking on stairs, comprehension and expression. Adjusted OR for all items are shown in figure 1.

Figure 1 - Adjusted odds-ratios for each FIM item for SAH vs. ICH/ICI



FIM = Functional Independence Measure - SAH = Subarachnoid hemorrhage - ICH/ICI = Intracerebral hemorrhage or infarction - ● = motor item - ○ = cognitive item - = 95% confidence intervals

Conclusion

Overall, SAH patients had better chance of independency in daily-living measured by FIM at discharge from specialized interdisciplinary neurorehabilitation compared to patients with ICH/ICI.



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