Behandling av pasienter med akutt hjerneslag i slagenheter (med og uten tidlig støttet utskrivning) [Treatment of patients with acute stroke in stroke units (with or without early supported discharge)]

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Authors’ conclusions
Care in ordinary stroke units resulted in probably lower mortality than care in general medical wards, whereas there was possibly little or no difference between the two strategies for moderate or severe stroke sequelae. The comparison of two different stroke units (with and without early discharge) showed possibly little or no difference in mortality and dependency with care in stroke units with early supported discharge.

Based on our health economic model, it appeared that ordinary stroke unit care was cost-effective relative to conventional care. Moreover, stroke unit care followed by early supported discharge was cost-effective compared with ordinary stroke unit care.

The sensitivity analyses indicated that stroke unit care followed with early supported discharge most likely was the most cost-effective strategy. Future research on this comparison will possibly give a better picture of the relationship between these two ways of organizing stroke care.

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