
Stroke rehabilitation services: systematic reviews of the clinical and economic evidence.

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Record Status

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Authors' objectives

This report aims to examine the clinical and cost effectiveness of four stroke rehabilitation interventions:

- stroke unit care (specialized interdisciplinary teams of physicians and other professional staff caring exclusively for stroke patients) versus care on general medical/geriatric wards (stroke patients are cared for along with patients with other medical conditions);
- impact of different intensities of therapies (varying duration of therapies);
- early support discharge (releasing patients from hospital earlier than usual, using organized interdisciplinary teams to essentially support patients at home) versus usual care; and
- rehabilitation in the community (hospital-based outpatient therapy clinics or home-based therapy) versus usual care.

Authors' conclusions

Stroke patients who receive organized care in a stroke unit are more likely to be alive, independent and living at home after a stroke than those who receive care in a general ward, with some evidence of comparable costs. For patients with mild or moderate disability, early supported discharge services produces greater independence at modestly lower costs compared to usual care. However, no firm conclusions could be drawn regarding the impact of different intensities of rehabilitation, and no significant differences were observed in primary outcomes between home-based rehabilitation and usual care.

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