Discussion - Conclusion

This preliminary, open-labelled, study demonstrates that this protocol is achievable in a neurorehabilitation clinic setting. Given the functional improvement seen, randomised controlled trials should be performed to further evaluate the effects on motor control.

Keywords  Stroke; Vibration; Motor function

Disclosure of interest

The authors have not supplied their declaration of competing interest.

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CO0325

Physical activity and inactivity level of stroke patients including in physical activity incitation program

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Objective  Physical activity (PA) and exercise are two successful approaches to reduce sedentary behavior and risk managing in stroke patients.

The aims of the study are to evaluate PA and physical inactivity levels in post-stroke patients and to correlate PA parameters with gait performance, fatigue, anxiety, and anthropometry parameters in subacute phase of stroke recovery.

Material/Patients and methods  Preliminary analysis of 24 patients in PA incitation program (mean age: 61.3 ± 13.85 years; weight 78.2 ± 12.8 kg; stroke delay: 76.5 ± 37.7 days). Each patient achieved 6 minutes walking test (6MWT), hospital anxiety and depression scale (HADS), multidimensional fatigue inventory questionnaire (MFI-20) and body composition assessment before the hospital discharge. Total energy expenditure (TEE), number of steps (NS), sitting time (ST), activity energy expenditure (>3 MET) (AEE) and physical activity time (PAT) per day were collected at home by the SenseWear Armband monitor system during the first (T1) and sixth (T6) month of a PA incitation program.

Results  ST and PAT reduced significantly between T1 and T6 respectively (65.8 ± 89.5 and 35.3 ± 48.6 min, P = 0.048) and (94.7 ± 67.3 and 75.5 ± 67.6 min, P = 0.049). In contrast, NS increased significantly between T1 and T6 (3750 ± 2440 and 4415 ± 3810 steps, P = 0.044). TEE were positively associated with 6MWT and HADS (r = 0.488, P = 0.0182 and r = -0.401, P = 0.04 respectively) at T1. Furthermore, PAT was positively associated with the body lean mass (r = 0.48, P = 0.017) and weight (r = -0.502, P = 0.0124) at T1 and (r = -0.524, P = 0.008) at T6. In addition, there is positive correlation between AEE and the percentage of muscular mass at T6 (r = 0.513, P = 0.0123). Finally TEE, NS, AEE and PAT were correlated with MFI at T6 (r = -0.463, r = -0.457, r = -0.527, r = -0.594, P < 0.05).

Discussion - Conclusion  These preliminary results revealed that stroke patients included in a PA incitation program decreased ST and increased NS despite PAT reduction. Even the presence of a PA incitation program, PA is higher in patients with a few physical limitations than patients with a physical and psychological impairments.

Keywords  Stroke; Actimetry; Physical activity; Energy expenditure

Disclosure of interest  The authors have not supplied their declaration of competing interest.

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CO0326

Accelerometers are they accurate for the estimation of total energy expenditure over activities of daily living in stroke survivors?

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Objective  The purpose of this study was to examine the accuracy of several accelerometers commonly used in post stroke studies [1] to estimate the total energy expenditure (TEE) over activities of daily living.

Material/Patients and methods  Thirty-eight participants (age: 65.7 ± 13.5; BMI 26.7 ± 6; Barthel Index: 69 ± 21) with various aged strokes were recruited and simultaneously monitored with accelerometers Armband Sensewear® (multisensory device); Stayhealthy® RT67TM; Actigraph GT3X+B® (tri axial devices) and portable metabolic system (Cortex Metamax 3B®). The devices were placed on the non paretic ankle, hip and wrist as recommended. The participant performed four routine activities (transfers, manual tasks, walk, up and down stairs). TEE estimated by accelerometers was compared to the TEE measured by criterion method.

Results  The Armband Sensewear® device obtained the better accuracy with a mean difference of 2.8% for the sum of all the activities. However, the lower and upper limits of agreement were high, around 100% of the TEE. All of the other devices had a statistic difference with the criterion method.

Discussion - Conclusion  This study reported strongly differences for the accuracy of accelerometers. The Armband Sensewear® device was the better device even if the dispersion of its estimates was high and lead to caution with its use for estimation of TEE in daily living after stroke.

Keywords  Accelerometer; Energy expenditure; Daily living; Indirect calorimetry; Stroke

Disclosure of interest  The authors have not supplied their declaration of competing interest.

Reference


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CO0327

Management of stroke patients by general practitioners: An observational study

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Objective  Post-stroke medical management, defined by national and international guidelines, involves many professionals, allowing optimal secondary prevention. The general practitioner is as a major player in this management. The improved of this management appears as the new challenge following the stroke Plan 2009–2014.
The aim of this study was to evaluate the medical and paramedical management of patients in the year following a stroke.

**Material/Patients and methods**

This was an observational study among general practitioners of stroke patients in Aquitaine. One hundred and fifty-two general practitioners were contacted and 80 answered to a standardized telephone interview on medical and paramedical management during the year following the stroke of their patient. We collected different sociodemographic, anamnetic, and clinical data, such as quality of life, participation restrictions or cognitive impairment. “Recommended management”, defined as at least one consultation with a neurologist, was our main criterion.

**Results**

Forty-two patients (52.5%) had a consultation with a neurologist, 66 (82.5%) with a cardiologist, 5 (6.3%) with PRM doctor, 4 (5%) with a geriatrician, 5 (6.3%) with a psychiatrist. The recommended management was correlated to Rankin score \(P = 0.016\), total EQSD score \(P = 0.04\), and nursing care \(P = 0.013\).

**Discussion - Conclusion**

Our results highlight the heterogeneity in the medical care of stroke patients, with failure for patients with mild handicap or disabilities. This medical and paramedical management is now defined by new national guidelines, leading to the creation of a multidisciplinary consultation. The general practitioner remains a major player in this support, in association with multidisciplinary consultation units, and the links between these two worlds need to be strengthened.

**Keywords**

Stroke; Medical management; General practitioner; Secondary prevention

**Disclosure of interest**

The authors have not supplied their declaration of competing interest.

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**C00328**

**Quality of life after stroke in Benin**

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**Objective**

Stroke is a leading cause of adult long-term disability. The functional outcomes have been much studied but the impact on quality of life (QOL) is little known especially in African countries. The concept of QOL is complex. It is defined as an individual’s perceptions of their position in life in context of culture, value system, goals, expectations, standards, and concerns. The aim of the present study is to evaluate impact of stroke on the quality of life of beninese patients.

**Material/Patients and methods**

This is a cross-sectional study. One hundred and seventy-one chronic stroke were recruited. The sociodemographic and clinical characteristics data were recorded. The QOL was measuring using the World Health Organization Quality of Life (WHOQOL-Bref) which has four domains related to physical factors, psychological factors, social relationships and environmental factors.

**Results**

The mean age was 54.68 ± 9.49 years. The overall quality of life was unsatisfactory in 40% of patients, mixed in 52% of patients, and satisfactory in 8%. Severe depression was found in 8.77% of patients, moderate in 46.20% and absent in 45.03%. The health status of patients was described as unsatisfactory in 48% of patients, mixed in 49.70% of patients and satisfactory in 2.60% of patients. The overall quality of life was affected by depression level of our patients \((P = 0.02)\), the time since stroke \((P = 0.03)\), the functional independence measure \((P = 0.01)\) and occupational status \((P = 0.01)\).

**Discussion - Conclusion**

The quality of life is a concept that aims to integrate the subjective aspects and thus broaden the appreciation of health. Similarly, results were found by Laurent K. et al and Bo Jeong et al. It is therefore important to measure QOL of patients.