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, anamnestic, 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, 4 (5%) with a geriatrician, 5 (6.3%) with a psychiatrist. The recommended management was correlated to Rankin score ($P = 0.016$), total EQ5D 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 reference 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 2.30% 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.

**Keywords**

Stroke; Quality of life; Benin

**Disclosure of interest**

The authors declare that they have no competing interest.

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**Posters**

**P0088**

**Effect of visual feedback on speech recovery and language plasticity in patients with post-stroke non-fluent aphasia. Functional MRI assessment**

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**Objective**

To assess the efficiency of Visual Feedback (VF) on language recovery and plasticity in three chronic non-fluent aphasic patients. VF is based on language-action interaction, thus, language skills are improved by rehabilitation strategies based on execution and observation of motor actions. VF is an ultrasound system coupled with video images, allowing patients to ‘see their own lips and tongue at work’ during speech and improve their awareness of their lingual and labial movements and their ability to coordinate and combine phonemes and syllables. Brain plasticity was explored with functional MRI.

**Material/Patients and methods**

– Control group tested with functional MRI to identify language networks underlying three tasks of interest:
– three patients with non-fluent chronic aphasia after ischemic stroke, were examined in neuropsychology, speech therapy, acoustics and fMRI, before and after VF. VF has been applied during 14 sessions (2 weeks, 1 per day). The performance was evaluated before and after VF. In fMRI, specific comparisons were performed to identify:
– patterns of reorganization reflecting spontaneous neuroplasticity,
– the effect of VF on speech recovery and language plasticity.

**Results**

After 14 sessions of VF, acoustic analyses showed a more canonical vowel production and better repetition of consonants. Speech analysis for repetition of syllables, naming and rhyme judgment, showed a general improvement of performances, variable among patients. In terms of cerebral activation, various patterns of language reorganization were obtained according to task and level of language recovery. A general trend can be identified with the improvement of language performance after VF, which is a right hemispheric predominance before VF, followed by a return of the activity to the left hemisphere, after VF.