LONG-TERM OUTCOME OF GASTROSTOMY FEEDING IN DYSPHAGIC STROKE

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Percutaneous endoscopy gastrostomy (PEG) is now preferable to nasogastric feeding in dysphagic stroke patients. Short-term studies have shown PEGs are safe and better tolerated. Long-term outcome data is lacking, nor is it clear how early PEG tubes should be placed. Case notes were obtained for 126 patients who underwent PEG placement for acute dysphagic stroke at University Hospital of Wales and Cardiff Royal Infirmary between 1991 and 1995. Complete outcome data was available for 120 patients using case notes, PEG follow-up clinic records, GP records and nursing home records. Median follow-up (FU) was 30 months (range 4-71). Median age was 79 (range 53-94). Median interval between stroke and PEG insertion was 22 days; 41 patients had PEG within 2 weeks, 33 recovery of swallow (6 months) occurred in 17%. Long-term FU is essential as late complications occurred in 54 patients. Early: 1 died within 24 hours; 3 pneumoperitoneum; 1 leak around PEG. Late: aspiration pneumonia 22; site infection 13; tube blocked 12; MRSA 4; fell out 4; snapped 1. PEGs placed within 14-28 days of stroke were in use (i.e. until death or swallow recovery) for 1 month in 32%, compared to 20% and 19% for PEGs placed either 14-28 days or 28 days after stroke (p=NS). Early placement of PEG is worthwhile. Aspiration pneumonia is the commonest complication. Long-term FU is essential as late recovery of swallow (6 months) occurred in 17%.

CONSUMER SATISFACTION WITH STROKE SERVICES

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Introduction

Patient satisfaction is advocated as an outcome measure in the NHS. We studied factors influencing satisfaction with hospital services for stroke patients.

Method

408 stroke patients were registered on admission to hospital: 81 died, 55 were missed before discharge, 37 were discharged outside our catchment area and 3 excluded for other reasons, 232 in the study (121 males, group mean age 72.5 years (SD 10.3). At discharge patients had a Barthel Index, Hospsat (Pound P, Gompertz P, Ebrahim S. Clin Rehabil 1994, 8 7-17), and Hospital Anxiety and Depression Scale completed; 6 weeks later these were repeated.

Results

Age, stroke type and socio-economic status had no effect on Hospsat scores. Barthel score had a positive correlation (p<0.05 at discharge; then p<0.001 at 6 weeks; HADS score correlated negatively (anxiety p<0.01 at discharge, NS at six weeks; depression p<0.01 on both tests). Hospsat scores fell between discharge and 6 week assessment (p<0.01).

Conclusion

Patient satisfaction surveys using the Hospsat instrument will be significantly affected by the timing of the survey and the functional ability and mood of the patients surveyed.

THE PREVALENCE OF STROKE AND ASSOCIATED DEPENDENCY IN NORTHERN ENGLAND

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Introduction

Knowledge of the prevalence of stroke and associated disability and handicap is essential for appropriate health and social service planning. Only one study in this country provides any reliable data, reporting figures considerably greater than previously suggested (Geddes et al. J Epidemiol Community Health 1996;50:140-43).

Methods

Using a previously validated screening process we calculated stroke prevalence in a district of the former Northern region (OMahony et al. Stroke 1995;26:1334-37). Assessment with two scales allowed determination of the prevalence of associated dependency, taking a score of <20 on the Barthel ADL Index or 3-5 on the Oxford Handicap Score as indicating dependency.

Results

We identified 116 cases of stroke from a random sample of 2,000 subjects aged 45 years and over. The age- and sex-adjusted prevalence rates of stroke and dependent stroke survivors were 17.5/1,000 and 12.0/1,000 respectively.

Conclusions

It has previously been suggested that an average health district of 250,000 would have 1,500 stroke survivors of whom 900 are dependent (Stevens A, Raftery J. Health care needs assessment 1994;178-79). Our study shows that this is a serious underestimate producing figures of 4,375 and 3,000 respectively. Although a recent Yorkshire study also found much higher prevalence rates than generally agreed, the prevalence in our study in the former Northern region is higher still, emphasising the pitfalls of extrapolating epidemiological data from other areas.