

Area 4: Health Issues and Populations in Health Promotion

4.3 Chronic/non-communicable diseases (e.g. cardiovascular diseases, diabetes, cancer, asthma, musculo skeletal problems)

Two years post-stroke: the effects of dissatisfaction with services and quality of information on patients' quality of life in Luxembourg

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Abstract

Objective: Stroke is the second cause of death and helps from socio-medical services and information are crucial for promoting post-stroke patient's quality of life. We analysed the impact of dissatisfaction with these services and information on post-stroke patient's quality of life taking into account socioeconomic factors and functional impairments, which remains little documented.

Methods: All 2-year post-stroke patients admitted to all hospitals in Luxembourg were identified using the only care-expenditure-reimbursement national system database. Clinical diagnosis of cerebrovascular disease was confirmed. Ninety four patients living at home (mean age 65.5) were face-to-face interviewed to gather socioeconomic characteristics (sex, age, nationality, family structure, education, occupation, income and residence place) and to measure quality of life (using the Newcastle Stroke-Specific Quality of Life measure, noted Newsqol (assessing mobility, self-care, pain, cognition, vision, communication, feelings, relationships, emotion, sleep and fatigue) and dissatisfaction with various services and information. Data were analysed using multiple regression models.

Results: Most functional impairments impacted multiple Newsqol dimensions. Language impairment related to most Newsqol dimensions (mobility, self-care, cognition, vision, communication, feelings, relationships, sleep and fatigue); memory impairment to pain, cognition, feeling, emotion, and sleep; motor impairment to mobility, self-care, pain, feeling and fatigue; visual impairment to relationships in addition to vision; sensory impairment to pain, communication, emotion and sleep. Controlling for all socioeconomic factors and functional impairments evidenced that dissatisfactions with helps and information about helps from community services were strongly associated with all Newsqol dimensions including mainly self-care, communication, mental feeling, relationships, emotion and sleep. Lack of information about stroke was associated with relationships and sleep.

Conclusion: Improving help services and information about helps and cerebrovascular disease in chronic phase should highly impact patients' quality of life. It is important to promote patient-centred care focusing on information need, financial need, and medical, technical and personal aids.

Conflicts of interest: None.

Keywords: Cerebrovascular disease, quality of life, help services, information, retrospective study.