



## Rehabilitation and Quality of Life in Stroke Patients

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Stroke is one of the most important areas in rehabilitation clinics because it is the most common cause of disability in the society. It is a known fact that complications occurring after stroke lead to serious deficits in the physical, psychological, and social aspects of life and result in an important decrease in the quality of life. Evaluating the quality of life is important for timing of rehabilitation procedures, determining its purposes, and achieving these purposes (1). The main goal of rehabilitation is to improve the quality of life. To increase the quality of life of patients with stroke, a multi-perspective approach to a health status that is perceived by an individual, including physical, functional, psychological, and social health parameters, has recently become important.

In the approach to patients in medical rehabilitation, the determination of health-related quality of life levels has become a current issue. Moreover, considering the significant relationship between the rates of disability and the scores of quality of life both in the early and late periods after stroke, it is emphasized that the quality of life can be improved by managing these factors and also other possible factors that may affect the quality of life of patients with stroke. Therefore, further studies that will contribute to the development of new rehabilitation programs for patients with stroke and detection of factors that can be determinants for the functional improvement in patients with stroke are required (1).

The quality of life is poorer in patients with stroke than in healthy individuals. It has been reported that the quality of life must be evaluated with a multi-perspective approach, and this evaluation must include physical, functional, psychological, and social health parameters (2). In patients with stroke, the

goals of quality of life and rehabilitation are similar. Each improvement in rehabilitation has a positive effect on the quality of life. In studies, including long-term follow-ups, it has been revealed that the quality of life of patients with stroke decreases over time. Although patients are functionally in a good condition, lower scores are obtained from SF-36 sub-parameters (3).

In this issue of the journal, the clinical picture of central pain, which is one of the factors that can negatively affect the quality of life of patients with stroke, has been pointed out. Central pain can occur within 1-2 months in 40%–80% of patients after stroke. It is an important factor that makes rehabilitation practices more difficult and delays recovery period (4). In this study evaluating central pain and stroke, the negative effect of central pain on the quality of life of patients with stroke has been demonstrated (Kılıç Z et al. Central post-stroke pain in stroke patients: Incidence and the effect on quality of life).

Another study on stroke rehabilitation reported that the quality of life of patients with stroke is lower compared with that in healthy individuals. It has been emphasized in the study that the decreased quality of life is associated not only with the emotional state and physical disability but also with demographic features, such as gender and educational background. It has been stated that the early treatment of factors that negatively affect the emotional state, such as depression, will have positive effects on the quality of life (Em S. et al. Determining of life quality and associated factors in stroke patients).

Stroke rehabilitation is a program that is the most commonly employed one among general rehabilitation programs. There are many factors that influence the rehabilitation process and results. Minimizing complications and improving

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the quality of life during the rehabilitation process are important. The quality of life is one of the parameters that must be preserved during the process. Further studies examining the factors that affect the quality of life in the short and long term should be conducted.

## References

1. van Mierlo ML, van Heugten CM, Post M, de Kort P, JMA Visser-Meily J. Life satisfaction post stroke: The role of illness cognitions. *J Psychosom Res* 2015 May 21. doi:10.1016/j.jpsychores.2015.05.007. [\[CrossRef\]](#)
2. Carod-Artal J, Egido JA, González JL, Varela de Seijas E. Quality of life among stroke survivors evaluated 1 year after stroke: experience of a stroke unit. *Stroke* 2000;31:2995-3000. [\[CrossRef\]](#)
3. Naess H, Waje-Andreassen U, Thomassen L, Nyland H, Myhr KM. Health-related quality of life among young adults with ischemic stroke on long-term follow-up. *Stroke* 2006;37:1232-6. [\[CrossRef\]](#)
4. Kumar B, Kalita J, Kumar G, Misra UK. Central poststroke pain: a review of pathophysiology and treatment. *Anesth Analg* 2009;108:1645-57. [\[CrossRef\]](#)