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THE NEED AND ROADMAP FOR STROKE REHABILITATION GUIDELINES IN PAKISTAN

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Stroke rehabilitation has been accepted as an integral part of the continuum of care in comprehensive stroke management program in the developed world. It has been demonstrated that outcomes are better in patients who are treated in stroke units offering comprehensive acute care and coordinated post stroke rehabilitation.¹ Comprehensive stroke rehabilitation is associated with improved functional outcome, reduced rate of complications, smaller length of stay and better community re-integration.^{2,3} Guidelines are an important set of recommendations which provide a unified frame work for the physicians and health care professionals regarding best practices in the management of a disease and medical problem. Many countries have issued stroke management and rehabilitation guidelines in the last two decades.⁴ All major stroke management guidelines recommend stroke rehabilitation as part of the overall stroke management program.⁵ Adherence to stroke guidelines is associated with improved stroke outcomes including functional recovery,⁶ better survival rates,⁷ reduced healthcare costs⁸ and patient satisfaction.⁹ Pakistan society of neurology issued the ischemic stroke management guidelines in 2010, but stroke rehabilitation is not addressed adequately. The available guidelines on stroke rehabilitation are all from the developed countries with better health care system and availability of integrated multi-disciplinary stroke rehabilitation teams. There is a paucity of quality research on stroke rehabilitation in local context and “rehabilitation is still confused with physiotherapy rather than the concept of a multi-disciplinary team approach” There is a dire need to develop new guidelines or adapt the existing stroke rehabilitation guidelines according to our local context, resources and expertise. It has been recognized that updating guidelines is a difficult task, particularly in a low resourced developing country.¹⁰ Therefore it is necessary that these guidelines are devised by inviting all stake holders and making a consensus panel, but at the same time it is necessary to avoid what is described as: ‘small meetings of experts [making policies] behind closed doors’.¹¹ I propose the following framework for development/ update of stroke rehabilitation guidelines in context of Pakistan and other similar low resourced countries.

- Pakistan society of Physical Medicine and Rehabilitation should collaborate with the Pakistan Society of Neurorehabilitation and Pakistan society of Neurology for development of Stroke rehabilitation guidelines for Pakistan. The core panel should consist of physiatrists (Rehabilitation medicine physicians) and neurologists with interest in neurorehabilitation).
- Allied health care professionals like physical therapists, occupational therapist, and speech and language pathologists should also be part of the guidelines development panel.
- Experts with qualification in their particular field with at least five years of post-qualification clinical experience and an established track record of research and publications should be invited for the panel.
- There should be an open call for the guidelines panel and the prospective candidates can be shortlisted and finalized by a committee of experts.
- Instead of developing the guidelines from the scratch it is recommended that the existing guidelines be consulted and adapted to our local needs. The panel should consider the availability of resources, healthcare system, local constraints and awareness regarding stroke rehabilitation while formulating these guidelines.
- Alternatives and low resourced stroke rehabilitation interventions must be identified in these guidelines e.g. Botulinum toxin for post stroke spasticity is recommended but is costly and not widely available throughout Pakistan. Phenol blocks for spasticity management are cost effective and an effective alternative in resistant spasticity.
- Guidelines should be multi-disciplinary encompassing all aspects of a comprehensive stroke rehabilitation program instead of focusing only on the medicines or physiotherapy.
- Once the guidelines are formulated they should be submitted for external peer review by involving external experts and officially mandating an external review committee.

- “Task forces should be provided with tools to grade locally acquired evidence. Otherwise they may overstate the contribution of western textbooks.”¹⁰
- Once the guidelines have been updated/ finalized after the external peer review they should be submitted for formal publication in leading biomedical journals in the country. A copy of the guidelines should be sent to all practicing physiatrists and neurologists in the country with a request to adhere to the guideline while managing stroke patients.

I believe that in this era of evidence based medicine and personalized medicine, no stroke patient in Pakistan should be discharged to home without a long term rehabilitation plan. These guidelines might provide the framework towards better integration of acute stroke care with the long term rehabilitation plan which would benefit the patient, his/her family and the society in general.

Those interested in contributing towards stroke rehabilitation guidelines development should contact Dr Farooq Rathore at farooqrathore@gmail.com

REFERENCES

1. Lincoln NB, Husbands S, Trescoli C, Drummond AE, Gladman JR, Berman P. Five year follow up of a randomised controlled trial of a stroke rehabilitation unit. *BMJ*. 2000;320(7234):549.
2. Drummond AE, Pearson B, Lincoln NB, Berman P. Ten year follow-up of a randomised controlled trial of care in a stroke rehabilitation unit. *BMJ*. 2005 3;331:491-2.
3. Ko KF, Sheppard L. The contribution of a comprehensive stroke unit to the outcome of Chinese stroke patients. *Singapore Med J*. 2006 47:208-12.
4. National Clinical Guideline Centre (UK). Stroke Rehabilitation: Long Term Rehabilitation After Stroke [Internet]. London: Royal College of Physicians (UK);2013 May 23. Available from <http://www.ncbi.nlm.nih.gov/books/NBK247494/> Accessed on 4th May 2015
5. Bates B, Choi JY, Duncan PW, Glasberg JJ, Graham GD, Katz RC et al. US Department of Defense; Department of Veterans Affairs. Veterans Affairs/ Department of Defense Clinical Practice Guideline for the Management of Adult Stroke Rehabilitation Care: executive summary. *Stroke*. 2005;36:2049-56.
6. Duncan PW, Horner RD, Reker DM, Samsa GP, Hoenig H, Hamilton B et al. Adherence to postacute rehabilitation guidelines is associated with functional recovery in stroke. *Stroke*. 2002;33:167-77.
7. Micieli G, Cavallini A, Quaglini S. Guideline compliance improves stroke outcome: a preliminary study in 4 districts in the Italian region of Lombardia. *Stroke* 2002; 33:1341–7.
8. Quaglini S, Cavallini A, Gerzeli S, Micieli G. Economic benefit from clinical practice guideline compliance in stroke patient management. *Health Policy* 2004;69:305–15
9. Reker DM, Duncan PW, Horner RD, Hoenig H, Samsa GP, Hamilton BB, Dudley TK. Postacute stroke guideline compliance is associated with greater patient satisfaction. *Arch Phys Med Rehabil*. 2002;83:750-6.
10. Goyet S, Barennes H, Libourel T, van Griensven J, Frutos R, Tarantola A. Knowledge translation: a case study on pneumonia research and clinical guidelines in a low- income country. *Implement Sci*. 2014;9:82. doi:10.1186/1748-5908-9-82.
11. Agweyu A, Opiyo N, English M. Experience developing national evidence-based clinical guidelines for childhood pneumonia in a low-income setting—making the GRADE? *BMC Pediatr* 2012, 12:1.

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Dr. Farooq Azam Rathore: Concept and design, manuscript writing, manuscript review