Review: early supported discharge reduces death or dependence after stroke


In patients admitted to hospital with stroke, does an early supported discharge (ESD) service with rehabilitation at home provide better outcomes than conventional in-hospital care?

METHODS

Data sources: the Cochrane Specialised Register of Controlled Trials (to August 2004) was searched and trials were asked to describe their intervention and control services and to provide individual patient data.

Study selection and assessment: randomised controlled trials (RCTs) that compared an ESD intervention with conventional care in patients admitted to hospital with stroke. The aim of ESD was to accelerate discharge from hospital and provide rehabilitation and regular assistance in a community setting. Quality assessment of individual trials was based on allocation concealment and blinding of outcome assessors.

Outcomes: a composite endpoint of death or dependence (Barthel index <19/20 or Rankin score >2); Secondary outcomes were death; death or need for long term institutional care; change in activities of daily living (ADL), subjective health status, or mood or depression; patient satisfaction; caregiver outcomes (subjective health status, mood score, and satisfaction); and resource outcomes (length of stay and hospital readmission).

MAIN RESULTS

11 RCTs (n = 1597, mean or median age range 68–78 y) met the selection criteria. The trials were done in Australia, Canada, Norway, Sweden, and the UK. Median follow up was 6 months (range 3–12 mo). 9 RCTs used a concealed randomisation procedure, and 10 RCTs used blinded outcome assessment. The same ESD team coordinated hospital discharge and rehabilitation at home in 7 RCTs; the ESD team coordinated discharge home and immediate post-discharge care but not rehabilitation care in 2 RCTs; and patients received multidisciplinary care in hospital, but post-discharge care was provided by uncoordinated community services or healthcare volunteers in 2 RCTs. Patients who received ESD had greater reductions in death or dependence than patients who received conventional care (table). Groups did not differ for death, but the composite endpoint of death or need for long term institutional care was reduced with ESD (table). Groups did not differ for ADL, subjective health status, or mood scores. Patients who received ESD were more likely to report satisfaction with outpatient services (odds ratio 1.6, 95% CI 1.1 to 2.4) (5 RCTs). Caregivers’ outcomes did not differ between groups. Length of hospital stay was 7.7 days (CI 4.2 to 10.7) shorter in the ESD group (9 RCTs). Hospital readmission rates were similar between groups (27% v 25%) (5 RCTs). Significant subgroup interaction existed with the presence or absence of coordinated, multidisciplinary ESD teams. ESD was more effective in patients with moderate than with severe stroke.

CONCLUSION

In patients admitted to hospital with stroke, an early supported discharge service with rehabilitation at home reduces death and disability more than conventional in-hospital care.

A modified version of this abstract appears in ACP Journal Club.

*Abbreviations defined in glossary.
†RRR, NNT, and CI calculated from data in article.
‡Numbers calculated from data provided by author.

Early supported discharge (ESD) v conventional in-hospital care for stroke*
Review: early supported discharge reduces death or dependence after stroke

Evid Based Nurs 2005 8: 118
doi: 10.1136/ebn.8.4.118

Updated information and services can be found at:
http://ebn.bmj.com/content/8/4/118

References
This article cites 2 articles, 0 of which you can access for free at:
http://ebn.bmj.com/content/8/4/118#BIBL

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Topic Collections
Articles on similar topics can be found in the following collections
- Stroke (219)
- Long term care (66)
- Home care nursing (48)

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/