LETTER TO THE EDITOR
CRITIQUE

Comment on Awais Ur Rehman, et al. (J Pak Med Assoc. 72: 2180-2183, 2022)

Assessment of quality of life of stroke survivors and their caregivers presenting to a tertiary care hospital in Pakistan

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Madam, We have read the article titled "Assessment of quality of life (QOL) of stroke survivors and their caregivers presenting to a tertiary care hospital in Pakistan" by Rehman et al with great interest.[1]. They have highlighted the issue of reduced QOL in all domains in stroke survivors. This is an important finding and addition to the stroke literature from Pakistan. Unlike many other diseases, stroke is a disease which affects the whole family. The disability resulting from a stroke can be significant, persisting for months to years and often requires constant attendant care. In many cases caregivers cater for every need of the stroke survivor including mobility, toilet care, exercise and feeding. This creates a constant stressful situation for the caregivers resulting in a poor QOL As Rehabilitation Medicine physicians who regularly attend post stroke patient and advice rehabilitation plan, we have some observations and comments on the manuscript which need clarification..

Concern 1: The inclusion criteria is vague and incomplete. Authors have only mentioned gender, age and type of stroke as the inclusion criteria. It is very important to clearly mention the duration of stroke in this population at enrollment. A post stroke patient with acute stroke of less than one month duration cannot have the same QOL as a chronic stroke survivor living in the community. This very important difference has been missed.

Concern 2: The authors have not identified or mentioned some important confounding factors that negatively affect QOL after stroke like severity of stroke, depression, functional impairment, post stroke seizures and spasticity.[2,3,4] In addition, the socioeconomic and financial status of the patient and care giver is very important to consider while determining QOL. It is not possible to accurately comment on the QOL of either the post stroke patient or his/her caregiver without considering these important aspects.

Concern 3: The authors assessed the QOL of patients by direct interview. However, they have not mentioned how the interview was carried out in stroke survivors who had communication deficits or cognitive deficits.

Concern 4: It is mentioned that written informed consent was obtained from all the study participants. We would like to know if all patients if this study group had regained enough hand function to sign the informed consent form and how many of them had stroke affecting the dominant hand. Hand function recovery and particularly of the fine motor skills is delayed than the leg recovery in most patients and requires extensive occupational therapy in many cases.

Concern 5: There is evidence that early, coordinated and multidisciplinary stroke rehabilitation under the care of Rehabilitation Medicine specialist improves QOL and maximizes recovery.[5] To the best of our knowledge there is no trained Rehabilitation Medicine physician available at the institute where this study was conducted and only physiotherapy is being offered to patients with stroke. In the absence of a trained Rehabilitation Medicine physician many important aspects of stroke rehabilitation cannot be addressed and can negatively affect the QOL in post stroke survivors and their care givers. This is a limitation of the study.

Concern 6: Experts have highlighted the lack of multidisciplinary rehabilitation services in Pakistan.[6] This manuscript reinforces the call to establish a coordinated and multidisciplinary post stroke rehabilitation services involving all rehabilitation team members instead of focusing only on provision of physiotherapy and exercises. This will not only ensure that functional outcomes are better for the stroke survivors but the QOL for them and their care givers will also be better.

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