

Integrative treatment modalities for stroke victims in Korea



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ABSTRACT

Keywords:

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Objectives: To suggest and discuss an integrative medicine model for stroke patients, we introduce our experience in Korea, describe treatment modalities used for stroke in Korean medicine, and present safety data on integrative care.

Summary: For inpatients, integrative management is applied at the request of the primary physician with the consent of patients or their families. In the acute stage, neurologists or neurosurgeons take charge as the primary physicians. Korean medicine doctors cooperate as secondary physicians to the neurologists and neurosurgeons. After the acute stage, responsibilities are exchanged. The rehabilitation program is conducted under the supervision of rehabilitation medicine doctors. The most frequently used complementary and alternative medicine modalities are acupuncture (including manual acupuncture, electroacupuncture and intradermal acupuncture), moxibustion, herbal prescriptions, and acupuncture point injection.

Conclusion: Based on our field experiences, we believe it is worthwhile to continue efforts to integrate complementary and alternative medicine and Western medicine.

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1. Introduction

Stroke is the second leading cause of death worldwide and a main cause of adult disability and dependency [1–3]. Due to aging populations, dietary changes, and work-related stress, stroke morbidity is on the rise, and the age of first occurrence is decreasing [2]. According to the American Heart Association, each year approximately 600,000 people in the United States experience a new stroke and 185,000 experience a recurrent stroke. In addition to the resultant mortality, the high incidence (>50%) of post-stroke

disability brings a heavy burden to patients and their caregivers [2]. However, there are no definite treatments for stroke, and there is no single rehabilitation intervention that has been demonstrated to definitively promote recovery. Therefore, the interest in and use of complementary and alternative medicine (CAM) is increasing among stroke patients and their families [4], and more hospitals are expanding their CAM offerings in response to patient demand [5,6]. However, it is not easy to organize and incorporate CAM services into mainstream medical settings or to construct an effective integrative medicine model.

Magnusson et al. reported that integrated rehabilitation including acupuncture treatment and biofeedback-guided stress management programs reduced the death rate of stroke patients [7]. However, the model was limited by its selective incorporation of CAM into Western medicine, where medical practitioners are responsible for diagnosis, monitoring and coordination of health care and treatment plans. Such biomedical exclusivity is inevitably accompanied by the loss of essential features of CAM [8,9]. The ideal model is a selective combination of the most effective elements of CAM and Western medicine for the optimal health

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outcomes for patients. This should include cooperation between CAM and medical practitioners with equal autonomy, input and standing working harmoniously with, and complementary to, each other [10,11].

Korea is a unique country in that the social and political status of traditional medicine (meaning Korean medicine) is equal to that of Western medicine. According to a 2010 report of the Health Insurance Review & Assessment Service, there are 41 Western medicine colleges and 11 Korean medicine colleges in Korea. Like Western medicine doctors, after completing a 6-year medical school program, Korean medical school graduates receive the degree of Doctor of Korean Medicine and must pass a national licensing examination to practice. In particular, Kyung Hee University has colleges of both Western medicine and Korean medicine. In the Kyung Hee University Hospitals, Kyung Hee Medical Center and Kyung Hee University Hospital at Gangdong, both Korean medicine doctors and Western medicine doctors treat patients. Thus, Kyung Hee University has made many efforts to adopt an integrative medical care system and has significant experience in the integration of the two medical systems. The first integrative stroke center in the Kyung Hee University Hospitals was established at Kyung Hee Medical Center in 1974. The Stroke and Neurological Disorders Center of Kyung Hee University Hospital at Gangdong was established in 2006 based on 30 years of practice. Such integrative care centers for stroke are rarely available outside of Korea. Defining collaborative integration and the roles of both types of doctors is an exemplary practice model. In other words, the showcase of an effective integrative care model for stroke in Korea would be helpful.

In this article, we hope to suggest a practice model for stroke patients. We introduce our experience in Korea, describe treatment modalities used for strokes in Korean medicine, and present safety data on integrative care.

2. The Stroke and Neurological Disorders Center

Kyung Hee University Hospital at Gangong was built in 2006 and aims to integrate Western and Korean medicine. There are seven integrative medicine centers at this hospital: the Stroke and Neurological Disorders Center; the Arthritis and Rheumatism Center; the Spine Center; the Cancer Center; the Ear, Nose and Throat Center; the Health Promotion Center; and the Facial Palsy Center.

The Stroke and Neurological Disorders Center consists of four departments: Korean Medicine, Neurology, Neurosurgery, and Physical Medicine & Rehabilitation. The members of the center regularly have joint conferences on case studies and topics,

collaborate to treat patients, and conduct research on stroke and neurological disorders. Physicians from different departments treat outpatients at the same time in the same outpatient clinic, and they refer patients to one another. For inpatients, integrative management is applied at the request of the primary physician with the consent of patients or their families. All patient records are shared among the relevant physicians through the electronic medical record (EMR) system. In addition, there is a coordinator who is responsible for informing patients and their families about the integrative care system.

3. Overview of integrative stroke care

Fig. 1 shows an overview of the flow of integrative stroke care for inpatients at the Stroke and Neurological Disorders Center. In the acute stage, neurologists or neurosurgeons take charge as the primary physicians. Similar to other stroke centers, intravenous tissue-type plasminogen activator (IV tPA) is administered to eligible acute ischemic stroke patients. In some cases, intra-arterial thrombolysis or neurosurgery (such as lobectomy, bypass surgery, stereotactic surgery or endoscopic drainage) is performed. During this time, Korean medicine doctors cooperate as secondary physicians with the neurologists and neurosurgeons. Korean medical treatment is initiated after the patient's arrival in the intensive care unit from intervention or surgery.

After the acute stage, the doctors exchange responsibilities. Korean medicine doctors are in charge as the primary physicians, while neurologists and neurosurgeons are secondary physicians. The rehabilitation program is implemented as soon as possible under the supervision of rehabilitation medicine doctors.

4. Status of integrative stroke inpatient care

As mentioned above, integrative management is initiated at the request of the primary physicians with the consent of the patients or their families. Therefore, not all inpatients receive integrative care. Over a six-year period, there were 13,104 inpatients at the hospital, and of these, 5,957 patients received integrative stroke care (45.5%). In 2007, more than 50% of patients received integrative management. Since then, the percentage of patients treated under the integrative care system has slightly decreased, even though the total number of inpatients gradually increased (Fig. 2). On the other hand, according to patient satisfaction surveys (Fig. 3), the need for integrative stroke care for inpatients was indicated in more than 70% of patients (74.1%–79.8%), and the satisfaction with integrative stroke care from those who received it was very high (80.8%–92.2%).

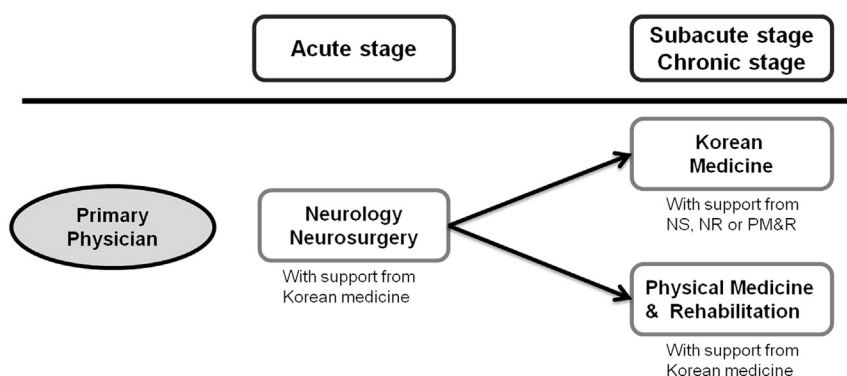


Fig. 1. Overview of the flow of integrative stroke care for inpatients. NS: Neurosurgery, NR: Neurology, PM&R: Physical medicine & rehabilitation.

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