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Returning to work after a stroke: A retrospective study at the Physical and Rehabilitation Medicine Center “La Tour de Gassies”

Reprise du travail après un accident vasculaire cérébral : une enquête rétrospective au Centre de médecine physique et de réadaptation de la Tour de Gassies

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Received 1 June 2011; accepted 28 January 2012

Abstract

Objective. – To study work re-entry by patients having suffered a stroke at least 3 years previously.

Patients and methods. – This was a retrospective survey in which a questionnaire was administered to all patients admitted after a first stroke to the “La Tour de Gassies” Centre for Physical and Rehabilitation Medicine (CPRM) in France between January 2005 and June 2007 and who were in work at the time of the incident.

Results. – Fifty-six of the 72 included patients (78%) completed and returned the survey questionnaire. The mean age at the time of the stroke was 48.3 ± 10.1 . Eighteen (32.1%) of the 56 patients returned to work after their stroke (mean post-stroke time interval: 19.2 ± 13.4 months). Negative prognostic factors for a return to work were living alone, the presence of severe functional impairment and the presence of speech disorders. Positive prognostic factors included specific, professional support and early involvement of the occupational physician. Patients who resumed driving were more likely to return to work and there was a positive correlation between the time to work re-entry and the time to resumption of driving.

Conclusion. – Close cooperation between occupational health services and CPRM appears to be necessary to speed the return to work by stroke patients.

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Keywords: Stroke; Employment; Return to work; Disability; Professional outcome

Résumé

Objectif. – Étudier la réinsertion socioprofessionnelle de patients victimes d'un accident vasculaire cérébral (AVC) interrogés à distance de leur AVC.

Patients et méthode. – Enquête rétrospective avec administration d'un questionnaire auprès de tous les patients hospitalisés au Centre de médecine physique et de réadaptation de la Tour de Gassies entre janvier 2005 et juin 2007 dans les suites d'un premier AVC et qui travaillaient au moment de la survenue de leur accident.

Résultats. – Cinquante-six des 72 patients inclus (78 %), âgés en moyenne de $48,3 \pm 10,1$ ans au moment de l'AVC, ont répondu à l'enquête. Dix-huit (32,1 %) d'entre eux ont repris une activité professionnelle, avec un délai post-AVC moyen de $19,2 \pm 13,4$ mois. Les facteurs pronostiques péjoratifs de retour au travail sont le fait de vivre seul, la gravité des séquelles fonctionnelles et l'existence de troubles du langage. À l'inverse, un accompagnement professionnel spécifique et l'implication précoce du médecin du travail semblent augmenter les chances de réinsertion. Par ailleurs, il existe une corrélation positive entre le délai de réinsertion professionnelle et le délai de reprise de la conduite.

Conclusion. – Une collaboration étroite semble nécessaire entre les services de santé au travail et les services de médecine physique et de réadaptation pour améliorer la réinsertion professionnelle de ces patients.

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Mots clés : Accident vasculaire cérébral ; Travail ; Handicap ; Réinsertion professionnelle

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1. English version

1.1. Introduction

Stroke is a major public health issue in France and worldwide. The neurological and functional consequences can be severe; in France, stroke is currently the leading cause of acquired handicap in adults. Furthermore, stroke has a very high socio-economic cost. It generates direct healthcare costs (hospitalization, treatments, rehabilitation) and indirect economic costs related to the impact of sequelae on work productivity. Although the incidence of stroke increases with age, this affliction also affects adults of working age because about a quarter of stroke victims are under the age of 65 (around 32,500 cases a year in France) and about 15% of the patients are under 55 (around 19,500 cases a year in France) [11]. The issue of the patients' professional future should be addressed early on in rehabilitation and retraining programmes.

In the literature, several studies have focused on the return to work after a stroke (Table 1). The return to work rates range from 14 to 73% and the post-stroke time interval to work re-entry also varies. The few French studies have shown rates of return to work between 59 and 73% [12–14]. However, several factors make it difficult to compare these various studies. Firstly, there is significant inter-study heterogeneity in terms of methodologies, study populations (age, type of stroke, etc.), patient recruitment procedures and the length of follow-up. Secondly, work re-entry depends on country-specific social and cultural particularities of the healthcare system and patient support procedures.

Literature reviews have listed several factors that are likely to influence the return to work rate [15,20,23,24]: these include demographic factors (such as age and gender), medical parameters (such as the type and site of the stroke and the type and gravity of the sequelae) and social factors (such as the educational level and the socioprofessional category).

However, the true impact of these factors on the return to work is subject to debate. Furthermore, the question arises as to the role of the occupational physician and the organizations that seek to promote work re-entry for brain-damaged people in France.

We performed a retrospective survey of patients hospitalized in a French Centre for Physical and Rehabilitation Medicine (CPRM) after a first stroke. The study's primary objective was to describe the professional outcome in these patients at least 3 years after their stroke. This corresponds to the maximum duration of sick leave in France and is long enough to reasonably expect to see a return to work. The study's secondary objective was to identify factors likely to promote or hinder a return to work in this population.

1.2. Patients and methods

1.2.1. Study population

We included consecutive first-stroke patients aged between 18 and 65 and having been admitted to the "La Tour de Gassies" CPRM (Bruges, France) between January 2005 and June 2007. All the patients were in work at the time of their stroke. Retired or unemployed patients were excluded, as were patients who died following their stroke.

1.2.2. Data collection

The following data were collected from the patients' medical records: family name, first name, gender, age, family situation at the time of the stroke, date of the stroke, type of stroke (ischaemic, haemorrhagic or cerebromeningeal), site of brain damage (right and/or left hemisphere or posterior fossa), main impairments on discharge from the CPRM (any mentions of motor, sensory, cognitive, language or visual disorders or post-stroke epilepsy), Barthel Index on discharge and any mentions of post-stroke contact (in writing or by telephone) between the CPRM staff and the occupational physician.

Table 1
The return to work after stroke – bibliographic data.

Year of publication	Author [reference]	Country	Sample size	Return to work rate (%)
1984	Kotila [10]	Finland	58	55
1985	Howard [9]	United States	379	19
1990	Black-Schaffer [2]	United States	79	49
1991	Bergmann [1]	Germany	204	14
1993	Saeki [16]	Japan	230	58
1994	Ferro [5]	Portugal	184	73
1997	Hsieh [8]	Taiwan	248	58
1997	Pradat-Diehl [12]	France	22	59
1998	Neau [13]	France	63	73
1999	Wozniak [25]	United States	156	51
2000	Teasell [19]	Canada	64	20
2002	Leys [12]	France	265	65
2003	Vestling [22]	Sweden	120	41
2004	Varona [21]	Spain	240	53
2008	Glozier [7]	New Zealand	210	53
2009	Busch [3]	United Kingdom	266	35
2009	Gabriele [6]	Germany	60	27
2010	Saeki [17]	Japan	253	55
2011	Tanaka [18]	Japan	335	30

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