

## Abstract

Stroke is one of the leading causes of long term disability in many countries causing major individual, social and economic burden. Extended life expectancy together with the reduction in case fatality rate as a result of better management of stroke patients would increase the incidence and prevalence of stroke leaving more disabled people in the community. Reducing the case fatality rate of a disease, thereby improving the survival rate is not going to help the patient if the patient's Quality of Life is not improved. Determining the Quality of Life of stroke patients provides a context for the development and implementation of programmes aimed to provide a better life for the patient.

The present study was consisted of two phases namely; the validation of Short Form 36 and Barthel Index and description of the basic characteristics of the first ever stroke patients presented to selected hospitals and a follow up study of stroke patients and their principal informal care givers at one and three months after the index stroke. Short Form 36 (SF36) and Barthel Index were validated among stroke patients presenting to the stroke clinic at National Hospital of Sri Lanka and found to have a good validity and reliability among them.

A cross sectional study was done to study the basic characteristics of stroke patients. Four hundred and twenty two first ever stroke patients admitted to five hospitals in the Colombo district where a consultant physician was available and a diagnosis of stroke was made according to the WHO definition of stroke were recruited as the participants of this study.

Majority of the study sample consisted of males (58 %) and most (90 %) were above fifty years of age. Hypertension was the commonest self reported risk factor found in this study. Ischemic stroke (66%) was found to be the commonest pathological type of stroke. Twenty four percent of the patients were employed around the time of the stroke. Of them majority (95 %) were off work at one month and (64%) at three months post stroke.

More than 82 % of the patients in all age groups were found to be disabled at the acute stage with increase in disability seen with advancing age. Lesser number of patients were found to be disabled at one and three months post stroke (48 % and 22 % respectively).

However, only 5 % and 31 % were functionally independent at one and three months respectively and were able to attend activities of daily living without help. Majority of females in the study sample were disabled than males during the acute stage and at one and three months after the stroke.

Eighty five percent of the stroke patients were severely handicapped and 42% were bed ridden during the acute stage. Seven percent of the stroke survivors were found to be bed ridden even at three months post stroke.

Only thirty eight percent of the total study sample was found to be without any cognitive impairment at the acute stage. A decline in cognitive impairment was observed in the stroke survivors with 22 % cognitive impaired people at one month post stroke and 17 % at three months.

More than half of the patients (57 %) showed the possibility of common mental disorders at the acute stage. Though the possibility of common mental disorders among stroke survivors has come down with time, more than one third of the survivors (35 %) have been affected at three months post stroke.

Quality of life of stroke survivors was found to be very low having a mean SF 36 score close to zero at one-month post stroke for all domains except domain bodily pain. Stroke survivors had shown an improvement in the Quality of Life at three months than at one month. However, the Quality of Life was found to be poor even three months after the stroke with a low mean SF 36 score close to zero.

Quality of Life was significantly lower in stroke survivors who were found to be disabled ( $P<0.05$ ) or handicapped ( $P<0.05$ ) at the acute stage and at one and three months after the stroke. Low Quality of life was also observed in stroke survivors who had severe cognitive impairment ( $P<0.05$ ). Stroke survivors who showed a possibility of common mental disorders were found to have poor Quality of Life than people with normal mental status ( $P<0.05$ ).

Eighty five percent of the stroke survivors had taken treatment from Ayurvedic physicians up to one month post stroke and only 32% had taken treatment from the medical clinic or the OPD of a Government hospital.

Majority of the patients had somebody to talk with and help in daily activities. Only 6 % of the stroke survivors had somebody to get information about the disease up to one month of stroke. Help received from a Government office, NGO and religious groups were negligible.

Approximately one fifth of the principal informal care givers showed the possibility of common mental disorders at one and three months post stroke.