Integrated Western – Chinese Medicine In-patient Stroke Rehabilitation – A way out in the future?

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Introduction:
Stroke is the 3rd cause of death in Hong Kong with around 15000 hospital admissions and 3000 deaths per year. More than 50% of survivors have significant post stroke disability. Traditional Chinese Medicine, especially acupuncture (Acu) is a major treatment modality and is widely used in China for post stroke patients. An in-patient stroke collaborative rehabilitation care was set up in April 2008 aiming at providing the best one-stop stroke rehabilitation care.

Objective:
To review the feasibility, effectiveness and acceptability of this integrated stroke rehabilitation project.

Program Outline:
Stroke patients admitted to our stroke unit from acute hospital will be assessed by physician and Chinese medicine practitioners (CMP). Eligible patients will undergo a course of In-patient acupuncture (around 10 sessions, 2 to 3 sessions per week, acupuncturist in ward) with or without Chinese Herbal medicine. Comprehensive conventional stroke rehabilitation will be delivered as usual.

Methodology:
A retrospective review of two year (Aug 08 to Aug 2010) participants was performed. Outcome measures included physical and cognitive recoveries - measured by functional Independence Measure (FIM) and Barthel Index (BI); 6 month mortality rate and Acu prescription characteristics.

Results:
125 stroke patients were recruited. Mean age was 66.4 (range 38 to 92), 50% was male. 51 (41%) patients suffered from Haemorrhagic stroke and 74 (59%) from Ischaemic stroke. Under Chinese Medicine differentiation of diagnosis, 82% suffered from Meridians and Collaterals attack and 18% from Viscera (Zang Fu) attack.

Majority of patient (84%) received Acu only and 16% received both Acu and Herbal medicine. Average in-patient Acu sessions performed were 8 (range 1-15), mean numbers of Acupoints used in each session were 12 (range 4 to 22), Electrical stimulation was applied in 28 % of cases.

Average time elapse from disease onset to first Acu session in ischemic stroke and haemorrhagic stroke was 18 days and 27 days respectively. 33% of patients continued post-discharge out-patient Acu service.

There was no Acu related death and only 2 had minor Acu related side effects (pain and dizziness) that warranted temporary suspension of treatment.

Functional improvement was noted in both cognitive and motor domains. Cognitive, Motor and Total FIM were significantly improved by 21%, 46% and 37% respectively. BI also showed a 62% improvement.

Conclusion:
Integrated Western and Chinese stroke rehabilitation care including Acu improved physical, cognitive and functional outcomes of post stroke patients and this is safe, feasible and well accepted.