

A9.01 SOCIAL INTEGRATION PROGRAMMES AND REHABILITATION FOR SPECIFIC - COMMUNITY BASED REHABILITATION

ISPR8-1083

A randomized controlled trial assessing the efficacy of an upper limb self-rehabilitation programme among chronic Beninese stroke patients

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Introduction/Background: After stroke, approximately 80% of patients have upper limb impairment. Upper limb is then a key issue in neurorehabilitation. The objective of this study was to evaluate the efficacy of self-rehabilitation program of upper limb after stroke, in Benin. **Materials and Methods:** It was a randomised controlled trial concerning 59 patients presenting hemiplegia more than 6 months after stroke. The 28 patients of experimental group have executed a self-rehabilitation program during 8 week at home. The control group had 31 patients who received no treatment related to the study. Patients have been evaluated before the treatment (T0), at the end of the treatment (T1) and 8 weeks after later T2. The primary outcome was the manual ability assessed by ABILHAND Stroke for Benin. The secondary outcomes were: neurological impairments (Fugl-Meyer), manual dexterity (Box and Block Test, Wolf Motor Function Test) and quality of life (Whoqol-Brief). Two way repeated measure ANOVA in intention to treat was did for analysis. **Results:** The experimental group improved significantly their manual ability in comparison to the control group ($p < 0.001$). Within the experimental group, means difference were 10% between T1 and T0 (IC95%: 1.61 to 18.56), maintained at T2 (IC95%: 1.48 to 18.44). Quality of life also improved in the intervention group. **Conclusion:** The self-rehabilitation program for upper limb after stroke is feasible and efficient in Benin to enhances the manual ability for chronic stroke patients. The self-rehabilitation program is an intensive program including unimanual and bimanual functional exercises, repeating movements of the daily life of patients.

Keywords: Hemiplegia, self-rehabilitation, upper limb

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A9.03 SOCIAL INTEGRATION PROGRAMMES AND REHABILITATION FOR SPECIFIC - SUPPORT, ASSISTANCE AND INDEPENDENT LIVING

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Abstract need to be edited - Contribution of chronic diseases to educational disparity in disability in France: Results from the cross-sectional "disability-health" survey

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Introduction/Background: This study aimed to assess whether the contribution of chronic conditions to disability prevalence varies according to educational attainment and to disentangle the contributions of the prevalence and disabling impact of chronic conditions to educational disparities in the French household population 25 years and older. **Materials and Methods:** Data of the 2009-09 Disability Health Survey were examined (N = 23,348). The disability indicator was the Global Activity Limitation Indicator (GALI). The attribution method based on an additive hazard model was used to estimate educational differences in disabling impacts and in the contributions of diseases to disability. Counterfactual analyses were used to disentangle the contribution of differences in disease prevalence vs. disabling impact. **Results:** In men, the main contributors to the absolute difference in disability prevalence were arthritis (contribution to disability prevalence: 5.7% (95% CI 5.4-6.0) for low-educated vs. 3.3% (3.0-3.9) for high-educated men), spine disorders (back/neck pain, deformity) (3.8% (3.6-4.0) vs. 1.9% (1.8-2.1)), chronic obstructive pulmonary diseases (2.4% (2.3-2.6) vs. 0.6% (0.5-0.7)) and ischemic heart/peripheral artery diseases (4.1% (3.9-4.3) vs. 2.4% (2.2-3.0)). In women, arthritis (9.5% (9.1-9.9) vs. 4.5% (4.1-5.2)), spine disorders (4.5% (4.3-4.7) vs. 2.1% (1.9-2.3)) and psychiatric diseases (3.1% (3.0-3.3) vs. 1.1% (1.0-1.3)) contributed most to education gap in disability. The educational differences were equally explained by differences in the disease prevalence and in their disabling impact. **Conclusion:** Public health policies aiming to reduce existing socioeconomic disparities in disability should focus on musculoskeletal, pulmonary, psychiatric and ischemic heart diseases, reducing their prevalence as well as their disabling impact in lower socioeconomic groups.

Keywords: Chronic diseases, disability, socioeconomic status

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Territorial mobile team: A response element to ambulatory shift? Lyon's experience

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