

VA, DoD update guideline for rehabilitation after stroke

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(HealthDay)—In a systematic review and clinical practice guideline,



published online Nov. 19 in *Annals of Internal Medicine*, recommendations from the U.S. Department of Veterans Affairs and the U.S. Department of Defense are presented for stroke rehabilitation and nonpharmacologic and pharmacologic treatments for motor deficits and mood disorders in adults who have had stroke.

James Sall, Ph.D., from the Department of Veterans Affairs in Los Angeles, and colleagues provide recommendations for rehabilitation care of patients after stroke. Recommendations were developed in six areas, including timing of rehabilitation treatment, motor therapy, dysphagia management, cognitive rehabilitation approaches, mental health treatment, and community reintegration such as returning to work and driving. Stroke rehabilitation requires an interdisciplinary, holistic approach to poststroke sequelae, according to the authors.

Kristen E. D'Anci, Ph.D., from the ECRI Institute in Plymouth Meeting, Pennsylvania, and colleagues summarized evidence on the benefits and harms of nonpharmacologic and pharmacologic treatments for motor deficits and mood disorders in adults who have had stroke. Data were included from 19 systematic reviews and 37 randomized controlled trials. The researchers found that most interventions did not improve motor function. Based on high-quality evidence, fluoxetine use was not supported for improving motor function. There was moderate-quality evidence for use of cardiorespiratory training for improving maximum walking speed and repetitive task training or transcranial direct current stimulation for improving activities of daily living. Based on low-quality evidence, antidepressants may reduce depression, although the frequency and severity of related adverse events is unclear; cognitive behavioral therapy and exercise may reduce symptoms of anxiety and depression.

"We recommend using these guidelines as an adjunct to the American Heart Association/American Stroke Association for Adult Stroke Rehabilitation and Recovery," Sall and colleagues write.



More information: The Management of Stroke Rehabilitation

Abstract/Full Text - Review (subscription or payment may be required)

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