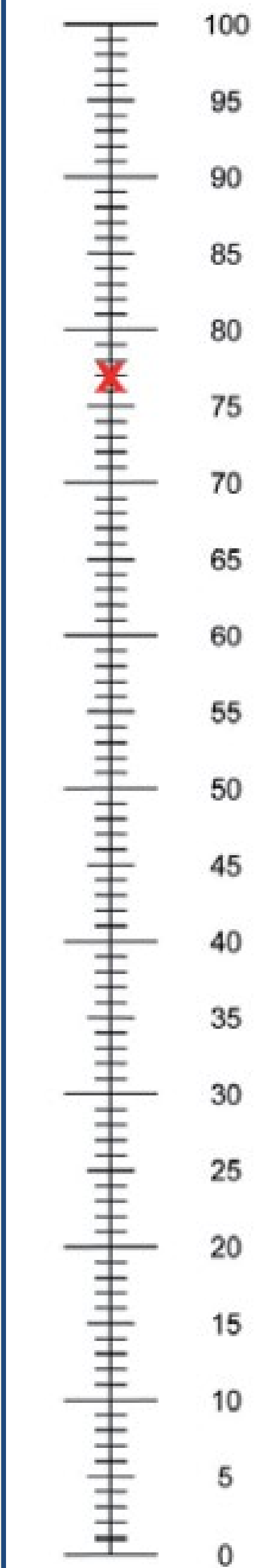


Health-related quality of life improves over the duration of rehabilitation in the home services (RITH)

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EQ VAS

The best health
you can imagine



The worst health
you can imagine

Background

- Home-based rehabilitation services are increasingly offered as an alternative to traditional inpatient rehabilitation.
- There is little research evaluating the effectiveness of home-based rehabilitation on health-related quality of life (HRQOL).

Aims

- To investigate whether HRQOL improved over the period of time RITH services were provided.
- To identify patient characteristics that influence HRQOL.

Rehabilitation in the Home (RITH)

- This RITH service provides rehabilitation in the home for patients living in the CALHN area, with a cap of 27 patients at any one time, enabling earlier discharge home from an acute hospital or inpatient rehabilitation setting.
- Data were collected over 7 months (July 2018 to January 2019).
- Frequency and duration were variable - typically 1-3 sessions per day, full weekday service and reduced weekend service.

Methods

- A prospective single-arm observational study was undertaken whereby HRQOL was measured, using the EQ-5D-5L, at the start and completion of RITH services.
- The sample comprised 121 patients with neurological, orthopaedic or reconditioning/restorative diagnoses for a median (IQR) of 17 (14-21) days.

EQ-5D-5L

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

- I have no problems with walking around ☐
I have slight problems with walking around ☐
I have moderate problems with walking around ☐
I have severe problems with walking around ☐
I am unable to walk around ☐

PERSONAL CARE

- I have no problems with washing or dressing myself ☐
I have slight problems with washing or dressing myself ☐
I have moderate problems with washing or dressing myself ☐
I have severe problems with washing or dressing myself ☐
I am unable to wash or dress myself ☐

USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)

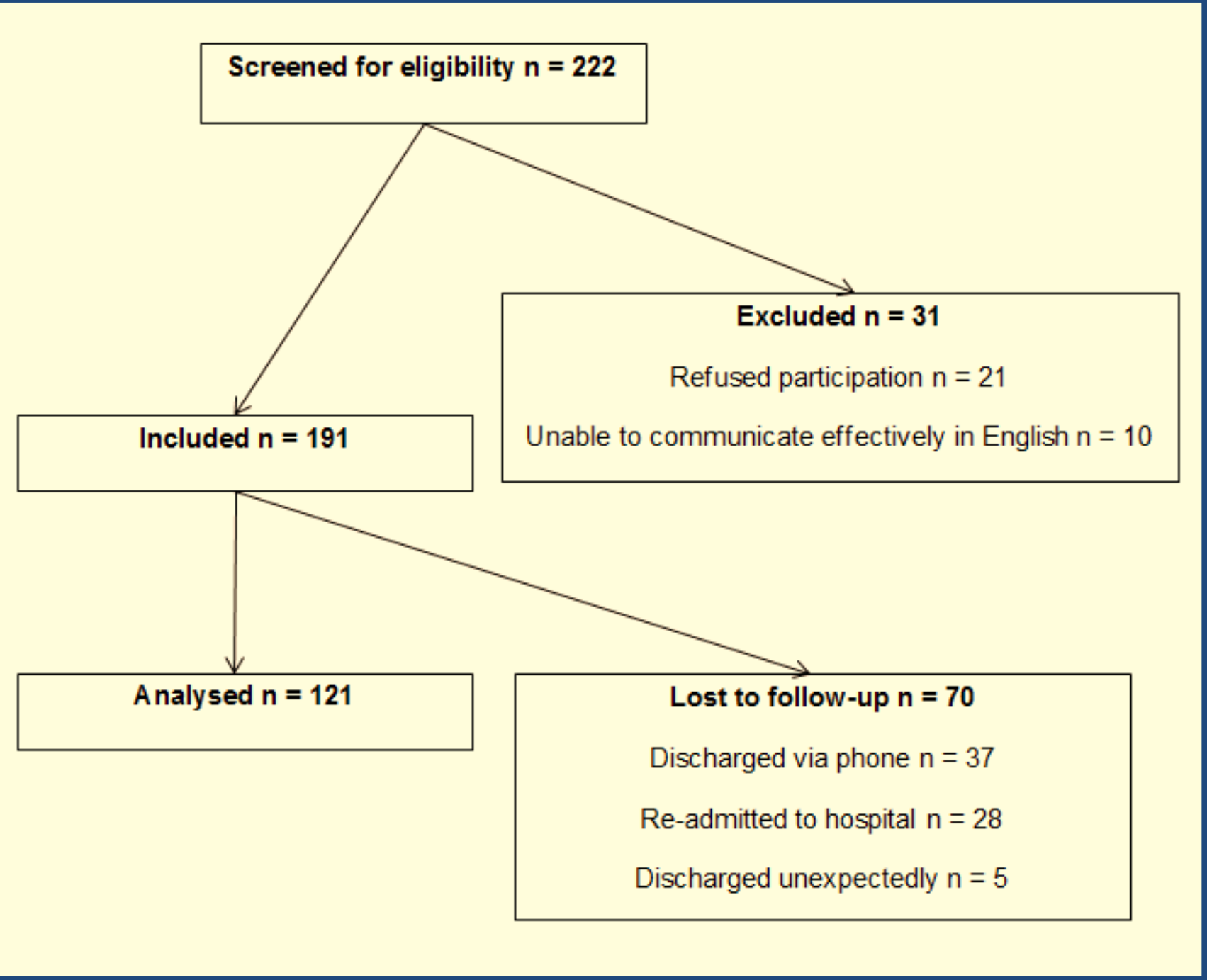
- I have no problems doing my usual activities ☐
I have slight problems doing my usual activities ☐
I have moderate problems doing my usual activities ☐
I have severe problems doing my usual activities ☐
I am unable to do my usual activities ☐

PAIN / DISCOMFORT

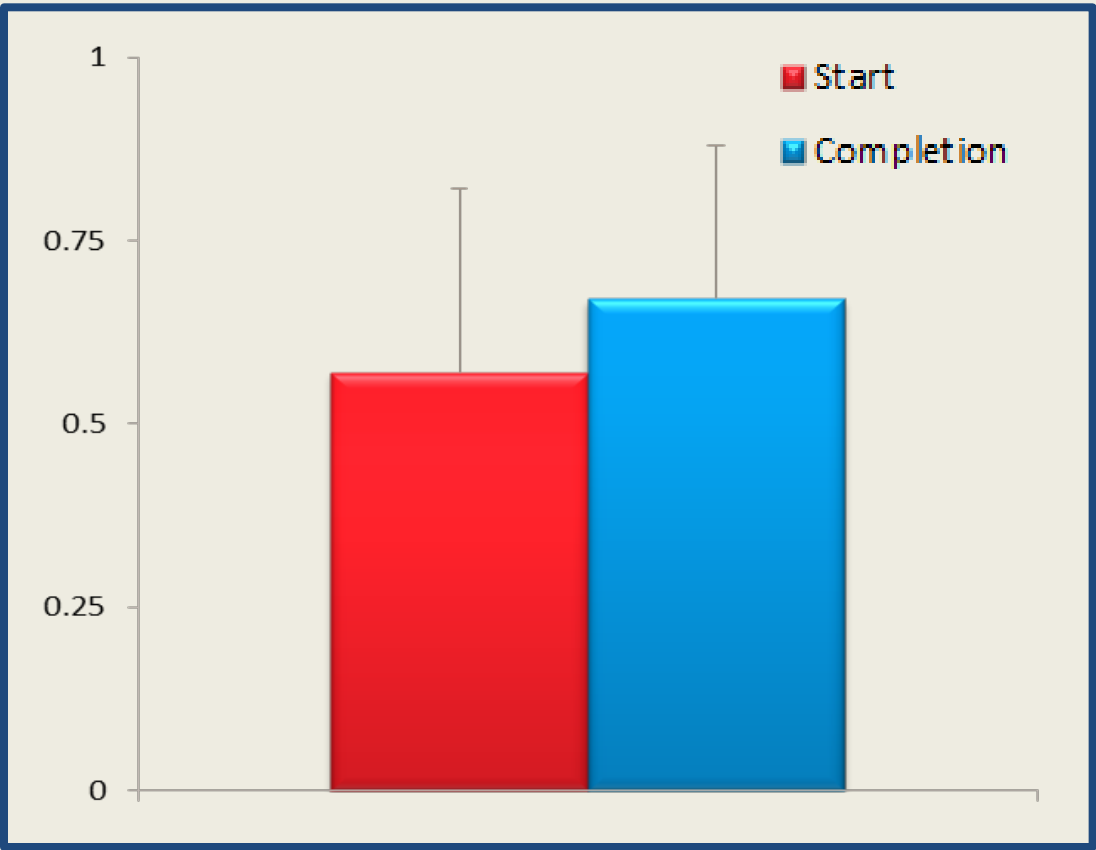
- I have no pain or discomfort ☐
I have slight pain or discomfort ☐
I have moderate pain or discomfort ☐
I have severe pain or discomfort ☐
I have extreme pain or discomfort ☐

ANXIETY / DEPRESSION

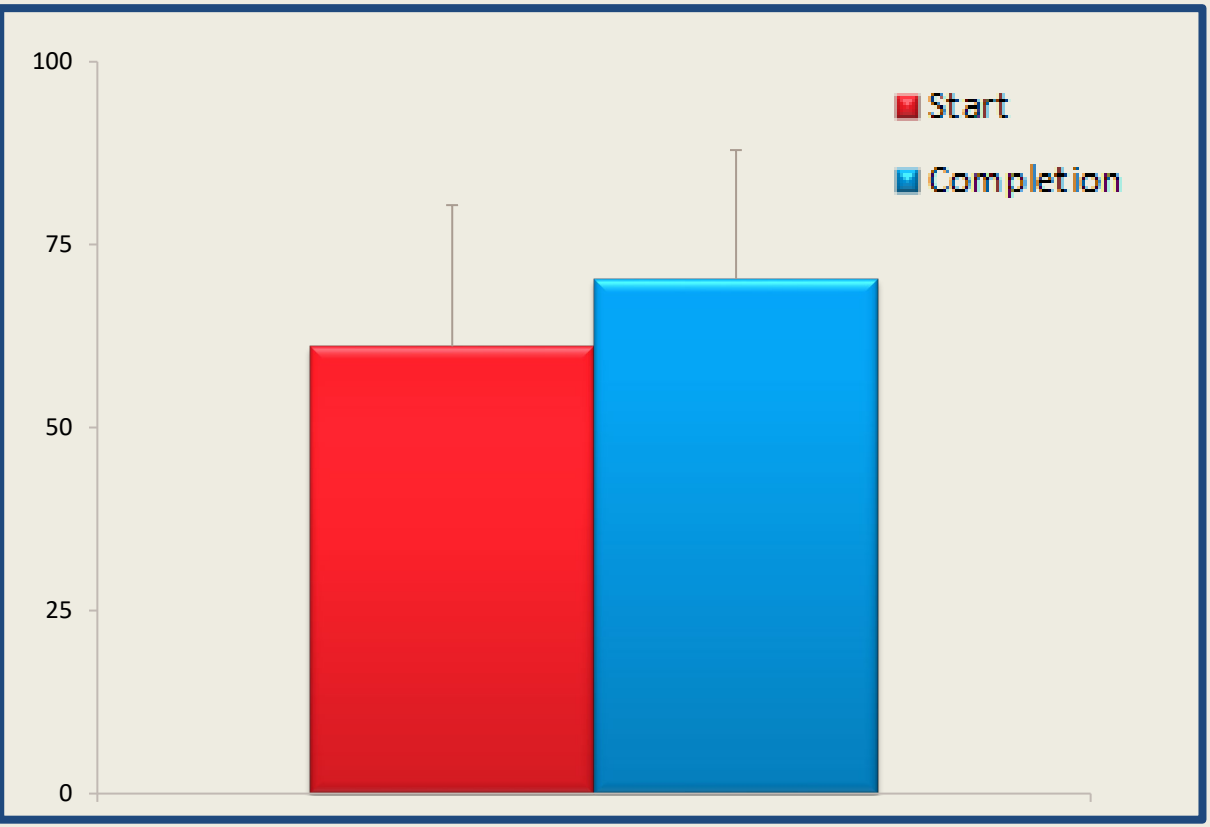
- I am not anxious or depressed ☐
I am slightly anxious or depressed ☐
I am moderately anxious or depressed ☐
I am severely anxious or depressed ☐
I am extremely anxious or depressed ☐



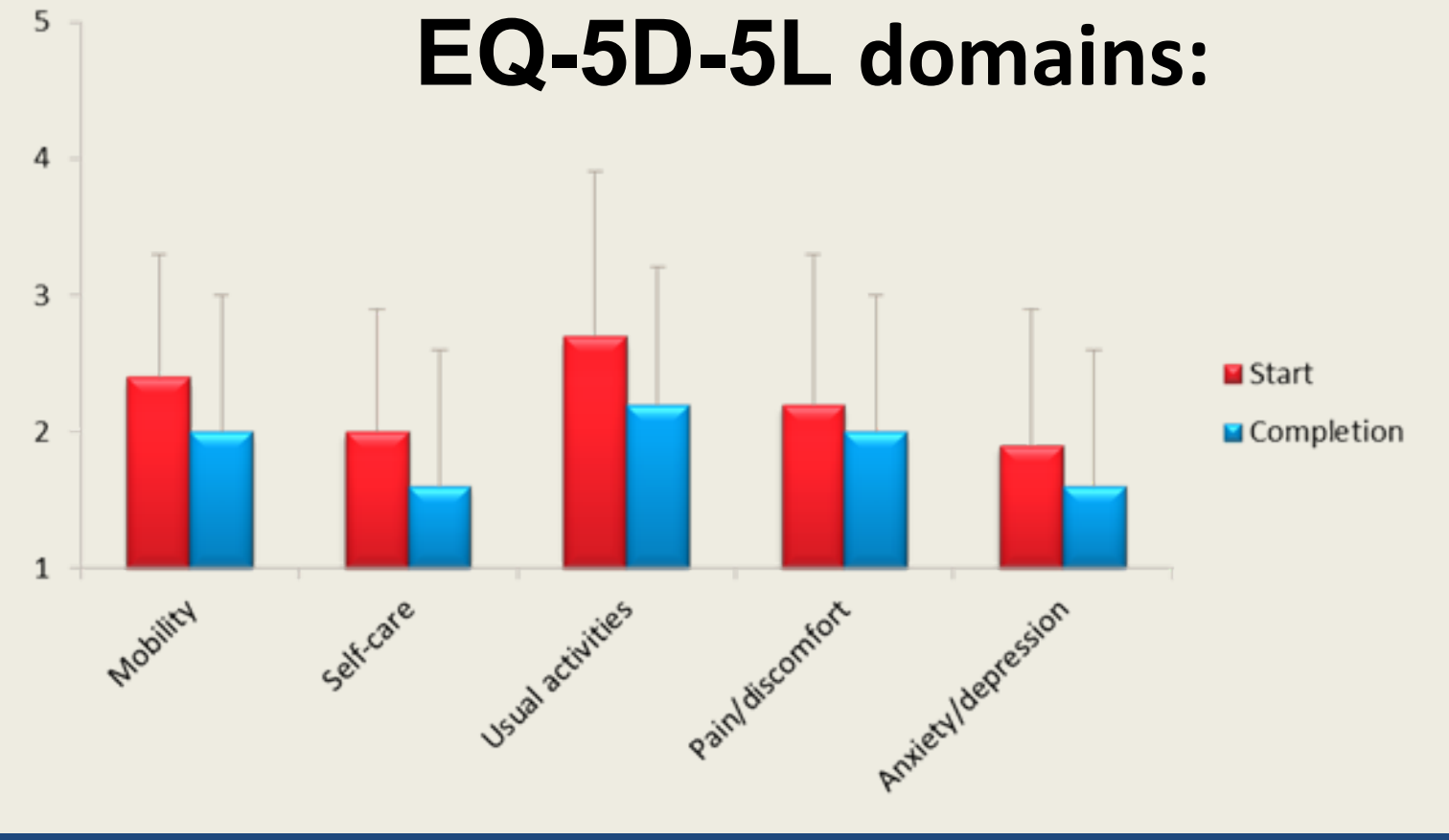
EQ-5D-5L index value:



EQ-VAS:



EQ-5D-5L domains:



Discussion

- No patient characteristics influenced HRQOL change, possibly due to the heterogeneous sample.
- Our EQ-5D-5L index values and EQ-VAS scores were similar to previous research (stroke), our changes equalled the minimal clinically important difference (MCID) (stroke).
- Our FIM change (7.7) was well below the MCID (22, stroke).
- Of interest, we found a significant, albeit weak, negative correlation between duration of RITH services and EQ-VAS. Ie those with a longer duration of RITH services had a smaller change in EQ-VAS. This finding may reflect that those patients who required a longer duration of RITH were more severely disabled and thus less responsive to RITH interventions.
- The main limitation was the lack of a control group, meaning the improvements in HRQOL that were observed over the duration of RITH services cannot necessarily be attributed to the RITH services themselves but may instead reflect natural recovery over time.

Conclusion

- Despite the short duration of RITH services, HRQOL significantly improved from start to completion of RITH. This may reflect effect of the RITH interventions and/or natural recovery.
- HRQOL measures, such as the EQ-5D-5L, may be useful for evaluating the effect of RITH and other home-based rehabilitation services.

Results

- Despite the short duration of RITH services, every domain of EQ-5D-5L, index value and EQ-VAS significantly improved ($p \leq 0.001$), indicating improved HRQOL.
- The EQ-VAS score significantly increased over time ($p = 0.000$), reflecting an improvement in self-rated health.
- Gender, diagnostic category, age, duration of RITH services had no significant effect on change scores for EQ-5D-5L index value or EQ-VAS.
- With a LOS outlier removed, duration of RITH services was weakly negatively correlated ($r = -0.233$) with change score for EQ-5D-5L index value but not EQ-VAS.