CORRESPONDENCE

Who Receives Rehabilitation After Stroke? Data From the Quality Assurance Project "Stroke Register Northwest Germany"

by Dipl.-Psych. Michael Unrath M. Sc., Dr. rer. nat. Marianne Kalic, Prof. Dr. med. Klaus Berger, MPH, M. Sc. in volume 7/2013

Two Methodological Limitations

In their article, the authors determined the rates of medical rehabilitation after ischemic stroke after neurological treatment in hospital. The article was based on data from a quality assurance registry, in which 150 hospitals with specialized neurological wards nationwide participate on a voluntary basis. The participants in the rehabilitation measures were defined on the basis of subsequent neurological rehabilitation (phases B-D), geriatric, or other rehabilitation, even in cases where a brief stay in their familiar environment preceded the subsequent rehabilitation measure.

The way the rates of rehabilitation for ischemic stroke were calculated after treatment in a neurology hospital is, however, subject to two methodological limitations:

- On the one hand, it is not possible on the basis of the evaluated registry data to determine how often medical rehabilitation was actually undertaken subsequent to initiated rehabilitation measures.
- On the other hand, patients with subsequent rehabilitation in geriatric hospital wards were not included as these are not specifically documented in the registry data. This means that in individual federal states (for example, Thuringia), all cases with inpatient geriatric-rehabilitation were dismissed in determining rehabilitation rates after ischemic stroke.

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REFERENCES

1. Unrath M, Kalic M, Berger K: Who receives rehabilitation after stroke? Data from the quality assurance project „Stroke Register Northwest Germany". Dtsch Arztebl Int 2013; 110(7): 101–7.

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Conflict of interest statement
Dr Meinck has received honoraria for continuing medical educational events from the medical service of Germany's National Association of Statutory Health Insurance Funds.

In Reply:

In his letter, Dr Meinck points out what he perceives to be two methodological limitations of our study. We would like to respond to these two items as follows.

- There is always a possibility that in individual cases, a patient does not actually embark on a rehabilitation treatment that has already been initiated during the acute treatment phase. However, this situation constitutes an exception in the context of the data reported on subsequent rehabilitation in the quality assurance project "Stroke Register Northwest Germany." Data on rehabilitation treatments are reported only if these measures have already been planned and/or initiated by the acute care hospital. They thus refer to the cases where the hospital made a case for the rehabilitation treatment and/or has already undertaken steps towards its implementation.
- It is correct that no further differentiation of the different forms of geriatric rehabilitation was undertaken. We assume, however, that early rehabilitation treatments delivered in geriatric wards were also documented as "geriatric rehabilitation." In case of uncertainty regarding the classification, an option existed to classify a measure as "other rehabilitation treatment", so that we assume that there was no systematic underreporting of planned rehabilitation treatments. The data from the 11 participating neurology hospitals in the federal state of Thuringia do not indicate any underreporting of geriatric rehabilitation – for instance by comparison with hospitals in the Western German federal states. The hospitals in Thuringia delivered geriatric rehabilitation treatments to some 13% of all ischemic stroke patients in 2010 and 2011. The corresponding proportions for Lower Saxony and North Rhine–Westphalia are about 7% and 11%, respectively.

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REFERENCES

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The authors declare that no conflict of interest exists.