

Disability-Perception, Disability-Acceptability and Quality of Life among Nigerian Stroke Survivors

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Introduction

- Stroke is a common and leading cause of disability^{1,2}
- Perception towards disability determines functioning and QoL of stroke survivors
- Mental image towards disability influence acceptance in community participation
- Focus on modulating this perception during rehabilitation may results:
 - Community integration/participation
 - Societal functioning
 - Improved QoL and productivity

Purpose

To assess the influence of post-stroke disability, disability-perception and disability-acceptance on the HRQoL of Nigerian stroke survivors.

Participants

- 66 (28 females) Stroke survivors accessing healthcare services on outpatient basis at a tertiary health institution in Nigeria
- Had no other disabling illness apart from stroke
- Excludes all stroke survivors yet to be discharged from inpatient hospital care
- Stable to grant interview



Methods

- Recruited Consecutively and interviewed during clinic hours
- Instruments were self-administered
- World Health Organization Disability Assessment Schedule used to assess disability
- Attitudes Toward Disabled Persons Form A (ATDP-A) used to assess perception of disability and disability-acceptance
- SF-12 scale used to assess HRQoL
- Data explored using descriptive and inferential statistics

Results

- **Physical and Clinical characteristics**
 - Mean age 61.8±12.7 years
 - Median post-stroke duration was 16 months
 - 68.2% engaged in pre-stroke employment
- **Post stroke disability**
 - 98.5% reported disability
 - Disability scores of 43.6
 - 72.7% reported severe disability
- **Disability-perception and disability-acceptance**
 - 54.5% did not accept their disability
 - More than half have –ve perception of their disability
 - Mean attitude scores of 89.5
- **HRQoL**
 - Fair QoL
 - Mean scores of 46.4
 - Disability-perception or –acceptance has no influence on QoL
 - Severity of disability impact QoL
 - QoL ↓se with ↑se in disability severity

Results

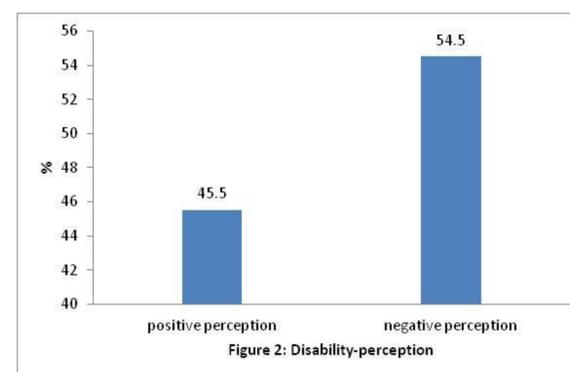
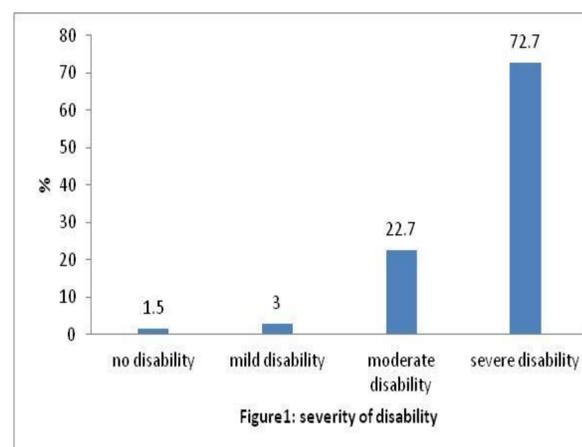


Table 1: Impact of disability on quality of life

Quality of life	Mild/moderate disability Mean±SD	Severe disability Mean±SD	t	p
Physical Functioning	66.18±21.98	30.92±24.73	5.49	0.0001
Role limitation due to Physical Health	19.12±31.29	6.25±21.57	1.57	0.131
Role limitation due to Emotional Problems	31.37±41.62	18.75±36.32	1.11	0.278
Energy/Fatigue	70.00±10.31	57.60±25.37	2.80	0.007
Emotional well-being	82.59±19.80	68.33±20.82	2.52	0.018
Social Functioning	67.65±25.79	40.10±29.28	3.65	0.001
Pain	67.50±22.91	39.22±27.68	4.13	0.0001
General Health	76.47±7.86	62.71±16.69	4.48	0.0001
Total Quality of Life	60.11±15.45	40.49±15.50	4.50	0.0001

Discussion & Conclusions

- Disability of varying degrees were very common among the stroke survivors
- Stroke survivors held negative perception about disability
- Most find it difficult to accept their disability
- Association exists between perception and acceptance of disability
- Post-stroke disability had negative impact on survivors' QoL
- **High disability is significantly associated with low QoL and low disability-acceptance**

Recommendations

- During rehabilitation efforts should be directed at integrating :
 - disability-perception
 - disability-acceptance
 - disability coping strategies
 - towards a better QoL.

References

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