Title	**Stroke Rehabilitation Services: Systematic Reviews of the Clinical and Economic Evidence**
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Aim

To examine the clinical effectiveness and cost effectiveness of stroke rehabilitation interventions through four comparisons:

- Stroke unit (SU) care vs. care on a general medical ward or geriatric ward
- The impact of different intensities of rehabilitation therapies
- Early supported discharge (ESD) services vs. usual care
- Rehabilitation in the community vs. usual care.

Conclusions and results

No primary studies of different therapy intensities were identified.

Clinical Effectiveness: Twenty-two randomized controlled trials (RCTs) met the inclusion criteria, but none was carried out in Canada or the US. Methodological quality averaged moderate to good. Results show that stroke patients who receive organized inpatient care in a SU are more likely to be alive, independent, and living at home. Patients receiving ESD show significant reductions in the length of hospital stay. No significant differences were observed in primary outcomes between home-based rehabilitation and usual care.

Cost-Effectiveness: Fourteen primary economic studies, mostly of moderate quality, met the inclusion criteria: 3 of SU care, 8 of ESD services, and 3 of community rehabilitation. There is some evidence that the total cost of SU care is comparable to general ward care. Some studies suggest a trend toward lower cost for ESD services compared to usual care. No firm conclusions can be drawn about the relative cost of home-based care vs. usual care.

Recommendations

Not applicable.

Methods

A clinical trial filter and an economics filter were used to search databases and bibliographic systems to identify literature from January 1995 to July 2002. RCTs with a followup of 6 months or longer postrandomization were included in the effectiveness review. The study population included men and women of all ages, in hospital-based and community-based settings, who met a clinical definition of stroke. Outcome measures included death, physical dependency, residence at the end of scheduled followup, health-related quality of life, and length of hospital stay. Studies eligible for the economic review included either economic evaluations or comparative cost analyses.

Further research/reviews required

For stronger conclusions regarding clinical effectiveness, quality of life, and cost effectiveness of interventions after stroke, further research is needed, particularly in a Canadian setting.

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