

CHAPTER 5

DISCUSSION

There was no statistical significant difference in functional outcome, time to independent stage of the patients who received hospital and home rehabilitation treatment. The dead rate and dependent patients in the home program were more than in the hospital program however there is no statistical significant difference between the two groups.

The similarity of both groups was tested by comparing the factors (age, sex, risk factors, side, severity, etc.) that affected the functional outcome. The 95% confident interval of these factors show the similarity of both groups.

There were 4 dead patients in the home program. All of them had sudden death at home. The cause of death can not be proved. However the cause of death might concern with ineffective taking care of relatives at home.

All patients lived in the north east of Thailand. Most of them were farmers and had low education. All of them had a chief caregiver. Most of chief caregivers were part of a couple. In home program group, these caregivers took care of the patient and gave rehabilitation treatment everyday. They were concerned about hemiplegic symptoms very much. In the hospital program, although the patients received rehabilitation treatment from hospital staff, the caregivers still stayed together with the patients at the hospital nearly all time to talk, take care of and give psychological support.

Most of the patients lived in KhonKaen but they lived in the rural area that was very far away from the hospital. It was very difficult for the patients to come back to see the doctor every month. Due to disability, they could not go alone by bus. They needed caregivers to go with them by car. Most of them did not have their own car. The car rent was so expensive. Most of home program patients were loss to follow up at Srinagarind Hospital but they still went to the small district hospital near their houses to receive medication, check blood pressure and fasting blood sugar however these hospitals did not have a rehabilitation department. The patients who lost to follow up were visited and received validated rehabilitation treatment by observer at home. There was only 10% independent patients following up every month. Some independent patients could go alone by bus.

The patients in the hospital received only rehabilitation treatment from staff and the home program patients received only home program treatment. They did not receive additional rehabilitation treatment such as traditional massage or other rehabilitation treatment.

The cost effectiveness was analyzed. From the view point of the patients and the government hospital, the cost of the hospital program was more expensive than the home program.

In sensitivity analysis, the cost of the hospital program was more expensive than the home program, the cost of hospital and home program depended on the dependent rate and time to independent except from the view point of patients, the cost of home program did not depend on time to independent.

The psychosocial support in the home program should be better than the hospital program however it was not measured in this study. It should be studied in future study.

The total sample size was 264 patients but due to time constraint there were only 84 patients that were collected in this study. The power of the study was only 20%. This study should be continued to improved the power of study.



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