

0845 Oral Carriage of Yeasts and Coliforms in Stroke Sufferers

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Stroke is a major cause of functional disability in the elderly. Stroke-related limb paralysis and manual dexterity affect the stroke sufferers' ability to clean their teeth and dentures and to maintain a healthy oral condition, thus stroke sufferers are at high risk of oral opportunistic infections. Objective: To investigate changes in oral carriage of yeasts and coliforms in stroke sufferers over time. Methods: In a prospective longitudinal study, 56 elderly stroke sufferers received oral microbiological sampling using two different methods and clinical assessment on three occasions: during the acute stroke phase, on hospital discharge and six months later. Data were analysed using Cochran Q, McNemar, Friedman 2-way ANOVA, Wilcoxon signed rank tests and logistic regression. Results: The oral carriage of yeasts increased significantly during acute stroke ($p < 0.05$) whereas coliform carriage did not. A reduction in the oral carriage of yeasts was found on hospital discharge and six months later and in coliforms at six-month assessment ($p < 0.05$). Tooth sites with plaque and gingival bleeding decreased over time ($p < 0.05$). *Candida albicans* was the predominant yeast isolated and *Klebsiella pneumoniae* the most prevalent coliform. The mean Barthel Index score increased from 51 during acute stroke to 78 on hospital discharge and 82 six months later ($p < 0.05$). Stroke-related difficulty in tooth brushing and denture wearing were associated with higher oral yeast carriage. The use of aspirin was associated with lower oral yeast carriage in stroke sufferers ($p < 0.05$). Conclusions: Oral yeast carriage was closely linked to the level of stroke-related functional disability that improved over time but had not totally resolved six months after hospital discharge. The oral reservoir of stroke patients is noteworthy by care providers as *Klebsiella pneumoniae* may cause aspiration pneumonia. Supported by CRCG-HKU.

[Seq #72 - Candida](#)

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