

0101 Agreement between patient and proxy of life quality after stroke

[C. MCGRATH](#), A. MCMILLAN, and H. ZHU, University of Hong Kong, Hong Kong, SAR, China

Stroke-related oral motor impairment is common and oral functional deficits depend on the nature and severity of the stroke. Proxy information can be used to rate the health-related quality of life (QoL) of medically compromised patients. Objectives: The study evaluated the agreement between patient and proxy assessment of patients' oral health-related quality of life (OHRQoL) after stroke. Methods: An observational longitudinal cohort of 161 consecutive patients hospitalized after stroke and their caregivers (CGs) completed health status measures during acute stroke and six months after hospital discharge. Patients and CGs were interviewed independently employing the General Oral Health Assessment Index (GOHAI) and Medical Outcomes Study 12-item Short Form (SF-12) which comprises physical (PCS-12) and mental component summaries (MCS-12). Patient-CG agreement was assessed by comparison and correlation analyses. Results: Complete data were available for 65 stroke patients and CGs. Compared with acute stroke, there were improvements in GOHAI and SF-12 scores for patients and CGs at 6-month follow-up. CGs overestimated the impact of stroke on MCS-12 over time ($p < 0.01$) and underestimated the impact on GOHAI during acute stroke ($p < 0.001$) and on PCS-12 6-months later ($p < 0.05$). Patient-CG agreement was substantial to excellent during acute stroke (ICC 0.69-0.86) and fair to moderate 6-months later (ICC 0.28-0.60). Conclusions: Agreement was adequate between patients' and CGs assessment of patient OHRQoL during acute stroke. Although proxy assessment of OHRQoL obtained 6-months after hospital discharge was less reliable, the limited systemic bias suggested that proxy considerations could still be used as alternatives to patient responses.

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[Back to the Behavioral Sciences/Health Services Research Program](#)

[Back to the IADR/AADR/CADR 85th General Session and Exhibition \(March 21-24, 2007\)](#)