

## **A SURVEY ON KNOWLEDGE OF STROKE IN HONG KONG CHINESE.**

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**Objective:** To assess general knowledge of stroke in Hong Kong Chinese and determine factors affecting the knowledge.

**Background:** Effective therapies are emerging for acute ischaemic stroke. Delay in presentation of stroke patients is becoming an important issue. General knowledge of stroke should be determined in the public so that educational activities may be organized.

**Design/Methods:** A random telephone survey was conducted to collect standardized data in form of a questionnaire. Statistical comparisons were made using student's t test, chi square test, and logistic regression analysis. A p value below 0.05 is taken as significant.

**Results:** 1238 Chinese responded. This survey sampled 1 in 5000 Chinese or 1 in 1250 Chinese families in Hong Kong. The sex ratio was one, the average age was 37.7 years, and females were slightly older than males. 74.7% of responders believed that they knew about stroke. This belief was significantly associated with better recognition of stroke and non-stroke symptoms and of vascular risk factors (chi square,  $p < 0.01$ ), positive family history of stroke (chi square,  $p < 0.001$ ), positive attitude towards stroke as a treatable and preventable disease (chi square,  $p < 0.001$ ), and correct recognition of variable outcomes of stroke (chi square,  $p < 0.001$ ). Logistic regression analysis indicated that level of education was the determining factor of this belief, whereas sex did not have an independent effect and age was not a factor. Most responders failed to recognize sudden monocular blindness and symptoms of subarachnoid haemorrhage as stroke. In contrast, most mistook generalized tonic-clonic seizures as stroke. Friends and relatives, newspaper, and mass media provided the major source of the knowledge of stroke

**Conclusions:** Knowledge of stroke in Hong Kong Chinese should be improved further via mass media, newspaper, and public seminars. Improvement in the knowledge may reduce the delay in presentation of stroke patients in Hong Kong.

## **Return To work After Stroke In Hong Kong. Part 1 : A Biological Perspective**

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Return to work is increasingly recognized as an important outcome measure after stroke. No study has been done on the vocational aspects of stroke in Hong Kong . We performed a retrospective study on a cohort of 34 patients who had paid employment before stroke with aims to gather some preliminary data and to determine some biological factors affecting their vocational outcome. There were 29 male subjects and 5 female subjects. Seventeen subjects (50%) returned to paid employment after stroke. Higher proportion of men return to work than women (16/29 Vs 1/5 ; statistically not significant). Mean age of returnees and non-returnees were 53.7 and 54.9 respectively (statistically N.S.). Six out of 14 (43%) left hemiplegic patients returned to work as compared with 10 out of 19 (53%) right hemiplegic patients (statistically NS). Nine out of 13 (69%) lacunar stroke patients returned to work as compared with 6 out 19 (31%) hemispheric stroke patients ( $p=0.03$  statistically significant). Returnees had higher mean discharge Barthel ADL score than non-returnees ( 19.1 Vs 17.7 ) though the result was not statistically significant. The admission and latest Barthel scores did not predict vocational success after stroke. Non-returnees had significantly higher mean OPCS score (another measure of disability) than returnees on interview (2.39 Vs 0.36 ;  $p=0.0002$  ). Non-returnees also had significantly longer length of hospital stay than returnees ( 66.9 days Vs 34.1 days ;  $p=0.007$  ). Higher proportion of non-dysphasic patients (16/29) returned to work as compared with dysphasic patients (1in 5) though the result was not statistically significant. We concluded that significant factors associated with return to work after stroke were shorter length of hospital stay, lacunar stroke subtype and lower post-discharge OPCS score. Possible factors associated with vocational success were male sex, higher discharge Barthel ADL score, and absence of dysphasia. Our results should help in planning of vocational rehabilitation service for stroke patients.