

Exercise versus drug interventions on mortality outcomes in patients with stroke: An infographic

Stefani Sevasti¹, Zacharis N. Dimitrios², Moumtzi Eleni³

¹ Physiotherapist, Thriassio General Hospital, Athens, Greece

² Medical Doctor PRM, Piraeus, Greece

³ Medical Doctor PRM, 414 Army Hospital, Athens, Greece

Abstract: Stroke survival rates have improved a lot over the last few years. There is a serious gap between stroke patients being discharged and transitioning to physical recovery programs. In an effort to improve recovery and quality of life, the American Heart Association has urged the healthcare community to prioritize exercise as an essential part of post-stroke care. With the right recovery programs that prioritize exercise for rehabilitation, stroke survivors can “relearn” crucial motor skills to regain a high quality of life. The purpose of this study is to create an infographic about the effectiveness of exercise and drug interventions on mortality outcomes in patients with stroke.

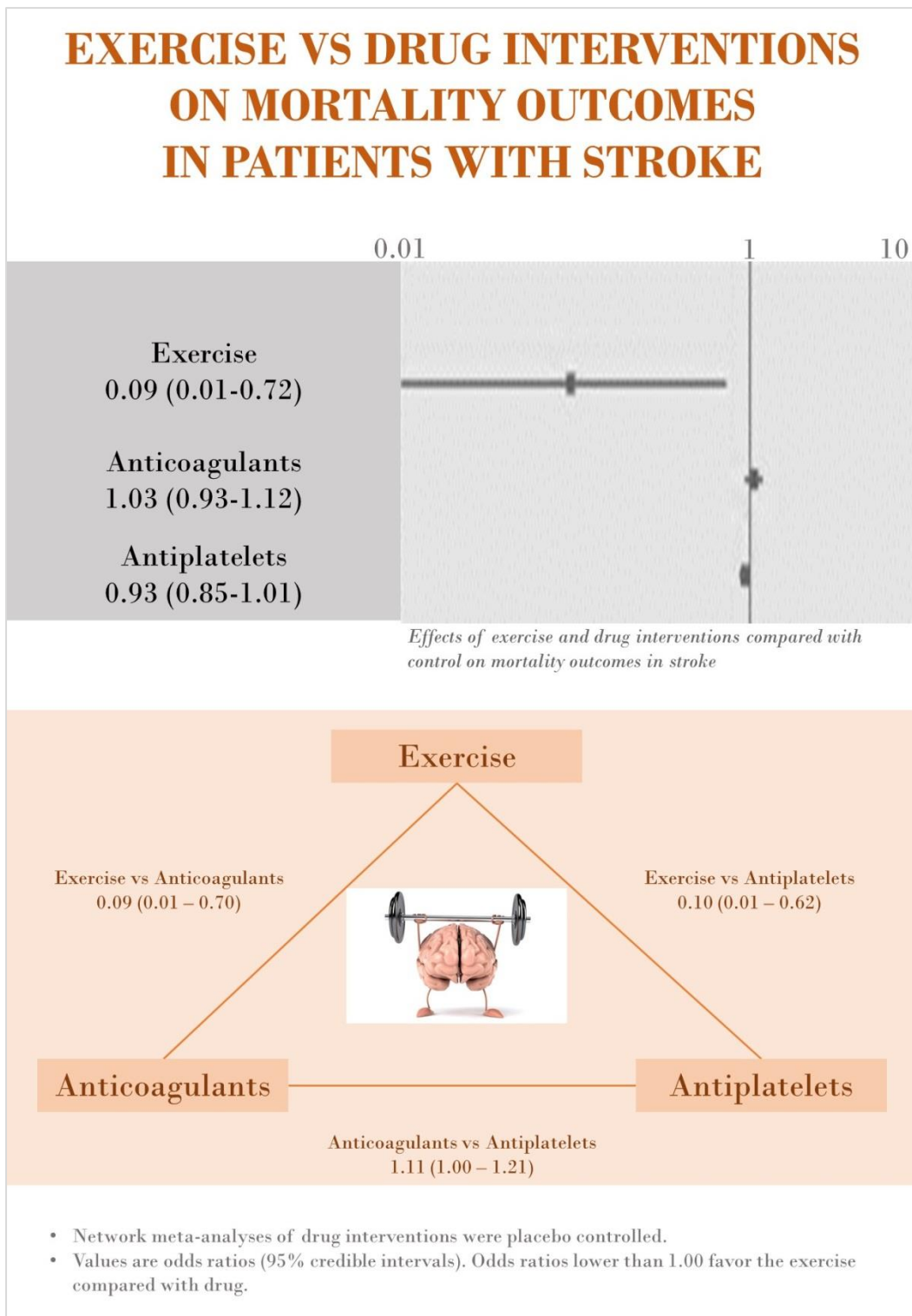
Keywords: Exercise, Drug interventions, Stroke, Infographic.

1. INTRODUCTION

Despite encouraging advances in the early treatment of stroke, at least one third of the 10 million people worldwide with new stroke each year² remain functionally dependent and as a result experience impairment in activities of daily living. The number of stroke survivors with impairments in activities of daily living is increasing, leading to more people with stroke who are dependent on rehabilitation interventions. To date, no drug treatments are available to enhance rehabilitation. Treadmill based physical fitness training constitutes a non-drug approach in stroke rehabilitation that might not only prevent deconditioning but also show associated benefits on activities of daily living, such as walking and climbing stairs. In the past decade, post-stroke aerobic exercise has gained more attention and recognition from both clinicians and researchers. Aerobic exercise training plays a vital role in promoting aerobic fitness, cardiovascular fitness, cognitive, walking speed and endurance, balance, mobility, quality of life, and other health outcomes among post-stroke patients. The American Heart Association (AHA) also recommends regular aerobic exercise as part of stroke prevention and treatment. Aerobic exercise, the main part of cardiac rehabilitation, is an integral part of stroke rehabilitation and cannot be considered a substitute for conventional drugs or surgery treatments. Recent research reports that the influence of aerobic exercise for poststroke patients and the need to implement post-stroke exercise programs is crucial. [1-10]

Infographics are information graphics that visually convey information and data accumulations. Infographics, which are referred to as methods of making information by visualizing the information, reveal the causal relationship in the informing process. While preparing information design material, the overall aim is to transfer intensive and complex information to the target group easily by reflecting the contents of the subject. The objective is that viewers will easily and quickly understand, learn, and grasp the design created by two different elements, such as information and graphs. [11]

2. RESULTS



Unlike any of the drug interventions, exercise was significantly more effective than control in reducing the odds of mortality among patients with stroke. When compared head to head in network meta-analyses, exercise interventions were more effective than anticoagulants and antiplatelets, albeit with considerable uncertainty owing to the small number of events in exercise trials. Anticoagulants were also marginally worse than antiplatelets. The following infographic summarizes the effectiveness of exercise and drug interventions on mortality outcomes in patients with stroke.

REFERENCES

- [1] Catanese L, Tarsia J, Fisher M. Acute Ischemic Stroke Therapy Overview. *Circ Res*2017;120:541-58.
- [2] Feigin VL, Norrving B, Mensah GA. Global Burden of Stroke. *Circ Res*2017;120:439-48.
- [3] Wolfe CDA, Crichton SL, Heuschmann PU, et al. Estimates of outcomes up to ten years after stroke: analysis from the prospective South London Stroke Register. *PLoS Med*2011;8:e1001033.
- [4] Crichton SL, Bray BD, McKeivitt C, Rudd AG, Wolfe CD
- [5] . Patient outcomes up to 15 years after stroke: survival, disability, quality of life, cognition and mental health. *J Neurol Neurosurg Psychiatry*2016;87:1091-8.
- [6] Langhorne P, Bernhardt J, Kwakkel G. Stroke rehabilitation. *Lancet*2011;377:1693-702.
- [7] Saunders DH, Sanderson M, Hayes S, et al. Physical fitness training for stroke patients. *Cochrane Database of Systematic Reviews*. 2016;(3):CD003316
- [8] Winstein CJ, Stein J, Arena R et al (2016) Guidelines for adult stroke rehabilitation and recovery: a guideline for healthcare professionals from the American heart association/American stroke association. *Stroke* 47(6):e98–e169 3.
- [9] Pang MY, Charlesworth SA, Lau RW et al (2013) Using aerobic exercise to improve health outcomes and quality of life in stroke: evidence-based exercise prescription recommendations. *Cerebrovasc Dis* 35(1):7–22 4.
- [10] Hasan SM, Rancourt SN, Austin MW et al (2016) Defining optimal aerobic exercise parameters to affect complex motor and cognitive outcomes after stroke: a systematic review and synthesis. *Neural Plast* 2016(6):2961573.
- [11] Weinschenk S. United States: Pearson Education; 2011. 100 Things Every Designer Needs to Know about People; pp. 256–76.