

Response Awais Ur Rehman, et al. (J Pak Med Assoc. 72: 2180-2183, 2022)

Assessment of quality of life of stroke survivors and their caregivers presenting to a tertiary care hospital in Pakistan

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Madam, We are grateful to the readers of our article titled: Assessment of quality of life of stroke survivors and their caregivers presenting to a tertiary care hospital in Pakistan, published in J Pak Med Assoc. 2022; 72: 2180-2183, for their valuable post-publication comments. Healthy critique is always appreciated as it is learning point and sharing of knowledge. We have made efforts to answer every query raised to the best of our ability.

Reply 1: Thank you for your feedback and critical observation regarding the inclusion criteria mentioned in the article. We appreciate your insight regarding the duration of stroke as an important factor in assessing the quality of life (QOL) in stroke survivors. While the article did mention gender, age, and type of stroke as inclusion criteria, we acknowledge that specifying the duration of stroke at enrollment would have provided a more comprehensive understanding of the study population.

In research studies involving stroke survivors, it is indeed crucial to consider the stage of stroke (acute, subacute, or chronic) as it can significantly impact their QOL. We apologize for not explicitly mentioning the duration of stroke in our inclusion criteria. Future studies should aim to address this limitation by clearly stating the timeframe from stroke onset for more accurate characterization of the study population and its implications on QOL outcomes.

Reply 2: While we acknowledge the importance of considering these confounding factors, it is essential to note that this particular study focused on assessing the QOL of stroke survivors and their caregivers in a specific context and timeframe. The study aimed to provide a preliminary understanding of the QOL in this population within the given limitations.

In future studies, we recognize the value of incorporating

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a more comprehensive assessment that includes these confounding factors to obtain a more accurate and nuanced evaluation of QOL. By accounting for stroke severity, functional impairment, depression, post-stroke complications, and socioeconomic factors, researchers can better identify the multifaceted aspects that influence QOL outcomes

Reply 3: Thank you for highlighting the need for clarification regarding the assessment of quality of life (QOL) in stroke survivors with communication deficits or cognitive impairments. We apologize for not explicitly mentioning the interview procedure for such cases in the article.

In our study, when stroke survivors faced communication deficits or cognitive impairments, the interviews were indeed conducted with the assistance of caregivers or close relatives. This approach was implemented to ensure that the QOL assessment encompassed the perspectives and experiences of the stroke survivors, even if direct communication was challenging for them.

Furthermore, conducting interviews with the help of caregivers or relatives is a common practice in research involving stroke survivors with communication and cognitive impairments. It allows for a more comprehensive understanding of the stroke survivor's experiences, as caregivers often possess valuable insights into their daily functioning, well-being, and QOL.

Reply 4: In our study, we followed a comprehensive approach to obtaining informed consent from all participants. It is important to note that informed consent does not necessarily mean written consent. While written consent is commonly obtained, we recognized that some stroke patients may have limitations in hand function, particularly fine motor skills, which could impact their ability to physically sign the consent form.

In cases where stroke patients had not regained enough hand function to provide written consent, we obtained their consent through a verbal acknowledgment of their willingness to participate in the study. This verbal consent

was documented and recorded as a valid form of informed consent.

In situations where stroke patients were unable to provide verbal consent due to communication or cognitive impairments, we obtained consent from their relatives or caregivers who were closely involved in their care. This process ensured that the study participants' rights and interests were respected, and their involvement in the research was based on informed decision-making.

The rationale behind this approach was to accommodate the diverse needs and capabilities of stroke survivors, considering the challenges they may face in hand function recovery and fine motor skills. By adopting a flexible approach to consent, we aimed to ensure inclusivity and ethical considerations throughout the study.

Reply 5: In our study, we acknowledge that the absence of a trained Rehabilitation Medicine physician at the institute where the research was conducted is indeed a limitation. We recognize the value of a multidisciplinary approach to stroke rehabilitation, which encompasses the expertise of various healthcare professionals, including physiotherapists, occupational therapists, speech

therapists, and Rehabilitation Medicine specialists.

While we agree with your suggestion of establishing a joint venture and involving a Rehabilitation Medicine specialist in the care of stroke patients, it is important to note that the scope of this study was focused on assessing the quality of life of stroke survivors and their caregivers within the existing healthcare setup. Our aim was to shed light on the current situation and identify areas for improvement.

Reply 6: We believe that your suggestion of engaging in collaborative efforts and advocating for the involvement of a trained Rehabilitation Medicine specialist is valuable. It is crucial to address this issue at the administrative level and explore possibilities for enhancing stroke rehabilitation services to optimize patient outcomes and quality of life.

Once again, we express our gratitude for your valuable input, which will undoubtedly guide us in future research endeavors. Your critical analysis has provided us with a broader perspective, allowing us to strive for more extensive, rigorous, and impactful studies in the field of stroke rehabilitation and quality of life assessment.