

Early supported discharge services beneficial for people with acute stroke

Clinical Question

Compared with conventional care how effective are early supported discharge services (ESD) for people with acute stroke?

Bottom Line

Selected stroke patients in hospital who received input from an ESD service returned home earlier (approximately five days) than those receiving conventional care. They were also more likely to be independent (NNT=20) and living at home six months after their stroke (NNT=17) and to express satisfaction with the services they received. There were no apparent adverse effects in terms of hospital readmissions or on the subjective health status or mood of patients or carers.

Caveat

The apparent benefits of ESD services are largely derived from trials of services provided by co-ordinated ESD teams and recruiting participants with less severe disability.

Context

People with stroke conventionally receive a substantial part of their rehabilitation in hospital. Services have now been developed that offer people in hospital an early discharge with rehabilitation at home.

Cochrane Systematic Review

Langhorne P et al. **Early supported discharge services for people with acute stroke**. *Cochrane Reviews*, 2017, Issue 7. Art. No.: CD000443. DOI: [10.1002/14651858.CD000443.pub4](https://doi.org/10.1002/14651858.CD000443.pub4). This review contains 17 studies involving 2,422 participants.

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Cerebrovascular disease

Early supported discharge services, hospital care, acute stroke

2y, community

PEARLS

Practical Evidence About Real Life Situations

PEARLS summarise Cochrane reviews that are relevant to primary care. They contain the minimal information required for a clinician to either use an effective treatment or stop using an ineffective treatment. Where available they will contain numbers needed to treat and to harm.

PEARLS are created to assist with the dissemination of Cochrane reviews.

PEARLS are developed for trained health professionals in primary care. They are educational only and not meant to advise on specific clinical treatment.

We have started with the new reviews and will work our way back through the library.

PEARLS are developed by the Department of General Practice, University of Auckland, the Co-convenors of the Cochrane Primary Care Field New Zealand Branch of the Australasian Cochrane Centre and funded by the New Zealand Ministry of Health. **Brian McAvoy is an Honorary/Adjunct Professor of General Practice at the Universities of Auckland, Melbourne, Monash and Queensland.**