

00454 **Chronic Kidney Disease, Haemodialysis, Stroke and Rehabilitation Outcomes**

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Aims: Stroke patients with underlying chronic kidney disease (CKD) and those on dialysis have complex rehabilitation needs. The survival and functional outcomes of this group of patients are limited.

The purpose of this study is to review post-stroke survival in patients with CKD (stages G3b, G4, G5) and dialysis along with functional outcomes following rehabilitation.

Methodology: Retrospective analysis of 37 consecutive patients admitted to the inpatient stroke rehabilitation facility between June 2008 and May 2017, with a minimum follow up of 3 months. Stroke patients above age of 21 years, with CKD and those on dialysis were included in the study.

Patient characteristics such as age, comorbidities (i.e. diabetes mellitus, hypertension, ischaemic heart disease, atrial fibrillation, cancer) were analysed. Other laboratory parameters haemoglobin, albumin, eGFR, were reviewed. Baseline and follow up National Institute of Health Stroke Scale (NIHSS), Functional Independence Measure (FIM) scores demise dates were analysed.

Result: Of the 37 patients, 30 had CKD (stages G3b, G4, G5) and 7 were on dialysis at the time of stroke with mean age of 64.7 years, with a follow up duration of 56 months (20- 93). 34 had ischaemic strokes and 3 had haemorrhagic transformation. Significant improvement in the NIHSS and FIM scores was observed from admission to post discharge. Older age, longer hospital stay and lower eGFR, low haemoglobin were all significantly related to mortality.

Conclusion: Despite statistically significant functional and neurological improvement following rehabilitation, stroke patients with underlying CKD and haemodialysis have poorer survival, high recurrent hospital admissions and length of stay. This could be attributed to complications associated with chronic kidney disease with advancing age rather than stroke itself.

Strategies with community rehabilitation program with renal team input may be an alternative to reduce the recurrent hospitalisations and morbidity in this group of patients.