

Psychosomatic recovery in post stroke rehabilitation practice

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Biopsychosocial approach

The theoretical model of reference is the biopsychosocial psychosomatic model: we turn to the whole person, taking into consideration Physical, Psychological, Social and Family factors that interact and are able to influence the evolution of the disease and the recovery process

The Multidisciplinary approach

It includes Psychiatry, Internal Medicine, Physiotherapy, Nursing Science, Neuropsychology, Speech Therapy and Clinical Psychology. Different processes of measures and evaluations, either in admission or discharge, are conducted to arrange tailored and personalized treatments. The interprofessional team is the core instrument of integration in clinical practice and research.

Clinical Psychological Service

- Evaluative and supportive intake of pts through appropriate referral form
- specific individual and joint interviews with pts and family members
- Integration of environmental support through permanent observation of pts and family members and daily liaison with operators and Services
- Modulation of psychopharmacological therapy
- Accompaniment during rehabilitation treatments
- Participation in teams and discharge letter
- Discussions with internal/external Services and associations
- Internal/external training
- Integrated research and publication of work

Background

The rehabilitation concept implies an interaction of many factors. Stroke specific deficits interplay with the effect of the sudden traumatic event and previous features and functioning. Meanwhile, the availability of many resources predisposes to recovery. The rehabilitation should be considered as a complex plastic process focused on the patient-family dyad which acquires a crucial issue within the interprofessional team. The purpose is to highlight a clinical approach aimed at the global care of the patients and caregivers which considers the multiple components that interact in recovery and psychosocial reintegration (Fava, G.A. et al., 2022; Fava, G.A. et al., 2012)

Integrating psychological approach

A targeted, personalized and integrated psychological support is provided to patients and caregivers during the rehabilitation process. Numerous individual and bio-psycho-social factors exert an influence on patient's psychological distress: premorbid personality structure, possible unresolved loss, attachment style, adaptive strategies, hemispheric lesion location, clinical conditions, previous lifestyle, family structures and social network. An early diagnosis for environmental/rehabilitation treatments combined with individual support facilitate the patients reorganization of the self through a supportive and interactive relationship in agreement with the rehabilitation team.

Conclusions

In rehabilitative practice the recovery of patients and caregivers results from the multidisciplinary and interprofessional integration. It is important to include prompt evaluations of the patient's psychological distress and recovery resources in order to implement therapeutic strategies of intervention in the integrated psychosomatic rehabilitation approach including specific psychological support to patients and caregivers.

Post Stroke Rehabilitation in Villa Bellombra

- Assessment by all services for framing and drafting rehabilitation plan.
- Specific multidisciplinary clinical activity
- in-depth testing
- Involvement of caregiver for in-depth medical history and liaison on progress
- Team case discussion
- Extended team with family member
- Ongoing assessments with possible rehabilitation program modification
- Focus on post-discharge continuity
- Assessment at discharge

From the research conducted at Villa Bellombra

At Villa Bellombra hospital we use the **Hospital Anxiety and Depression Scales-HADS** (Zingmond and Snaith, 1983) self-report questionnaire and the **Functional Independence Measure-FIM** (Dodds et al., 1993) to evaluate anxiety, depression and functional independence in our patients.

Sample: 235 post-stroke and 381 orthopedic patients (Rif: Farinelli M. et al., 2020; Gestieri L. et al., 2019)

HADS

Group	ADM	DIS
TOTAL	~75	~45
STROKE	~85	~40
ORTHO	~40	~50

FIM

The degree of functional recovery (FIM) was statistically significant (p<.00) when admission and discharge were compared.

Stroke patients had significantly lower scores than orthopaedic patients on both admission and discharge

CORRELATIONS

- The extent of FIM gain is correlated with depression gain (r=.129*) for stroke patients and anxiety gain (r=.085*) for orthopedic patients.
- In both groups, patients with psychological distress show lower scores in functional independence scores (p<.05).

Psychological distress is higher in stroke patients (36% HADS anxiety and 56.5% HADS depression)

In both groups the psychological distress decreases at discharge

Psychosomatic recovery

The Multidomain assessments, carried out in admission, showed an impairment of health and functional indices that significantly improve at the discharge. The observations of clinical practice and the studies conducted in the rehabilitation context denote that the psychosomatic approach is advantageous for the recovery of health and well-being of patients and family members.