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I declare that I have no conflict of interest.

Earlier Cochrane reviews concluded that, compared with standard care, integrated stroke-unit care reduces the odds of death, aftercare in specialised institutions, and dependency recorded at final (median 1 year) follow-up. When researchers could not identify a specific factor responsible for the remarkable improvement in outcomes from integrated stroke-unit care, they switched their focus to the organisation of health care. Because of this shift in focus, the Cochrane review from 2000 showed that people who entered the ESD programme and benefited most from it tended to come from a selected group of elderly patients with discrete disabilities. In the current updated Cochrane review, Langhorne and colleagues conclude that ESD might become a new health-service product in many countries.

However, many questions remain. What patients are eligible for ESD? Selection of patients in the studies included in the latest review was based on need (persisting disability), practicability (living within the local area), and stability of the medical condition. Prespecified subgroup analyses

Editorial

In this issue of The Lancet, Peter Langhorne and colleagues report the benefits of early supported discharge (ESD) teams as an effective health-service option for a selected group of stroke patients. Since 1997, when Langhorne and his co-workers in the Stroke Unit Trialists Collaboration reported the benefits of early supported discharge (ESD) teams for stroke patients, many questions remain. What patients are eligible for ESD? Selection of patients in the studies included in the latest review was based on need (persisting disability), practicability (living within the local area), and stability of the medical condition. Prespecified subgroup analyses


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Comment

Screening for chlamydial infection: are we doing enough?

Chlamydia trachomatis is the most common bacterial sexually transmitted infection. In women, chlamydial infection causes significant reproductive-tract morbidity, including pelvic inflammatory disease, tubal infertility, ectopic pregnancy, and chronic pelvic pain.1 In men, chlamydia has also been implicated in infertility.1 The significance of these complications, coupled with the high prevalence of asymptomatic infections, has led to the development of screening programmes to detect and treat chlamydia.

Figure: Stroke unit discharge model

Patient’s profile (four clinical and three social subdomains) matched with admission criteria of continuation routes.

were planned for age, sex, presence of a carer, and initial stroke severity. But we have identified four clinical and three social subdomains containing 26 potentially prognostic factors that influence the choice of the rehabilitation services (figure).9,10 Moreover, for patients who have learning impairments, it is important to ascertain whether they need situation-dependent and specific learning strategies. In that case, the learning context and the context in which acquired skills are to be used should have essential characteristics in common.1,2 For patients who require situation-dependent learning, the best place to regain skills for activities of daily living (ADL) will be the real-life situation at home. To estimate the benefits of ESD, the Early Supported Discharge Trialists presented odds ratios for clinically relevant outcomes. These results probably lack statistical power; because, if dependency in ADL and death are grouped together in the analysis, they are statistically significant, but if they are analysed separately, they are not. However, the results could indicate the odds that a favourable outcome occurs in the ESD group, compared with the control group.

As for resources, the usual mean length of hospital stay to be expected in the non-ESD situation has not been mentioned. The 8-day reduction in the length of hospital stay in the ESD group could have different causes. Is length of hospital stay shorter for ESD patients because they can enter the hospital or rehabilitation services and for whom the combination of travelling to an outdoor service with exercise could be too tiring; or who would benefit most from situational learning instead of trying to generalise learned skills.

We declare that we have no conflict of interest.

2 Early Supported Discharge Trialists. Early supported discharge services for stroke patients. Cochrane Database Syst Rev (in press).

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As for the rehabilitation process, it is important to note that the choice of rehabilitation services is not only determined by the medical condition but also by the social context of the patient. The stroke unit discharge model depicted in the figure illustrates the complexity of this decision-making process.

In conclusion, the results of the Early Supported Discharge Trialists suggest that ESD services are beneficial for stroke patients. However, further research is needed to determine the optimal time for ESD and to assess the long-term outcomes of this intervention. As with any new intervention, careful planning and implementation are crucial to ensure that resources are used effectively and that the needs of individual patients are met.