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**Stroke Patients Characteristics and Physical Health Status  
in the Gaza Strip- Cross Sectional Descriptive Study.**

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Stroke Organization, 2012).

ease. It is a generic term referring to a group of disorders that comprise cerebral infarction, cerebral hemorrhage, and subarachnoid

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**Citation:** Escientific Publishers. (2021). Stroke Patients Characteristics and Physical Health Status in the Gaza Strip- Cross Sectional Descriptive Study. *Journal of Medical Research and Case Reports* 3(1).

bleeding that characterizes the abrupt and sudden nature of onset (Gomez-Morales and Benito, 2007). The clinical syndrome of stroke from poverty and nutritional deficiency diseases towards lifestyle related CVA and CVD. Despite rapid economic boom, a large pop-

wide range of physical and clinical deteriorations like spasms, muscle fatigue, hypertension, elevating level of blood sugar. Physiotherapy considered a major component of rehabilitation for stroke patients and has been shown to have a positive effect on outcome. Admission stroke severity is an important clinical predictor of stroke outcomes, pre-stroke physical activity contributes to stroke prevention and also associated with stroke severity reduction (Hung S. et al, 2021).

In the Gaza Strip (GS) with more than 1.7 million inhabitants (Ministry of Health-MOH, 2013) is undergoing remarkable economic and demographic changes in recent years, resulting in a transition

rehabilitation services. 25.5% of the cases have their speech affected.

### Materials and Method

This study was carried out at the main five ministry of health hospitals at the Gaza strip from May to November 2014. The method of choosing the cases was randomly taken from the proved CT scan stroke patients admitted to the five hospitals for treatment. The patients categorized as hemorrhagic or infarction stroke based on CT scan findings. The patients of past history of stroke are included in this study. 110 of CT scan proven stroke cases who admitted to the main five hospitals were interviewed and assessed according to

their stroke consequences and implications related to their injury. A cross sectional descriptive study was carried out to investigate these patients' current stroke characteristics.

if there is any certain underlying reason behind this problem. The majority of the cases are above the age of 50 years old, this mean that the possibility and the dander of having the stroke are more

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51-70 years	52	47.3
> 71 years	45	40.9

**Table 1:** Distribution of stroke patients according to demographic characteristics.

As the table 1 shows, the number of the females are more than the males, which mean in our sample that females may experience stroke more than males. This mean that in the Palestinian community, the females may encounter the stroke more than the males which need further investigation into this phenomenon to confirm

Fifty-five (55%) percent of the sample cases experience recurrence of stroke more than one time, 55% of the cases have stroke for the first time (N=55), 23.6% had experienced twice strokes previously (N=26), while 26.4% had experienced more than 2 strokes previously (N=19).

#### Previous TIA

39.1% of the study sample have previous TIA (N=43), some of them experienced 3 TIA, s previously, some of them their TIA reach the number of 5, while 60.9% (N=67) of the stroke patients did not experienced previous TIA before their actual stroke occurrence.

According to the results in table 2, the majority of the stroke cases experienced ischemic stroke which related to known risk factors

#### The functional body parts affected

Hemiplegia: Right side hemiplegia occurred in 32 of the cases that

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Outcome after CVA	Improved	21	19.1
	Functional disability	89	80.9
Rehabilitation status	Yes	68	61.8
	No	42	38.2
Speech status	Affected	28	25.5
	Not-affected	82	74.5
	Total	110	100

**Table 3:** Distribution of stroke patients according to post stroke consequences.

**Abbreviations:** CVA; Cerebro-vascular disease.

after their injury. Ignorance of rehabilitation sessions are of great complications to the stroke patients who required such intervention.

#### Speech status

Speech affected in 25.5% of this study sample (N=28), while 74.5% their speech ability remains intact and without any affection (N=82). Patients who have aphasia may have lack of communication with their therapists or their family members and cares which aggravate the rehabilitation process. Aphasic stroke patients have no ability to express or give the feedback about their problems, sometimes even the pain.

From the results obtained and shown in table 3; only 21 cases out of 110 cases improved while 89 still have functional disability. The 21 carers. 61.8% of the study sample (N=68) received physical rehabilitation directly after their injury, while 38.2% of them (N=42)

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39.1% of the study sample have previous TIA (N=43), some of them experienced 3 TIAs previously, some of them their TIA reach even the number of 5, while 60.9% (N=67) of the stroke patients did not experience any previous TIA before their actual stroke occurrence.

Out of 110 proven stroke cases; 80.9% (N=89) of the study sample experienced functional disability. Only 19% of the cases are improved, but not fully recovered (N=21), they have minor physical weaknesses in some of their body parts. These patients can walk, stand, do the majority of ADL activities with some degrees of difficulty with some dependency or need minor assistance from their

sugar and salt intake in their diet, satisfiable having regular level of physical activity, trying to avoid any stress, smoking cessation and other important advices. Even the improved cases still have some levels of disability which need certain levels of assistance that mean these cases still dependent in some of their ADL activities. The results obtained from this study confirmed that these patients have many risk factors for long period before the stroke occurrence which mean they were have the opportunity to work against these risk factors to avoid their complications.

## Conclusions

This study determined the stroke patients' characteristics and post-stroke physical health status. This study found that the stroke patients undergoing different physical and clinical deteriorations and

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