Long-term life goals of patients with acquired brain injury (ABI).

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Introduction
Rehabilitation after ABI is more successful when personally important goals are set. More successful attainment is associated with better long-term quality of life. More goals are attained with a patient centered approach.

Objective
1. To identify long-term goals and their domains by using open questions in patients with ABI and stratify these goals according to gender and age.
2. To compare the domains with previous literature a) standardized questionnaires b) using open questions

Results
• Most important domains: work/study, recreation and physical function. Least important: self-care, pain, seizures, no symptoms and community participation.
• There were no large differences when stratified according to age or gender, except for work and study which were more important to patients younger than 50 years.

Methods
• Prospective clinical cohort study of 148 patients with newly ABI. Data were collected after discharge home. (mean time since injury 15 weeks)
• Patients’ three most important goals to achieve in about a year were asked.
• Goals were defined by the central theme and further classified into a goal domain.

Conclusion
• Similar important domains (vocational/education, recreation/leisure and physical) were identified in an open inventory in a different population of patients with ABI. [1]
• Different important domains (relationships and personal care) were identified in a study using standardized questions (Rivermead goals inventory) in a population of progressive and neurological disorders.*[2]
Possibly patients only identify these goals as rehabilitation goals using methods where they are specifically mentioned.
• The use of both strategies, open questions and standardized questionnaires, might be complimentary to define the most important goals of patients.

Figure 1: Proportion of goals assigned to each domain in total population

Table 1: Standardized inventarisation (Rivermead life goals inventory)
static or progressive neurological diseases. [2]

Figure 2: Proportion of goals assigned to each domain in different demographic populations

References: