

REHABILITATION PROGRAMS IN THE GERIATRIC NEUROSURGICAL PATIENT.

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ABSTRACT. Increased diagnostic and therapeutic options and global population aging are together rising the number of patients older than 65yrs undergoing surgery for brain tumors (BT): this trend is related with an increased number of patients surviving with severe disabilities that are similar to the classic upper motor neuron syndrome (UMNS) usually described after cerebrovascular accidents. Effectiveness of rehabilitation treatments for cerebrovascular patients has been well described, while only few studies have been focused on the rehabilitation of neuro-oncological patients (NOP).

One-hundred-twenty-nine NOP were admitted to our Unit during the observation period: 47 patients were older than 64yrs (NOP-Old) and 5 patients were "oldest old" (>85yrs). Within NOP-Old group the most frequent brain tumor was meningioma (51%) followed by glioma (19%) while in NOP younger than 64yrs (NOP-You) glioma was more frequent (32%) than meningioma (15%).

Functional Independence Measure (FIM), a validated 18-items scale frequently used in rehabilitation settings, was used to describe motor and cognitive performances.

All NOP admitted were evaluated with FIM at the beginning and at the end of the rehabilitation treatment. Collected data were compared with those observed in cerebrovascular patients admitted in our Unit during the same period to undergo a similar rehabilitation intervention.

After brain tumors surgery the functional level of NOP observed was higher than cerebrovascular patients both for motor and cognitive FIM items at the beginning and at the end of the treatment. Motor-FIM items gain observed was similar in both groups suggesting the usefulness of rehabilitation treatment also in NOP patients. Between the 5 patients "oldest old" group, two of them had important gain in motor-FIM items. Length of stay was higher for cerebrovascular patients with respect to NOP. NOP also had more frequent home discharge.