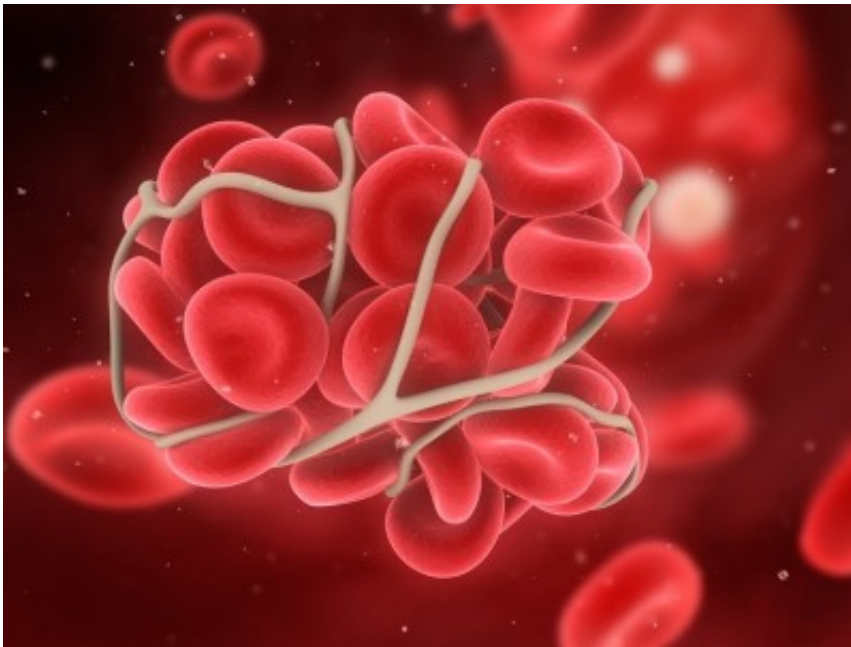


The effects of very early patient mobilisation (VEM) following a stroke

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Monash University researchers have contributed to the largest-ever study to work out the most effective rehabilitation treatment for stroke patients.

Published in *The Lancet*, the trial reveals the effects of very early patient mobilisation (VEM) following a stroke.

Currently, usual care in a stroke unit is geared towards early mobilisation, though not necessarily intensively or frequently in the first 24 hours. VEM comprises more frequent out-of-bed sitting, standing and walking within the first 24 hours after a stroke.

The team looked at comparing a VEM group with a usual care group. In the VEM group, there were three more mobilisations and 21 more minutes of mobilisation per day that commenced about five hours earlier than in the usual care group.

The authors found that VEM did not improve patient outcomes compared with usual stroke unit care.

In fact, 27 per cent fewer [patients](#) in the VEM group had a better outcome compared with those in the usual care group care in a high quality stroke unit.

To date there have been only a few small studies providing preliminary evidence of the benefit of early patient mobilisation and before now it was unknown whether mobilising [stroke patients](#) more frequently than usual in the very early phase (within the first 24 hours) was beneficial and safe.

Professor Amanda Thrift, Head of Epidemiology and Prevention, Stroke and Ageing Research Group at the School of Clinical Sciences, said to overcome the previous lack of evidence the team conducted a large, multicentre randomised trial to determine the safety and efficacy of very early and frequent mobilisation.

"We based this on our previous pilot study which seemed to indicate an early, frequent, higher dose very early mobilisation protocol may increase the odds of a favourable outcome compared with usual stroke unit care," she said.

"Most patients, including those in the usual care group, were mobilised within 24 hour of stroke. Interestingly, time to first mobilisation in the usual care group reduced by 28 minutes per year over the 8 years of the study indicating that early mobilisation is the norm."

"Our findings indicate that there should be some changes to current guidelines particularly in advising on the intensity and frequency of mobilisation in the very early phase (24 hours) after [stroke](#)."

The study was conducted in 56 centres across five countries with 2104 patients, and was done over a period of eight years.

More information: "Efficacy and safety of very early mobilisation within 24 h of stroke onset (AVERT): a randomised controlled trial."
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Provided by Monash University

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