

Proportion of Dysarthria among Stroke Patients in Selected Hospitals in Dhaka

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ABSTRACT

Introduction

According to Mackenzie 2011, Dysarthria refers to a neuro - motor disorder, approximately 22% cases affected by dysarthria following stroke. After stroke patients are suffering from different types of physical paralysis and communication difficulties. In this situation most of the patients like to focus on recovery from physical abnormalities rather than communication difficulties. So most of the patients involve them self in physiotherapy and occupational therapy for improving their physical condition but in this stage patient also need speech. Most of the patients involve them self in physiotherapy and occupational rather than speech and language therapy. But due to their lack of health seeking behavior about communication intervention patient's communication can be deteriorate day by day. That's why it is essential to identify the proportion dysarthria after stroke and the pattern of health seeking behaviors of dysarthria patient for improving his/her communication skills. The aim of the study is to find out the proportion of Dysarthria among stroke patients and their health seeking behavior in selected hospitals.

Material and Method:

Cross sectional study was employed. The study was conducted among the stroke patients with dysarthria to identify their proportion and health seeking behavior who received treatment from selected hospitals NINS and CRP. Purposive sampling was used throughout the process of participant selection. The data were collected by using survey questionnaire and face-to-face interview technique was used to collect information from respondents with dysarthria.

Result:

The proportion of dysarthria among stroke patient is 6.71% within 1716 stroke patient, where 7.46% patient have dysarthria due to ischemic stroke and 5.33% have dysarthria due to hemorrhagic stroke. Health seeking behavior are depends on different variable. In this study 56.5% respondents were received within 30 days following illness and majority of the respondents had moderate level of illness. Among 115 respondents 54.8% respondent were received treatment from govt hospital and 41.23% were influenced by their relatives. Among 115 participants 43.5% were came hospital for improving their walking where only 7.0% came for unclear speech. Most of the respondents focus important on physiotherapy rather than speech and language therapy and occupational therapy after stroke. Only 28.7% respondents were think speech and language therapy is important for unclear speech, 59.1% think it fairly important and 12.2 % think it slightly important. chi square result showed that Respondents who leave in big family are more interested to seek treatment after dysarthria rather than respondents who were leaves in single family and no positive relationship health seeking behavior among age, education, gender, occupation and income.

Conclusion:

Patient affected by dysarthria need early diagnosis and intervention to recovery his/her speech difficulties. In Bangladesh most of the people like to take treatment from doctor, village doctor, kobiraj etc, because they have limited knowledge about speech and language therapy services. There have limited health care delivery system about speech and language therapy treatment in Bangladesh. So policy planner should pay attention on this issue and ensure proper health care delivery system for person with dysarthria.