E-Poster

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Outcome of Patients With Malignant Tumors as Comorbidity in the Rehabilitation Ward

Topic: Miscellaneous

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BACKGROUND

Japan's public medical care system has the convalescent rehabilitation wards where patients can receive intensive rehabilitation to improve functional disability and loss of ability due to acute illnesses such as stroke and bone fracture. Many of the patients admitted to these wards are relatively elderly, and some of them have malignant tumors as comorbidities. Some of them may experience difficulties in continuing rehabilitation due to their malignant tumors. However, there have been few reports on patients with malignant tumors as comorbidities in convalescent rehabilitation wards.

METHODS

Of 2,086 patients (861 females) discharged from our convalescent rehabilitation ward between January 2018 and December 2024, 189 patients (113 females) with malignant tumors as comorbidities were included. Patients with malignant tumors were defined as those with malignant tumors undergoing treatment or follow-up observation, including after treatment. The control group consisted of patients who had never had malignant tumors or benign brain or spinal cord tumors and who were admitted during the same period. The Wilcoxon rank sum test was used to examine the total motor Functional Independence Measure (FIM) score at admission and at discharge, motor FIM gain, motor FIM efficiency, and length of stay in the ward between the two groups.

RESULTS

Patients with malignant tumors showed no significant difference in the total motor FIM score at admission ($p = 0.94$) and motor FIM efficiency ($p = 0.84$) compared to the control group. On the other hand, the total motor FIM score at discharge ($p < 0.01$) and motor FIM gain ($p < 0.01$) were significantly lower in the group of patients with malignancy, and length of stay ($p < 0.01$) was significantly shorter. In the group of patients with malignant tumors, there were cases in which patients had to leave the ward early to continue treatment for their malignant tumors, cases in which patients were transferred to palliative care wards due to difficulty in continuing rehabilitation at the convalescent rehabilitation ward due to worsening of their malignant tumors, and cases in which patients died during or after leaving the ward in the early stages of rehabilitation treatment.

CONCLUSION

Patients with malignant tumors can be expected to have the same FIM efficiency, but the condition of their malignancy may force them to leave the ward early. Therefore, it is more important to grasp the status of the malignancy and clarify the goal of rehabilitation from the early stage.

Statement of Disclosures

None

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