Interobserver Agreement for the Assessment of Handicap in Stroke Patients

To the Editor:
Van Swieten et al.1 deserve commendation for carefully studying interobserver reliability of a potentially useful global scale that rates disability in stroke victims. Unfortunately, however, the authors detract from the value of their publication by their choice of a title. The modified Rankin Scale seems to rate disability, that is, functional deficits in performing essential daily activities; it does not rate handicap, that is, limitations in social role.2 While disability and handicap often vary in parallel, they are not synonymous terms. Scientific articles in general, and journals in particular, should strive to stay with accepted terminology.

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References

The following is in reply:
To the Editor:
Dr. Bloch has given a fair criticism on the semantics of the term disability in the modified Rankin Scale. At the time Rankin designed the scale, the difference between handicap and disability had not been fully recognized. In the UK-TIA Trial, the scale was modified in a first attempt to rate handicap rather than disability. This is the scale we used. Physicians were asked to assess the overall independence of the patients, with reference to previous activities. Meanwhile, the scale has been further modified by introducing the term lifestyle into the definitions and by deleting ambulation as a criterion; accordingly, the term “disability” in the scale has been replaced by “handicap.” It is now used in this form in the European Carotid Surgery Trial.

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The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/19/11/1448.citation