Letter by Langhorne and Stott Regarding Article, “Very Early Mobilization After Stroke Fast-Tracks Return to Walking: Further Results From the Phase II AVERT Randomized Controlled Trial”

To the Editor:

We read with interest the article by Cumming et al,¹ which raises the intriguing possibility that earlier and more intensive mobilization after stroke may accelerate the return to unassisted walking and improve functional recovery. We recently published a pilot randomized trial (Very Early Rehabilitation or Intensive Telemetry After Stroke [VERITAS]) incorporating early mobilization and intensive monitoring within a 2×2 factorial design.² The early mobilization component of our trial was based on that of the A Very Early Rehabilitation Trial for stroke (AVERT) Phase II trial³ and it is interesting to compare these with the recent AVERT findings.¹

The factorial design of VERITAS resulted in 16 patients receiving early mobilization and 16 receiving standard mobilization practice (standard care). The time to first mobilization was shorter for the early mobilization group, although this difference was not statistically significant. The degree of mobilization activity, defined as the mean time spent upright per working day, was 61 (SD, 54) minutes in the early mobilization group compared with 42 (SD, 57) minutes with standard care. Blinded assessments of mobility, based on the Barthel Index, were carried out at Day 5 and at 3 months poststroke. By Day 5, 12 (75%) of the early mobilization group were independent in walking compared with 7 (44%) with standard care (P=0.07). At 3 months, 14 (88%) of the early mobilization group were independent in walking compared with 10 (63%) in the standard care group (P=0.17).

We also carried out a logistic regression analysis with independence in walking at 3 months as the outcome variable and included early mobilization, age, sex, National Institutes of Health Stroke Scale at baseline, and cointervention (intensive monitoring). Being allocated to the early mobilization group was associated with an odds ratio of 5.5 (0.3 to 114) of achieving independent walking, which is consistent with that observed by Cumming et al.¹

In summary, although our pilot study is underpowered to clearly answer these questions, our results are very much consistent with those of Cumming et al and emphasize the importance of a successful completion of the main AVERT Phase III trial.⁴

Disclosures

P.L. is Chief Investigator for the UK arm of the AVERT trial. Otherwise, we are not aware of any relationships relevant to this letter. The VERITAS Trial was funded by Chest, Heart and Stroke Scotland.

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