

Progress on Factors Affecting Motor Disorders after Stroke and Nursing Interventions

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Abstract: Every year, up to 2.4 million people suffer from stroke, and about 90% of stroke survivors suffer from motor impairment. For patients with transient cerebral ischemia and patients with initial stroke but not affected, establish relevant influencing factors and formulate systemic preventive measures to prevent their motor impairment, which is of key significance to improving clinical medical prognosis. Therefore, the paper reviewed in recent years, scholars at home and abroad after stroke movement factors and nursing intervention countermeasures, summarizes the age and gender, location and type, body mass index, and tells the initial assessment, exercise therapy, early psychological counseling and integrated Chinese and western medicine nursing intervention, in order to stroke patients exercise function, limb care and rehabilitation training, better promote stroke patients body movement function repair, promote the use and development of rehabilitation nursing.

keyword: Stroke; Motor impairment; Nursing Intervention

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Stroke, also known as stroke, is a common disease, multiple diseases and critical illness, which mainly refers to the cerebrovascular disease caused by cerebrovascular cracking or obstruction caused by various factors. Stroke has a high rate of morbidity, mortality, disability and recurrence. ^[1] is one of the primary factors of disability and death worldwide. About 1.5 million people are killed by strokes in China a year, with about 2 million new strokes each year. With the continuous progress and development of clinical treatment level, the mortality rate is significantly less than before. However, 80% of survivors still have significant complications, with a disability rate of 75% ^[2]. Motor dysfunction in stroke is often accompanied by fasclonus. It is of key significance to establish the influencing factors of early motor impairment, formulate purposeful preventive measures, target patients with transient cerebral ischemia and primary stroke that does not affect motor function, prevent motor impairment and improve clinical medical prognosis.

1. Influencing factor

1.1 Gender and age

Studies have shown that with the improvement of age, the physiological effect of human neuromuscular tissue will gradually decrease, and the complications will increase, and then cause the production of movement disorders after stroke. There should be some objections about gender factors: some scholars believe that the incidence of motor disorders in male stroke patients within 3 months is higher than that in women, and ^[3] is related to unhealthy living methods such as smoking and drinking. Other studies have shown that young men are at higher risk of getting sick than young women, but this trend will reverse in the elderly, most likely due to the neurological protection of estrogen and progesterone values, while their estrogen and progesterone values will reduce ^[4] at different levels.

1.2 Part and type

Some overseas scholars put forward that the change of movement disorders after stroke lies in the location of the disease, and different parts of the different harm to the body. The type of stroke can also affect the prognosis of ^[5] of the patient's own motor function. The prevalence of hemorrhagic patients was higher than that in cerebral ischemia, from 49.3% to 36.5% in the latter. It is speculated that the reason is the rapid development of hemorrhagic stroke, many factors combined by the delay of treatment, missed the most appropriate opportunity for diagnosis and treatment. In addition, patients with established cerebral thrombosis have a significantly higher incidence rate in patients with overlacunar cerebral infarction.

1.3 Baric index

Some scholars have found that high body mass index (BMI) not only reduces fatality, but also reduces the risk of severe motor impairment, which is called the "obesity paradox". At this stage, the exact system of the 'obesity paradox' is unclear for ^[6]. It is highly likely that the excessive number of adipocytes acting as metabolic pools is a defensive regulator of individuals in a sensitive metabolic

situation. However, the “obesity paradox” should not be understood as the fatter the better. Severe obese patients will develop more and more complications, causing other negative outcomes.

1.4 Other factor

Recent analytical studies have confirmed that being unmarried, divorced and widowed are also sources of risk for movement disorders. The emptiness and loneliness of the elderly without other partners limit their intention to go out and communicate, increase the probability of negative emotions, and stimulate the conversion of the disease to [7]. In addition, the motor function level of stroke groups with low economic development level decreases rapidly, which may be because the higher level of economic development and higher reimbursement rate of medical insurance have less pressure and early treatment after stroke, which thus reduces the incidence of movement disorders.

2. Nursing interventions

2.1 Early rehabilitation training

Stroke patients should receive a full range of rehabilitation exercises as soon as possible. Some scholars have shown that early rehabilitation and exercise intervention can improve the physical function of patients with shoulder and hand syndrome after stroke. As for the start time of exercise, some domestic scholars proposed that it is more safe 24 hours after the onset, and the rehabilitation manual mentioned that after the disease condition is stable, it should be gradually after the 2nd, 5th, 8th and 1 month. There were no statistical differences in the assessment of motor function and daily life ability. At the present stage, the starting time and exercise compressive strength of the initial rehabilitation in China are not clear, and more careful, detailed and large scientific research is needed in the future.

2.2 Early psychological intervention

At present, stroke patients tend to be younger. After stroke, the functional loss or image change caused by motor impairment is the stressor faced by patients for a long time and the family, which will cause patients to form a negative psychological state of motor function rehabilitation and greatly weaken their confidence in rehabilitation. Lack of confidence is usually an obstacle to the progress of rehabilitation, which is likely to hinder the recovery and development potential of patients and be unfavorable to the improvement of motor function. Proactively suggesting and moderately reducing expectations can assist patients in exercise effectiveness and confidence. However, at the present stage, there are few early psychological counseling methods, and most of them have no purpose, which is very worth further scientific research.

2.3 Traditional Chinese and Western medicine characteristic nursing and integrated traditional Chinese and Western medicine nursing

Traditional Chinese medicine nursing technologies, such as acupuncture, relaxation, activating collaterals, Chinese medicine fumigation, wax therapy and acupoint treatment, have been widely used in the rehabilitation intervention of motor disorders after stroke for many years, which can promote the repair of physical function and daily activity ability of stroke patients. Traditional Chinese medicine characteristic nursing technology is easy to use, can be carried out in the community, and can also be downloaded through specific guidance for home rehabilitation care, effectively improve the complications. On this basis, some experts and scholars have proved that the combined nursing method of traditional Chinese and western medicine can improve the motor dysfunction of stroke patients. At the same time, some studies have shown that such methods can greatly improve patients' resistance to rehabilitation exercise in western medicine. At present, patients' acceptance of TCM maintenance is particularly high. Patients are more confident and have fewer side effects and greener than drugs alone. The intervention of integrated Chinese and western medicine can make full use of its own advantages and characteristics to promote the recovery of motor function after stroke, but such interference should be confirmed by more and more clinical studies.

3. Conclusions and Outlook

The main principle and specific role of the influencing factors of motor disorders after stroke are still disputed, and must be further discussed through a systematic risk source assessment and a carefully designed randomized controlled study. At present, the nursing intervention mode includes early rehabilitation nursing, psychological nursing, traditional Chinese medicine characteristic nursing and combined intervention of traditional Chinese and western medicine. Future research will focus on: molecular structure recovery system, medical data analysis and research, so as to achieve the best practical effect of rehabilitation and nursing, and provide a lot of good news for the development of patients, families and society.

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