

Design: Prospective, quasi-experimental design. The quasi-independent variable was the quantity of exposure to the live music, as measured by the number of sessions each participant chose to attend. The other independent variable was the separate time points at which the dependant measures were taken. There were five main time points at which patients were measured: these were baseline/Time 1(T1), during the intervention (T2) and (T3), post-music/T4, and follow-up/T5. The primary dependant variable was the wellbeing of patients and staff. The secondary dependant variables for patients were mobility, pain, and cognitive functioning.

Institutional Review Board approval was obtained as necessary.

The music involved musicians playing, with patients encouraged to participate by singing and games. Two 60 minute sessions were given every weekend over a six-week period.

Measures:

Warwick-Edinburgh Mental Wellbeing Scale [WEMWBS]
 Pictorial Depression Intensity Scale Circles
 EuroQol-5 dimensions-5 levels
 World Health Organization-5 Wellbeing Index
 Numbered Graphic Rating Scale [NGRS]
 Mini Mental State Examination
 Barthel Index
 Functional Ambulation Category [FAC]

Results: Measures showed substantial changes, eg:

	T1	T4	T5
NGRS:	4.15	2.64	0.50
FAC	3.62	4.17	3.20
WEMWBS	45	47.57	56.83

Conclusion: In this study live music improved all aspects of wellbeing and an RCT would be feasible to further investigate.

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Neurorehabilitation 2

The evaluation of a homecare service for older people in Dhaka, Bangladesh

M. Sake^a, K.S. Saunders^b, R. Jilani^b, S. Hussain^b, D. Biswas^b, J. Das^c, M. O'Keefe^b. ^aNeuro-rehabilitation, East Kent University Hospitals NHS Foundation Trust, Kent, United Kingdom; ^bNeuro-rehabilitation, Sir William Beveridge Foundation, London, United Kingdom; ^cNeuro-rehabilitation, Sir William Beveridge Foundation, Dhaka, Bangladesh

Background: A domiciliary peripatetic neuro-rehabilitation service was started in Dhaka in 2008 through the Sir William Beveridge Foundation (SWBF), a United Nations accredited charity based in London.

Objective: To characterize the needs and perceived benefits for an elderly population with neuro-disabilities, receiving services provided by SWBF.

Patients and Methods: All patients and carers who were receiving a service from SWBF were identified from the register. These families were all living within the community of Dhaka (capital city of Bangladesh).

Design: Mixed methods including questionnaire survey and in-depth interviews (pre-piloted for language and acceptability).

An independent researcher administered the questionnaire and interviewed the families. Study duration: July to November 2013.

Follow-up interviews were conducted for 5 families in 2014. Consent was obtained at the outset of the study.

Outcome tools: Activities of Daily Living, themes and individual narratives from interviews.

Results:

Total individual service users, N=118.

75 patients completed questionnaires.

20 individual narratives emerged from 81 interviews.

35 trained Rehabilitation Care Assistants led by 1 Medical Director provided service. 16 out of 75 patients were under 60 years. 35 patients were stroke survivors. Identified benefits included having free or affordable physiotherapy, sign-posting the need for medical attention during co-morbid illness and valued companionship. Carer stresses were also reduced reflected within the narratives from the interviews. A need was identified to review the referral pathway including age threshold, clinical governance and financial model.

Conclusion: Within a void of state and private sector provision in low-income countries, a home based rehabilitation model could be achieved through charitable sector work.

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Neurorehabilitation 2

Implication of unique NIA (Neural Infant Aquatics) method for the development of babies

H. Friedman^a, H. Kasher^b, H. Rehabilitation^c, M. ResearchSeminar^a, O. Bar-Yosef^{cd}. ^aNursing Health Sciences, Haifa University, Haifa, Israel; ^bNeonatology, Sheba Medical Center, RamatGan, Israel; ^cPool, Sheba Medical Center, RamatGan, Israel; ^dPediatric Neurology, Sheba Medical Center, RamatGan, Israel

Babies born premature are at risk for neurodevelopment impairments and brain injury. Young babies with brain injury show typical, clinically correlated, neuro-motor signs, reflecting neural abnormalities long before they are fully pronounced. Early detection and intervention is crucial, especially during peak expression of Cortical Sub Plate, as it may minimize neurologic and functional deficits. Training in water has been found to benefit baby health, being based on their physical properties and physiological outcomes on body functions. Hence NIA (Neural Infant Aquatics) modified for young premature babies may advance brain development.

The objective of this research is to examine, in water and on land, the power of NIA on the neural development of preterm babies.

Effect of NIA on the neural development of preterm babies is defined by comparing developmental indexes of babies who receive NIA with those of infants who do not. 50 babies are video recorded in water and on land, to assess their neural development according to prevalence of early neuromotor signs.

Our results show significant improvement in developmental tracks of babies receiving NIA compared to babies who did not. i.e., delta in developmental tracks, between before and after early intervention, is ~40% higher when babies receive NIA as observed without NIA. Mechanism of early intervention will be discussed.

Conclusions: (1) NIA for young premature babies may be safely applied and regarded as a suitable rehabilitation approach. (2) Early initiation of NIA, during pick activity of cortical sub plate, may be beneficial for development of preterm babies.

I have obtained patient and/or Institutional Review Board (IRB) approval, as necessary.

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