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**Canadian Association of Neuroscience Nurses
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ABSTRACTS**Do we need stimulation programs as a part of nursing care for patients in “persistent vegetative state”? A conceptual analysis**

By Patrizia Tolle and Marlene Reimer

The rehabilitative care of persons suffering long-lasting effects of brain injury is a significant challenge for nurses as they are the health professionals who usually spend the most time with them. Historically in Germany, the term “apallic syndrome” has been commonly used for what Plum and Posner (1980) termed the persistent vegetative state. When persons are diagnosed as being in a persistent vegetative state, that is awake but not aware, for more than six months, they seldom receive active therapy except what nurses or families may provide. Stimulation programs have been advocated for these persons, but there is still no reliable evidence as to their effectiveness, and the conceptual basis of the two main types of programs has been poorly understood. The multisensory stimulation approach, such as the Coma Recovery Program or Coma Arousal Therapy, is based on behaviourism with the belief that intensive stimulation provided to all senses will enhance synaptic reinnervation and stimulate the reticular activating system to increase brain tone. In contrast, the sensory regulation approach is based on information processing and mediation of reaction to sensory information with emphasis on enhancing selective attention by regulating the environment rather than providing high degrees of stimulation. What both approaches have in common is the belief that the person in a persistent vegetative state may, at some level, be able to perceive and begin to process information and that external stimulation may enhance that process. Nurses interacting with persons in persistent vegetative state are encouraged to think about how they can regulate sensory input to enhance meaning and facilitate information processing for these persons.