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Impact of Early Mobilisation on Functionality as an Outcome in Aneurysmal Subarachnoid Haemorrhage Patients: A Narrative Review

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ABSTRACT

Aneurysmal Subarachnoid Haemorrhage (SAH) is a critical neurological condition with serious consequences. While mortality rates have decreased over the past 30 years, the level of disability caused by SAH remains high. Key factors influencing prognosis include the patient's age, clinical condition, extent of haemorrhage, and aneurysm size. Additionally, neuropsychological disorders and cognitive deficits play a significant role in determining functional outcomes after SAH. Patients should be assessed using outcome measures typically applied to traumatic brain injury and stroke. Early therapy following SAH improves both physical and cognitive outcomes. Survivors with aneurysmal SAH have a complex recovery that often requires surgery, extended monitoring in the critical care unit, and medication aimed at preventing complications. The goal of this study is to examine and combine existing evidence on the impact of early mobilisation on functional outcomes in patients with aneurysmal subarachnoid haemorrhage. A narrative review was conducted using a systematic search of relevant databases (PubMed, Scopus, and Cochrane Library). Studies investigating early mobilisation interventions in aneurysm patients, published in English between 2012 and 2017, were included. A total of 4 studies met the inclusion criteria, focussing on early mobilisation as an intervention. The primary outcomes assessed were improvements in feasibility and safety. Evidence suggests that early mobilisation started as soon as possible, helps the patient to recover faster. It makes the patient more functionally independent, reducing dependency on other persons, making every task feasible for the patient, and increasing the patient's safety. The timing, intensity, and frequency of early mobilisation are critical factors influencing recovery. Individualised protocols based on haemorrhage severity and patient-specific factors are recommended to optimise benefits. Barriers such as stafftraining and resource availability must be addressed to implement early mobilisation effectively.

Keywords: Feasibility, Neuropsychological abnormalities, Safety.