

We thank Dr. Bruno for the comment on our article.¹ Although our focus was on how the ordinal and dichotomous forms of the 3-month modified Rankin Scale (mRS) relate to long-term outcomes and costs, we did exclude patients with prestroke mRS >1 and >2 to verify our findings in additional analyses. We agree that there is a need to establish more uniform methods for ascertainment of prestroke disability, which currently relies on measures like the mRS that were not originally designed for this purpose and may be vulnerable to confounding factors, such as sex differences in premorbid mRS ratings.² The single-question approach suggested by Dr. Bruno is likely to be useful in time-pressured clinical situations to establish whether a patient has significant premorbid disability. However, it does not quantify prestroke disability, which is important for evaluating treatment outcome (i.e., to what extent did the patient's poststroke disability differ from their prestroke disability). As demonstrated in another recent analysis from the Oxford Vascular Study,³ each increment of additional poststroke disability (per the mRS) in patients with prestroke disability is associated with worse mortality and institutionalization rates and higher health care costs.

References

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