than in Rønning and Stavem's, but we do not have an explanation for this. Follow-up of our cohort is ongoing and perhaps subsequent analysis may be able to explain this 'strange' datum. As we intended to show, therefore, our sample had greater disability and a poorer initial QoL than that studied by Rønning and Stavem.

Although one of the most important advantages of using standardized validated measurements of QoL is the possibility of comparing the outcomes of patients enrolled in different centers or in different countries, it is very important to evaluate the homogeneity of the samples. This aspect is essential especially in the evaluation of stroke, which is a complex disease, as several studies have shown, in which QoL can be influenced by many different factors as regards its phase (acute, subacute and chronic).

It is difficult to investigate the evolution of QoL and identify its determinants without considering disability and the rehabilitation treatment carried out during the acute phase.

Further studies are required in order to confirm our results, as well as to identify the determinants of change in QoL considering the phase and the rehabilitation treatment performed.

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Reply to the Letter by Aprile et al: Determinants of Change in Quality of Life from 1 to 6 Months following Acute Stroke – A Comment

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We appreciate the comments by Aprile et al. They point out several uncertainties in the interpretation of health-related quality of life (HRQoL) studies in stroke. Heterogeneous stroke populations complicate comparisons of results between these investigations. The determinants for different dimensions of HRQoL probably change over time. Our study must be interpreted in light of the selection criteria, leading to the exclusion of patients with severe strokes, as well as severe cognitive and language impairments that may have had a lower HRQoL.

HRQoL is seldom reported as an outcome in stroke research, though from a patient's perspective it is one of the most relevant results. Therefore, we agree that more research is needed to understand changes in HRQoL. Longitudinal studies are necessary to verify whether alterations are due to adaptation or early rehabilitation and their determinants. If some of these determinants can be influenced by treatment or rehabilitation, the identification of these factors can lead to strategies that may improve HRQoL.

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