of different etiologies. However, the time course from underlying disease onset to complete LiS varies depending on etiology. For example, LiS caused by ALS develops gradually, while LiS with a vascular etiology is sudden. Thus, coping and adaptation processes of patients may be different. It can be adapting to the rehabilitation strategy. The rehabilitation for sudden onset LiS sometimes aims to regain motor function even if it is only limited recovery, while rehabilitation for LiS in ALS or other fatal neurodegenerative diseases tends to maintain residual functionality for longer periods. Thus, further research for developing the care and coping strategy for LiS by etiology and type of LiS will be a significant contribution.

5. Conclusion

In reviewing the 13 studies that met eligible criteria, we found that patients with LiS generally had reasonable or similar psychological well-being as the standard population. Caregivers' perception and the patients' assessed QoL were observed to be different in some studies. Response shift and adaptation to disease by patients (not by caregivers) are considered as a potential reason for this gap. Disease duration and being well-informed with transparency may influence this process. Given these observations, it seems important to provide a sufficient moratorium period and provide appropriate information including social support and care options for patients to aid the decision-making process.

Declarations

Conflicts of interest

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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