

Meeting the needs of people with mild stroke: A tool to guide decision making

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Mild Stroke – What do we know?



Cognitive Functioning

- Reduced mental flexibility
- Attention & concentration issues
- Decision-making difficulties
- Reduced memory capabilities
- Construction & spatial difficulties
- High-level language deficits



Fatigue

- Increased fatigue
- Lack of energy
- Sleep disturbance



Physical Functioning

- Facial weakness
- Dysarthria
- Sensory loss
- Pain
- Incontinence
- Reduced mobility & fitness
- Dizziness
- Difficulties with vision & swallowing
- Decreased hand functioning



Emotional Functioning

- Embarrassment
- Insecurity
- Stress
- Fear
- Depression
- Loneliness
- Reduced self-esteem & life satisfaction
- Irritability
- Anger

Mild Stroke – What do we know?



Employment

- Loss of job
- Change in role or work type
- Reduced hours
- Longer time to complete tasks
- Realignment of career goals
- Fear of failure



Home Life

- Responsibility for completing, planning & organizing daily life may be given to other members of the household



Leisure

- Decline in high demand leisure participation
- Intellectually demanding activities result in high levels of strain
- Lack of time
- Social reintegration issues



Driving & Mobility

- Unable to return to driving
- Increase in errors
- Community access & general transport difficulties



Social Interaction

- Heightened stress in relationships
- Change in family dynamics
- Increased risk of divorce
- Reduction in social activities
- Feelings of isolation

Purpose & Research Questions

Purpose: *“to determine the essence of the transition experience to home after acute hospital discharge for people with mild stroke and their key support people, under two different service models; an allied health-led, stroke specific self-management model of care that used telehealth, or ‘standard care’.”*

Research Questions:

- ‘How do people with mild stroke experience their transition home from acute hospital care?’
- ‘How do people experience the MiSTrEnGTH (Mild Stroke Enhancing and Guiding Transition Home) program in comparison to standard care?’

Methods

Study 1

- *Research Aim: “to provide an in-depth exploration of the mild stroke experience of one couple who received MiStrEnGTH”*
- *2 x participants*
 - *1 x Person with Mild Stroke (MiStrEnGTH)*
 - *1 x Key support person*
- *Qualitative Interviews @ 1-, 3-, 6- & 9- months*
- *Interpretative Phenomenological Analyses*

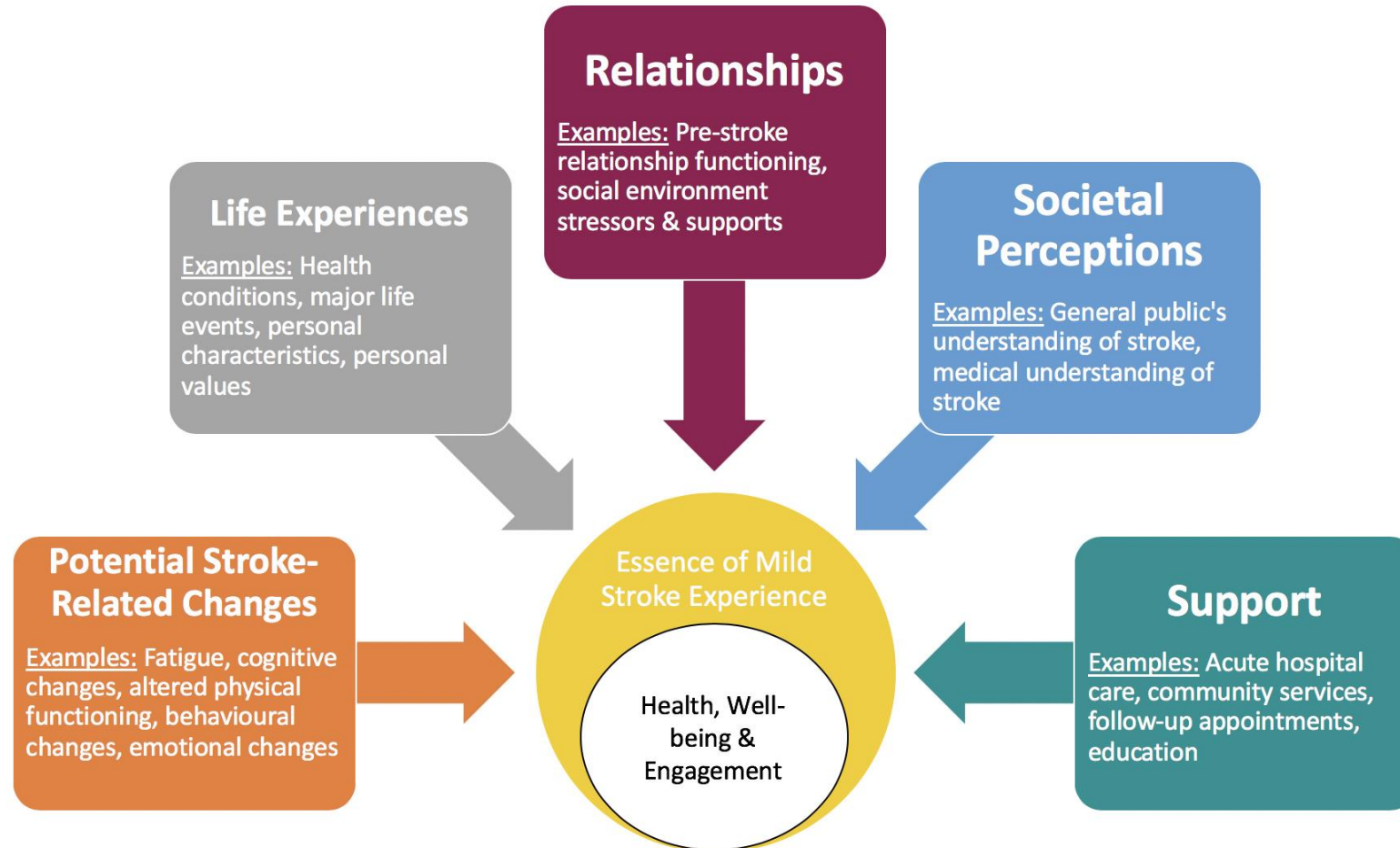
Study 2

- *Research Aim: to answer the following questions:*
 - *”How do people with mild stroke understand their experiences in the first 6 months after hospital discharge?”*
 - *“How do people with mild stroke perceive their experience of stroke-related healthcare services?”*
- *5 x participants*
 - *2 x MiStrEnGTH*
 - *3 x ‘Standard Care’*
- *Qualitative Interviews @ 1-, 3-, & 6- months*
- *Interpretative Phenomenological Analyses*

Study 3

- *Research Aim: to answer the question:*
 - *“What is the essence of the mild stroke experience for the key support person during the first 9-months after acute hospital discharge, in Australia?”*
- *4 x participants*
 - *3 x MiStrEnGTH Key Support People*
 - *1 x ‘Standard Care’ Key Support Person*
- *Qualitative interview @ 9- months*
- *Interpretative Phenomenological Analyses*

Schematic Representation of Findings



Potential Stroke-Related Changes

Examples: Fatigue, cognitive changes, altered physical functioning, behavioural changes, emotional changes



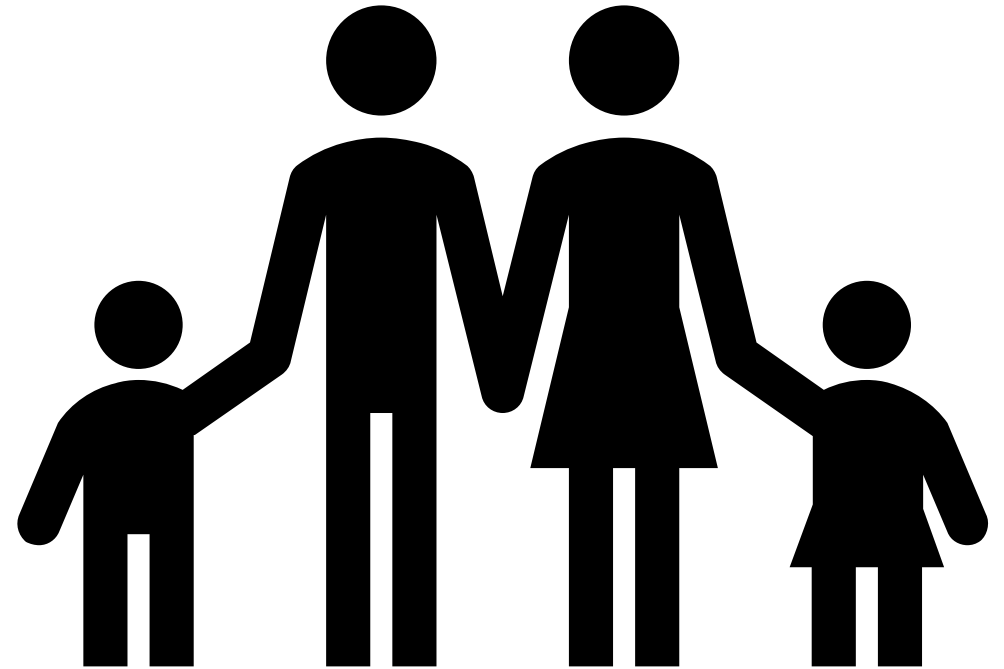
Life Experiences

Examples: Health conditions, major life events, personal characteristics, personal values



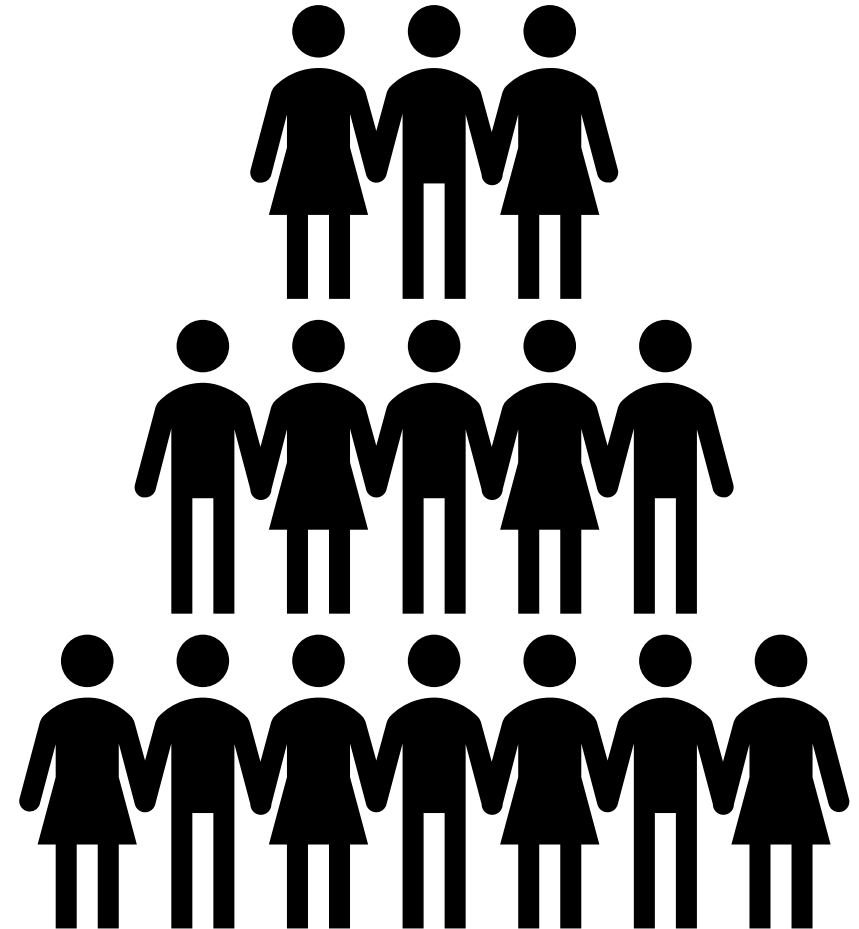
Relationships

Examples: Pre-stroke
relationship functioning,
social environment
stressors & supports



Societal Perceptions

Examples: General public's
understanding of stroke,
medical understanding of
stroke



Support

Examples: Acute hospital care, community services, follow-up appointments, education



Essence of Mild Stroke Experience

Health, Well-
being &
Engagement



Take Home Messages


- The needs of people with mild stroke extend beyond secondary prevention; however, are highly individual & contextual
- Long-term monitoring is required, as different challenges and changes occur in the person's life
- Attention needs to be paid towards the coordination of post-acute services for people with mild stroke
- Value of "real-world" experiences & observation in addition to formal assessments
- Societal perceptions of 'stroke' impact on the experiences of people with mild stroke
- Use of MRI in addition to CT scans when people present with more ambiguous symptoms
- Key support people need to be prepared for potential life interruptions





Thank you

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