

Services for people with mild stroke following acute-hospital discharge: A scoping review.

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Mild Stroke – What We Know:

- 33-50% of strokes are classified as “Mild” (National Institute of Health Stroke Scale score of ≤ 6) [1-3].
- Do not exhibit major motor or speech impairments and are often able to independently complete activities of daily living [3].
- Quick Discharge; large majority receive no further health services [4].



Mild Stroke – Difficulties Observed

1. Executive Functioning

- Attention and Concentration [5-8]
- Organisation and Planning [7,9]
- Memory [5,8]
- Decision-making [9]
- Information Processing [9]



2. Fatigue and Sleep Disturbance [5,7,8, 10-14]



Impact on Activities of Daily Living

1. Work [6,7,14]
2. Social Participation [6,14]
3. Driving/Community Mobility [6,14]
4. Leisure Pursuits & Household Activities[8,9,11]



Impact on Emotional Well-Being

- Diminished sense of life satisfaction, well-being, self-worth & social identity [2,15]
- Anger, depression & frustration [8]
- Uncertainty, anxiety & worry [9, 10]



Research Question

“What is the evidence-base surrounding interventions and services that target person-centred secondary prevention and adaptation to new-found changes, post hospital discharge?”



Methodology

Arksey & O'Malley [16] + Revisions from Levac, Colquhoun & O'Brien [17]. Included the following steps:

- (1) Identification of the Research Question
- (2) Identification of Relevant Studies
- (3) Study Selection
- (4) Charting of the Data
- (5) Collating, Summarizing & Reporting

Additional Step: Critical Appraisal using *Downs and Black Checklist*



Eligibility Criteria

Inclusion Criteria:

- (1) Person-centred Secondary Prevention and/or Assisted with adaptation to post mild-stroke changes.
- (2) Administered Post-Hospital Discharge.

Exclusion Criteria:

- (1) No component specifically designed for people with mild stroke.
- (2) No outcomes related to person-centred secondary prevention.
- (3) Focused solely on the physical impact of stroke.



Procedure

- (1) Titles & Abstracts reviewed by principal investigator using eligibility criteria.
- (2) Potential articles reviewed by 2 other members of the research team.
- (3) Principal investigator read all articles and presented summaries in data charting form.
- (4) Iterative discussion between 3 members of research team to develop final list.



Results

- From November 2015 to January 2016, 588 articles were identified for potential inclusion.
- 30 were selected and examined thoroughly.
- 12 met inclusion criteria.



Results – Critical Appraisal

Downs & Black Checklist [18]:

- Dominant Methodological Flaw = Blinding
- Lapses in Reporting
- Randomization
- Power



Results – Study Location

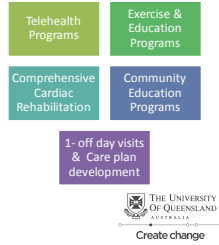


Results

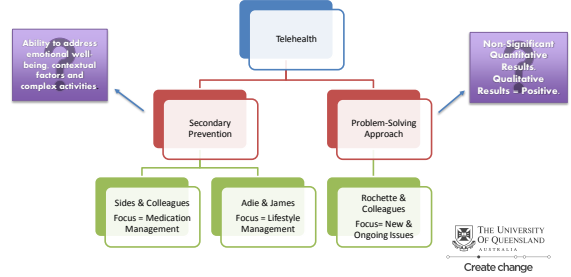
Overall:

- effectiveness of secondary prevention interventions was evident in a number of studies; however,
- effectiveness of these interventions to address the other needs remains unanswered
 - e.g. employment difficulties, social interaction, emotional changes and community mobility

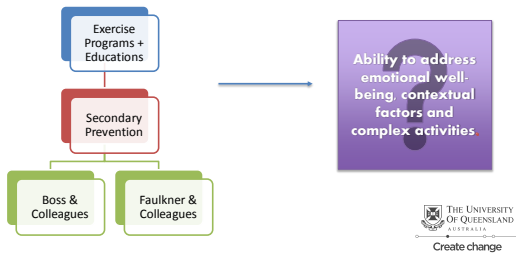
Types of Interventions:



Telehealth Programs



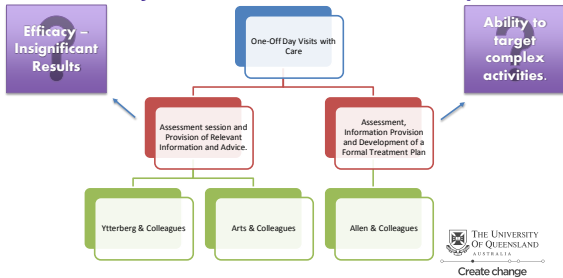
Exercise Programs in Combination with Education



Comprehensive Cardiac Rehabilitation



One-Off Day Visits with Care Plan Development



Community Education Programs



Limitations

- A large majority of studies did not cater for the entire “critical transition” period suggested in the Acquired Brain Injury literature, in terms of either intervention or follow-up length.
- The use of qualitative data was minimal, reducing service user input.
- Need for studies that solely focus on people with mild stroke and that are context-specific.



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Thank-you!

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Take Home Messages

1. People with mild stroke require services that extend beyond secondary prevention.
2. To determine the efficacy of services, the entire “critical transition” period should be incorporated.
3. Researchers should consider incorporating a qualitative component to ensure that service recipients are included.
4. Use of endorsed writing guidelines may improve the quality of health research articles.
5. There is a need for mild stroke specific research in Australia.



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