

What is needed in the longer-term after stroke?

Anne Forster

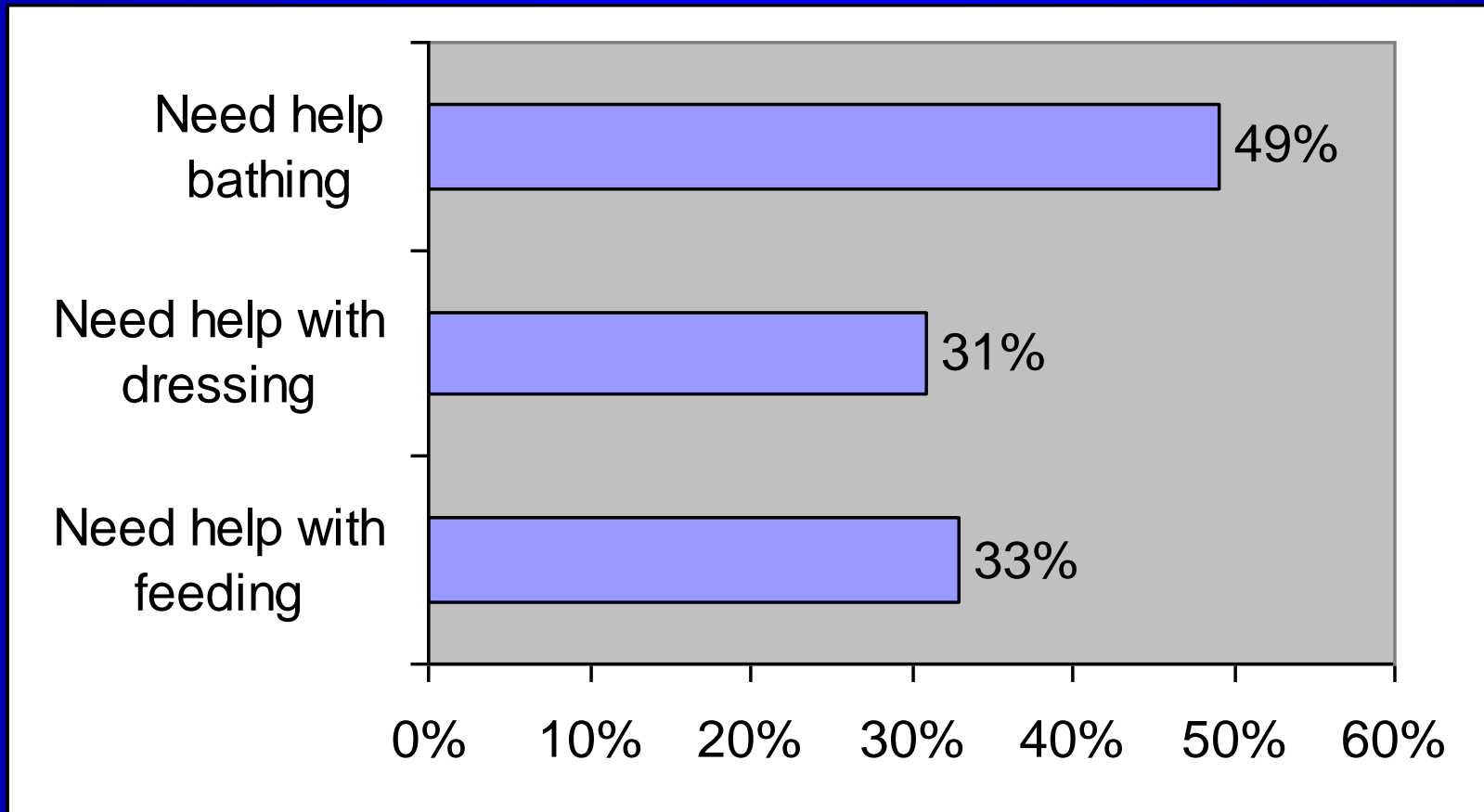
University of Leeds and

Bradford Teaching Hospitals NHS
Trust

Longer Term Impact 6 Months

- V severely/severely dependent 4%
- Moderate/Mildly dependent 42%
- Independent 47%

Longer Term Impact 6 Months



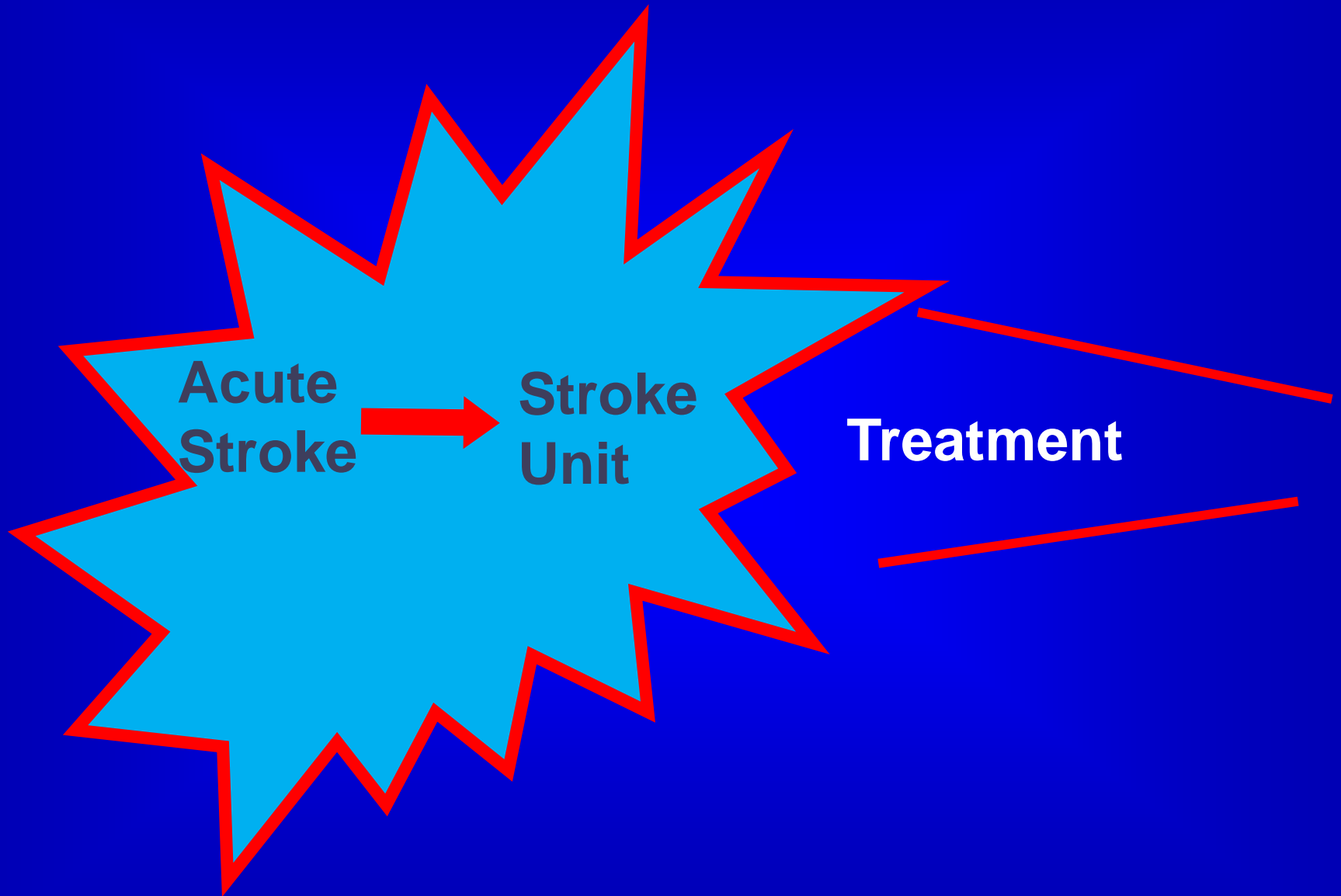
Stages of Stroke Recovery

- Ischaemic penumbra either lives or dies
Acute care matters
- Brain plasticity
Relocation of function within brain
- Learning ways around impairments
E.g. become skilled at cutting food one handed
- Adapting environment to the person
- Reintegration into society

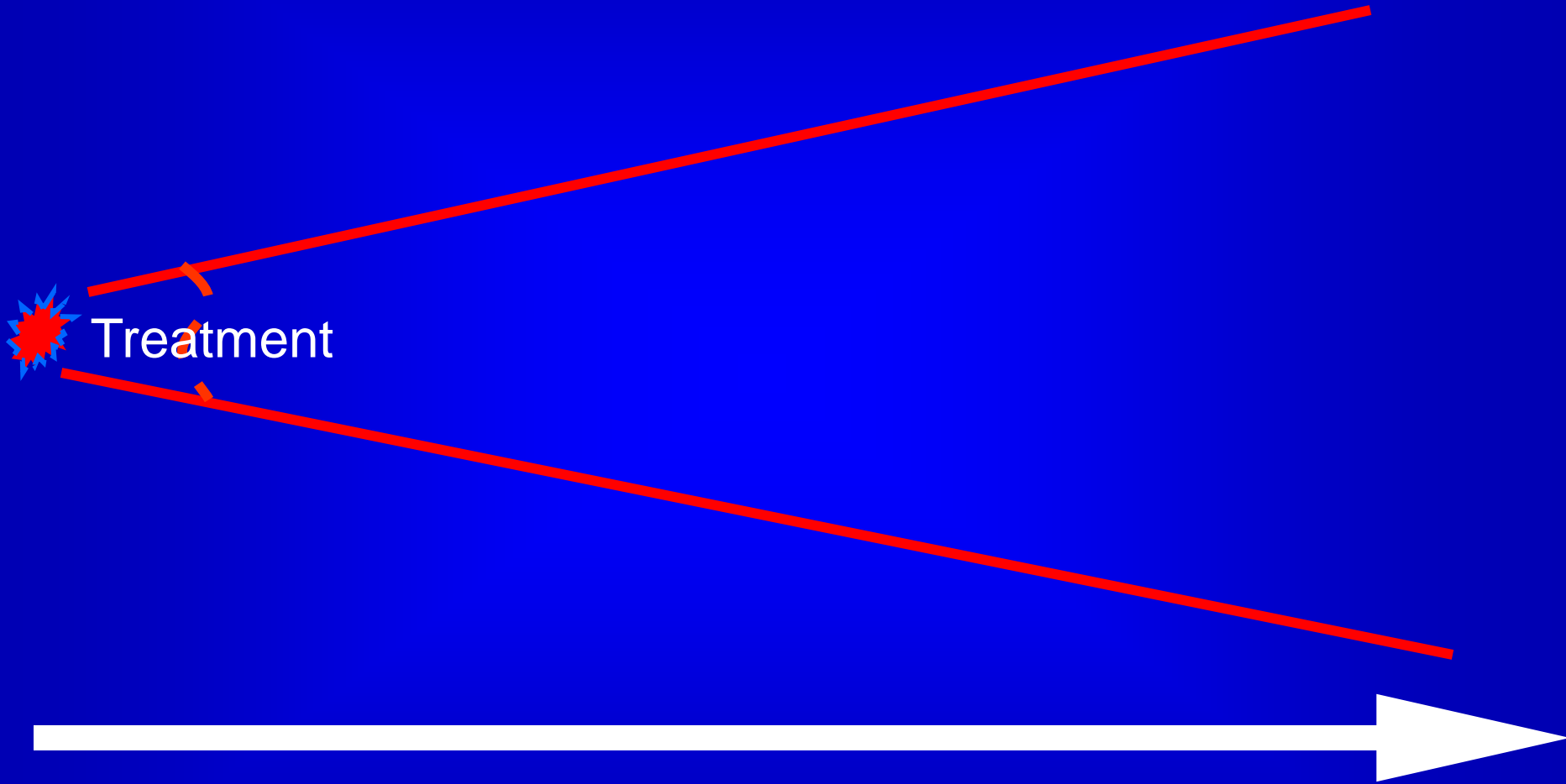
Stroke Pathway



Stroke Pathway



Stroke Pathway



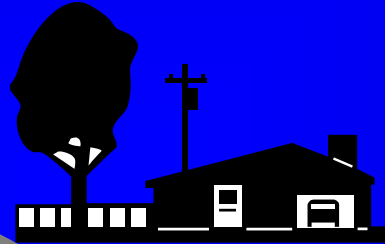
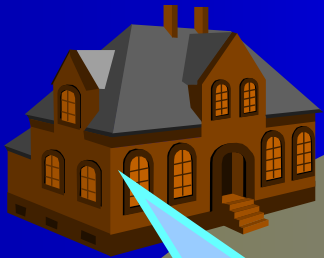
Where Does the Money Go for Stroke Care?

- Approximately £10,000 spent on health and social care in first 12 months after stroke for 'average' patient
- More than 90% spent on providing hospital care
- Less than 5% on late interventions
- Patients not admitted to hospital usually get next to nothing

Stroke Pathway

Treatment

Adjustment



Crisis

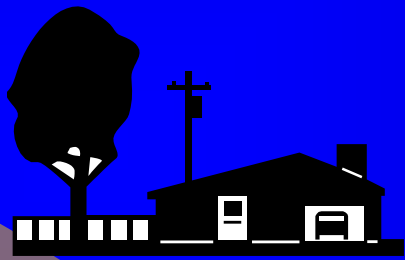
*It never occurred to either of us that it would ever happen to us.
So that was our main feeling.
Astonishment, almost - even
incredulity.*

Holbrook, 1982

Stroke Pathway

Treatment

Adjustment



Crisis

They brought K home for a weekend and they said, we're discharging him next week. I thought, oh my God, what do I do?"

Stroke Pathway

Treatment

Adjustment



Crisis

Rehabilitation

I always run out of hours in the day.

Oh the driving of course, that was a big problem

Stroke Pathway

Treatment

Adjustment



Crisis

Realisation

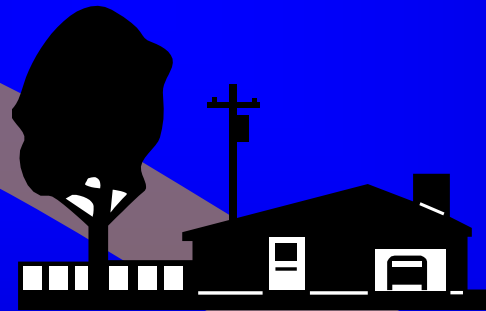
*Abandonment,
that's the word*

*As a carer I feel on my
own...absolutely on my
own"*

Stroke Pathway

Treatment

Adjustment



Crisis

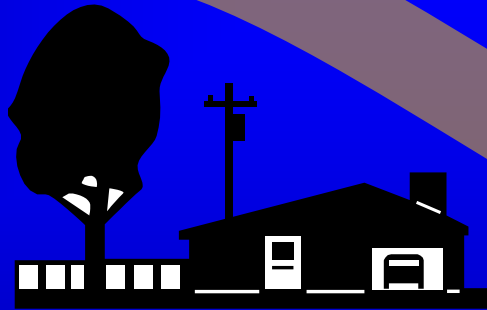
Realisation

There is life after stroke. It depends on what you want to do. You can get a different view of the world.

Stroke Pathway

Treatment

Adjustment



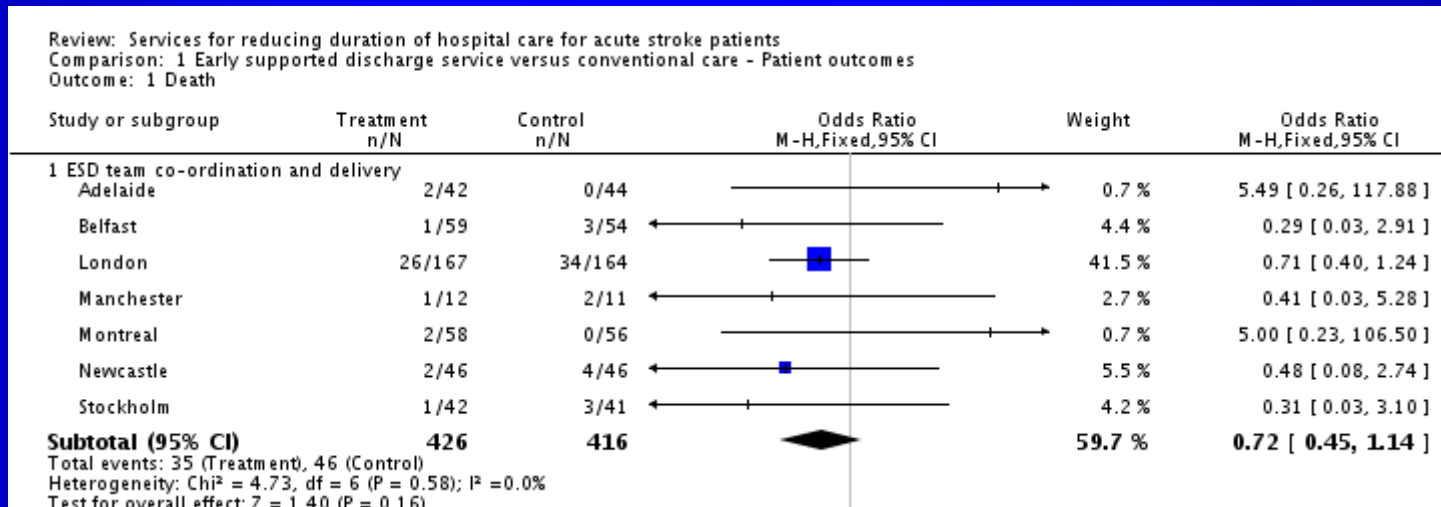
Realisation

Crisis

Research

Systematic reviews

Meta-analysis



Early Supported Discharge Services



Meta-analysis: 11 trials; 1597 patients.

- Shortened hospital length of stay
- Produced equivalent/better outcomes
- Cost-effective

Lancet 2005;365:501-506

Continuing Rehabilitation



In the first year post-stroke

Meta-analysis: 14 trials; n= 1617 OT, PT,
MDT



odds of deterioration in activities of daily living

Treat 100 pts to save 7 poor outcomes

Lancet 2004;363:352-56

Evidence-based Stroke Rehabilitation



Continuing Rehabilitation

After the first year post-stroke

Meta-analysis: 5 trials; n= 487

Evidence inconclusive

Aziz NA , et al., Cochrane Library

Evidence-based Stroke Rehabilitation

Intermediate
Care

Home
PT

Domiciliary
OT

Community
teams

GP

Day
Hospitals



Functional Ambulation

- Gait- orientated physical fitness training
- Repetitive task training
- Consider increasing intensity

<http://www.sign.ac.uk/>

Upper Limb Function

Consider:

- Constraint induced movement therapy
- Mental practice
- Robotic devices

<http://www.sign.ac.uk/>

Longer-term Stroke Problems

- Information
- Support from services
- Social and emotional consequences
- Stroke related problems
- Caring role

Stroke Related Consequences

- Fatigue 53% (1yr)
- Sexual problems 76% (3yrs)
- Falls 50% (2 yrs)
- Shoulder pain 24% (1yr)
- CPS pain 12% (1.5yrs)
- Urinary incontinence 17% (9yrs)

Services?

“rehabilitation to continue until maximum recovery achieved”

Six week, six month and annual reviews

Possible methods?

Information provision

‘self-management’?

Case management

Thank you

Any questions?