Secondary Stroke Prevention

At least a ¼ of all strokes are believed to be secondary events.

What are post-stroke community patients’ experiences of a Secondary Stroke Prevention Package offered by a Community Neurological Rehabilitation Team and their views on how it could be improved?

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Project Aim
To find out patients’ experiences of a Secondary Stroke Prevention Package created and used by Sussex Community NHS Foundation Trust, and if it was of any use.

Stroke Context Worldwide
UK: 150,000 strokes happen every year

Secondary Stroke

- After an initial stroke people are more at risk of having a secondary stroke.
- 1 in 4 people will experience a secondary stroke within 5 years.

Secondary Stroke Prevention

- Secondary stroke prevention aims to help people reduce their risk of having another stroke.
- It has been suggested that an 85% cumulative risk reduction in CVDs (including secondary strokes) could be achieved by combining medical interventions, exercise, dietary modifications and adhering to post-stroke medications.
- In the UK 64% of stroke victims live in fear of another stroke happening.
- A comprehensive and personalized approach should be used when addressing secondary stroke prevention.

Methodology

- Qualitative research with patients who had had their stroke within six months and received an average of three visits offering the secondary stroke prevention package.
- Participants wanted to know how to help themselves and welcomed support and reassurance.
- Participants wanted to know what had happened to them and about their risk factors.
- The flexible contents and the package were as important as the ‘timing’ post-stroke knowledge and was offered at the right time and in the right place for them.
- Participants found the package valuable and useful.

Results - 5 main themes emerged

Educational
- Participants wanted to know what had happened to them and about their risk factors.
- Increased understanding, meaningful information helped to connect with what had happened, adaptability of the package and the use of different tools.
- Different tools worked for different people and need to be tailored.
- Different ways of learning and literacy skills varied.

Encouraging/‘shattering’
- Re-assurance, re-enforcement, ‘nothing I know what I should be doing’
- Participants valued planned follow-on visits to clarify and re-enforce.

Empowering
- Ownership (identifying own risk factors and use of MI tools), ownership of change, ‘low’ readiness to ‘move on’ and recognizing that change is negotiable.
- Gaining knowledge can help people feel more confident in making changes.
- The package worked well empowering patients to make (or re-think about) making lifetime lifestyle changes.

Support
- Through disbelief and shock of having a stroke, the adjustment and frightened of having another stroke and low mood.
- Participants wanted to know how to help themselves and welcomed support and re-assurance.

Right ‘time and right place’
- Appreciation of stroke package, felt satisfied, validated explorations and support, delivered by someone that had relevant post-stroke knowledge and was offered at the right time and in the right place for them.
- The flexible content and the package were so important as the ‘timing’.
- The package had the potential to reach and enable a wide audience depending on their individual needs.

Conclusion
All participants found the package valuable and useful.

Did it add anything new?
- Participants asked for more sense of their stroke by handling and looking at anatomical models (brain and arteries).
- All participants highlighted what they are as a risk factor (a consistent theme).

Suggestions for improvements
- ‘Wouldn’t have changed anything about any of that, especially that 3 day thing. But on the whole it definitely made a difference’.
- ‘I wish there were more of these sessions’.

Support
- ‘I wish we could do it all again. I really liked that she helped me to help me’.
- ‘I’m very happy with the way she helped me to help myself. She re-enforced what I should be doing’.
- ‘The exercise was invaluable, I was made to sit down and think about myself. It’s the best thing that’s happened to me. It changed my mindset’.

References
4. UKSA: Feeling Overwhelmed, The emotional impact of stroke 2013

Acknowledgments
Quotes from participants.

I don’t think you could do much better than you are doing. You are going around to patients in their own homes checking up and encouraging them - I think that’s good.

I wasn’t ready for ‘health promotion’ in the early stages - I was focusing on walking and talking - it was too much to deal with.

I don’t think you could do much better than you are doing. You are going around to patients in their own homes checking up and encouraging them - I think that’s good.

Support
- ‘I wish we could do it all again. I really liked that she helped me to help me’.
- ‘I’m very happy with the way she helped me to help myself. She re-enforced what I should be doing’.
- ‘The exercise was invaluable, I was made to sit down and think about myself. It’s the best thing that’s happened to me. It changed my mindset’.