

Secondary Stroke Prevention

At least a 1/4 of all strokes are believed to be secondary events¹⁴



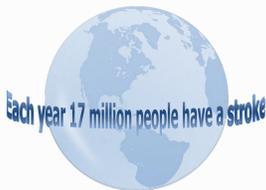
What are post-stroke community patients' experiences of a Secondary Stroke Prevention Package offered by a Community Neurological Rehabilitation Team and their views on how it could be improved?

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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



- Modifiable risk factors (e.g. smoking and unhealthy diet) are associated with 90% of all initial strokes²
- Biggest increase in stroke incidence worldwide is aged 20-60 years³

Stroke Context UK



Secondary Stroke

- After an initial stroke people are more at risk of having a secondary stroke⁴
- 1 in 4 people will experience a secondary stroke within 5 years⁷

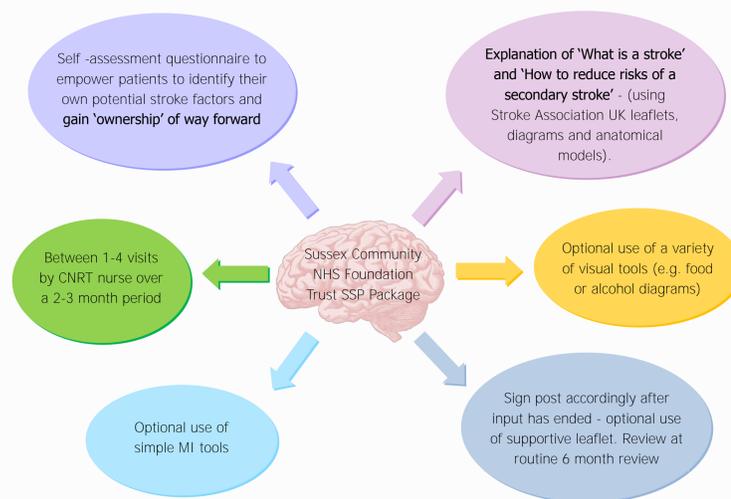
Secondary Stroke Prevention

- Secondary stroke prevention aims to help people reduce their risk of having another stroke
- It has been suggested that an 80% cumulative risk reduction in CVDs (including secondary strokes) could be achieved by combining medical interventions, exercise, dietary modifications and adhering to post-stroke medications⁹
- In the UK 64% of stroke victims live in fear of another stroke happening⁸
- A comprehensive and personalised approach should be used when addressing secondary stroke prevention¹¹
- Additional studies suggest using a behaviour change theory and Motivational Interviewing (MI) techniques¹⁰
- UK - has policy drivers which endorse secondary stroke prevention¹¹⁻¹⁴
- But how and when to address this remains unclear¹⁵
- Healthcare practitioners have a responsibility to give accurate information, advice and support to help people make and maintain positive lifestyle changes¹²

What's already 'out there'?

- Limited information could be found on what similar teams in the UK used, with the exception of the Stroke Association UK leaflets and questions from the routine 6 month review
- An 'off the shelf' Secondary Stroke Prevention package could not be found
- A literature review revealed research into patients' experiences of receiving secondary stroke prevention interventions was limited

The Secondary Stroke Prevention Package



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.
- Interpretive approach was used as meaning was deduced from data
- A convenient sample of 6 female and 4 male participants - average age 66.3 years, sampled (between September - November 2016)
- Participants were asked their experience of receiving the secondary stroke prevention package via a semi structured interview
- Interviews were digitally recorded, transcribed and thematically analysed

Results - 5 main themes emerged

Educational

- Participants wanted to know what had happened to them and about their risk factors
- Increased understanding, models/diagrams 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/'chivvying'

- Re-assurance, re-enforcement, clarifying 'know what I should be doing'
- Participants valued planned follow-on visits to clarify and reinforce

Empowering

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

Support

- Through disbelief and shock of having had a stroke, life 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, valued explanations 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 contents and the package were as important as the 'timing'
- The package had the potential to reach and enable a wide audience depending on their individual needs



Verbatim quotes from participants

Conclusion

All participants found the package valuable and useful.

Did it add anything new?

- Participants valued making sense of their stroke by handling and looking at anatomical models (brain and arteries)
- All participants highlighted 'what they ate' as a risk factor (a consistent theme)

Suggestions for improvements

- 'Revisiting' if patients would like stroke prevention information again not just asking once ('timing')
- Information on actual food portion sizes

The package (or some parts of it) could be used in additional settings to home that were 'right' for any one individual (e.g. Practice nurse setting, nurse lead follow on OPAs, Health Trainers or Stroke Association workers)

References

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"I don't think you could do much better than you are doing. You are coming 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 was shown a leaflet which made it easier to visualise what a unit of alcohol looks like - pub measures aren't what you pour at home."

"You can't teach an old dog new tricks, but I think I have got to learn some new tricks."

"The visual aids that I was shown were incredibly helpful - the artery with the different levels of fat in it."

Verbatim quotes from participants