Detection and intervention of health problems after stroke – a nurse-led follow-up program

Jönsson, Ann-Cathrin; Pessah-Rasmussen, Hélène

Published in:
Program Book GSA Sixty-Fifth Annual Scientific Meeting

2012

Link to publication

Citation for published version (APA):
Abstract for GSA 12

**Detection and intervention of health problems after stroke – a nurse-led follow-up program**

1Ann-Cathrin Jönsson RN PhD & 2Hélène Pessah-Rasmussen, MD PhD

1Department of Health Sciences and Centre of Ageing and Supportive Environments (CASE), Lund University, Sweden
2Department of Neurology, Skåne University Hospital, Malmö

**Introduction:** Secondary prevention among stroke survivors has been reported to be neglected. This randomised controlled trial examines whether a structured nurse-led follow-up program three months after stroke improves health status one year after stroke.

**Method:** During one year, all survivors one month after stroke from a university hospital in Malmö, Sweden, were approached for participation. Those consenting were randomised to intervention group with structured follow-up at three months or to standard care (control group) (mean age 73.8/73.7 years). Three months after stroke, a nurse specialist (NS) followed up the intervention group regarding risk factors and health problems after stroke. The NS sent urgent health problems immediately to a stroke clinician; otherwise patients were referred to a GP for non-urgent or rehabilitative interventions. Patients were informed about stroke and life style factors. Depression/anxiety was assessed by patient self-report with the EQ-5D scale.

**Results:** After three months, 80% of the intervention group (n=194) needed 1-4 interventions compared with 63% (p<0.001) in the same group after one year, and 74% in the control group (n=197) (p=0.022) after one year, and only 40% in the intervention group experienced depression/anxiety compared with 52% in the control group (p=0.042).

**Conclusions:** A nurse-led follow-up three months after stroke resulted in reduced need for interventions and lower prevalence of self-reported depression/anxiety one year after stroke compared to standard care. The follow-up program may be further enhanced by collaboration between a NS and a stroke clinician at the outpatient clinic regarding all medical interventions, before referring patients to the GP for continued follow-up.