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):

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

• Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
• You may not further distribute the material or use it for any profit-making activity or commercial gain
• You may freely distribute the URL identifying the publication in the public portal

Take down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.
Abstract for GSA 12

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

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

1 Department of Health Sciences and Centre of Ageing and Supportive Environments (CASE), Lund University, Sweden
2 Department 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.