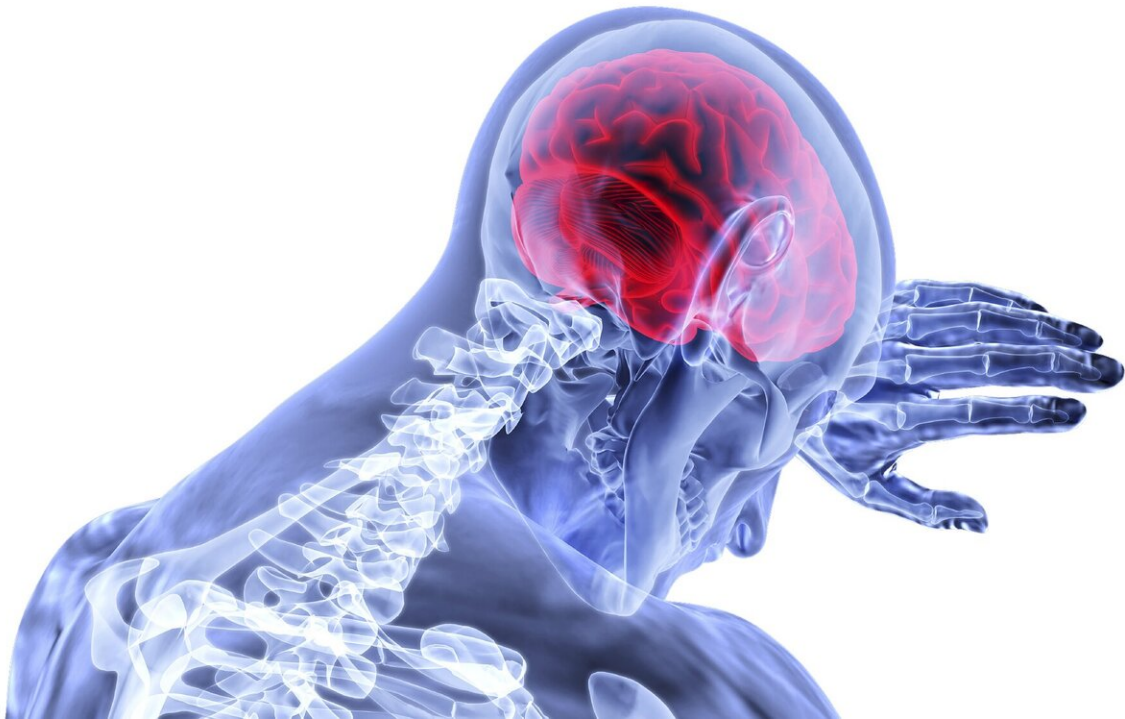


At-home support helps stroke patients adjust after hospital stay

July 17 2019



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Michigan State University researchers have found that many stroke patients feel unprepared when discharged from the hospital. Their caregivers feel the same.

But when a home-based [support](#) network using social work case

managers and [online resources](#) is put into place, quality of life and confidence in managing one's health improve, according to a new study published in the American Heart Association's journal *Circulation: Cardiovascular Quality and Outcomes*.

Developed by MSU, the Michigan Stroke Transitions Trial, or MISTT, tested three different support strategies involving 265 recovering [stroke patients](#) and 169 caregivers, to see which worked best for the hospital-to-home transition.

The study began with a series of focus groups conducted before the clinical trial where MSU researchers asked [stroke](#) patients and caregivers about what worried them most.

"Many of the participants said they left the hospital not really knowing what to do when they got home," said Michele Fritz, an epidemiologist and co-author, who worked with lead author Mathew Reeves in MSU's Department of Epidemiology and Biostatistics.

According to Fritz, 72% of stroke patients felt unprepared to go home, 91% were worried about having another stroke and 82% didn't fully understand their medications, such as when to take them and what dosage they needed.

"This caused a lot of anxiety and worry," she said. "These patients get great care when they're in the hospital, but once they get home, they're often lost. It was important for us to really understand what mattered to them and then figure out what kind of support structure could alleviate the worry."

During the study, participants were chosen at random to receive the usual post-hospital care that exists today. This includes leaving the hospital with standard stroke education materials, follow-up [medical](#)

[information](#), and referrals to out-patient doctor visits and rehabilitation services, if needed.

Another group was randomly assigned a social work case manager who offered emotional and practical support for up to 90 days after leaving the hospital. The remaining group of participants had access to the same case manager but were also given access to a patient website. The site, developed by the MISTT research team, provided unlimited access to stroke education and support resources, including information on stroke prevention and recovery, useful tips to manage medications, and information on community-based services and resources.

In total, 160 patients worked with a social work case manager. The three most common concerns included:

- Nearly 70% needing additional information about stroke
- More than half wanting help understanding how to prevent another stroke
- Slightly more than one-third having financial concerns

Patients with a case manager and the website reported significantly greater improvements in [physical health](#) by the end of the study compared to those who had the traditional care. They also said they were more confident in taking control of their care. Those with access only to the case manager also reported some improvements but results were not as strong.

"When you add the website into the mix, we have better results," Fritz said.

However, some patients still struggled with depression, regardless of what support program they had.

"This is an area we need to look further into," Fritz said. "It could mean we need more time to improve participants' mental health. It's all complex to measure, but something we will continue to figure out in future studies."

More information: Mathew J. Reeves et al. Michigan Stroke Transitions Trial, *Circulation: Cardiovascular Quality and Outcomes* (2019). [DOI: 10.1161/CIRCOUTCOMES.119.005493](https://doi.org/10.1161/CIRCOUTCOMES.119.005493)

Provided by Michigan State University

Citation: At-home support helps stroke patients adjust after hospital stay (2019, July 17) retrieved 13 March 2024 from <https://medicalxpress.com/news/2019-07-at-home-patients-adjust-hospital.html>

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