

# A Very Early Rehabilitation Trial after stroke (AVERT): a Phase III, multicentre, randomised controlled trial

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## Plain English summary

### The AVERT RCT

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## Plain English summary

Despite the many recent improvements in stroke care, it is not clear which components are the most important. Early active rehabilitation (mobilisation) represents a simple treatment that could be provided for the majority of people with a stroke.

This clinical trial included people admitted to hospital with a stroke in 56 hospitals in five countries (UK, Australia, New Zealand, Malaysia and Singapore). Those who agreed to participate were assigned at random to either usual care (UC) in the stroke unit or very early mobilisation (VEM) (assisted to get out of bed within 24 hours of the first sign of stroke). This continued frequently for the first 14 days or until discharge from the stroke unit. All participants were followed up wherever they were living 3 months and 12 months later. A trained health-care worker gathered information about their ability to move about, their ability to carry out everyday activities, their mood, their quality of life and any costs associated with their care.

A total of 2104 participants took part in the trial. At 3 months, fewer participants in the VEM group were independent in everyday activities ( $n = 480$ , 46%) than in the UC group ( $n = 525$ , 50%). There were no significant differences in any of the other trial measures. Further analysis indicated that a good recovery might be best achieved with short bursts of mobilisation activity repeated regularly.

Using the information from this study, we are planning a new trial to better understand how early stroke rehabilitation can be delivered to maximise every patient's recovery.

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