An extended stroke rehabilitation service for people who have had a stroke: the EXTRAS RCT

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Plain English summary

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Early supported discharge enables stroke patients with mild or moderate disability to be discharged earlier than usual from hospital to continue rehabilitation at home. Randomised controlled trials have demonstrated that early supported discharge leads to increased independence for stroke survivors, and that early supported discharge is cost-effective.

Early supported discharge is usually provided for up to 6 weeks and patients with ongoing physical, psychological or social needs are then referred to other services. In the UK, provision of longer-term rehabilitation is often limited. Lack of research evidence has meant that service development in this aspect of stroke care has lagged behind service development for acute care.

This clinical trial evaluated an extended stroke rehabilitation service (EXTRAS) that started when early supported discharge ended. Stroke survivors and their carers were randomly assigned to receive EXTRAS or usual NHS care. EXTRAS involved five rehabilitation reviews conducted over 18 months by an early supported discharge team member, usually over the telephone. Each review consisted of an assessment of current needs, goal-setting and action-planning, and sought to improve patients’ abilities and confidence to undertake extended activities of daily living (mobility, kitchen and domestic tasks, and leisure activities). There were no specific assessments or actions for carers but it was important to evaluate the impact that the new service had on carers. Patients and carers were followed up for 2 years and information was collected about their activities, mood, quality of life and services received.

EXTRAS did not improve stroke survivors’ performance in extended activities of daily living. However, patients who received EXTRAS reported less anxiety and less depression than those who received usual care, and patients and carers were more satisfied with some aspects of their care. EXTRAS did not improve carers’ quality of life or stress. Health economic analyses suggest that EXTRAS improved patients’ quality of life and may be good value for money. Further research is needed to identify other treatments to address the longer-term consequences of stroke.
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This report

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