

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

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Declared competing interests of authors: Gary A Ford declares personal fees from AstraZeneca (Cambridge, UK), Bayer AG (Leverkusen, Germany), Medtronic (Dublin, Ireland), Pfizer (New York, NY, USA), Pulse Therapeutics Euphrates Vascular (St Louis, MO, USA), Stryker Corporation (Kalamazoo, MI, USA) and Amgen (Thousand Oaks, CA, USA), and grants from Daiichi Sankyo (Tokyo, Japan), Medtronic and Pfizer outside the submitted work. Anne Forster declares grants from the National Institute for Health Research (NIHR) and The Stroke Association (London, UK) outside the submitted work. She reports membership of the Health Services and Delivery Research (HSDR) Researcher-led Prioritisation Committee.

Denise Howel was a member of the NIHR Programme Grants for Applied Research panel (2016 to present) and NIHR HSDR Commissioning Board (2012–15) during this research project. Luke Vale was a member of the NIHR Health Technology Assessment (HTA) Clinical Evaluation and Trials panel (2014–18) during this research project. Helen Rodgers declares fees from Bayer and that during this research project she was a member of the British Association of Stroke Physicians (president) (2014–17), NIHR HTA Clinical Evaluation and Trials Board (2010–14), Intercollegiate Stroke Working Party (2002 to present), National Stroke Programme (chairperson of rehabilitation and ongoing care working group) (2018 to present) Joint Stroke Medicine Committee Royal College of Physicians London (chairperson) (2018 to present) and Steering Group member VISTA (Virtual International Stroke Trials Archive) (2015 to present).

Published May 2020

DOI: 10.3310/hta24240

Plain English summary

The EXTRAS RCT

Health Technology Assessment 2020; Vol. 24: No. 24

DOI: 10.3310/hta24240

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Plain English summary

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.

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 3.819

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, the Cochrane Library and Clarivate Analytics, Science Citation Index.

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 10/37/01. The contractual start date was in December 2012. The draft report began editorial review in November 2018 and was accepted for publication in May 2019. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

This report presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HTA programme or the Department of Health and Social Care.

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