A Feasibility Study to Evaluate the Benefits of the Outpatient Cardiac Rehabilitation Model for Survivors of TIA and Stroke.

Ruth Coleman MISCP, Ania Swietliczna MISCP, Nicola Schofield CNS, Dr Rachael Doyle Consultant Geriatrician, St. Columcille’s Hospital

INTRODUCTION

Coronary Heart Disease and Cerebrovascular Disease share many predisposing, modifiable risk factors (Gordon et al, 2004). Lifestyle interventions and pharmacological therapy are recognised as the cornerstones of secondary prevention for both.(Chalmers et al, 2001)

AIM

The aim of this study is to evaluate the impact on quality of life, physical function and cardiac risk factor reduction in TIA/stroke patients following an outpatient programme based on the cardiac rehabilitation (CR) model.

METHOD

Six patients, post Transient Ischaemic Attack (TIA)/stroke attended for a 9 week programme incorporating exercise and educational sessions in the CR department.

Twice weekly exercise sessions, supervised by a Senior physiotherapist and Clinical Nurse Specialist, included aerobic, strengthening and balance training.

Education sessions were provided by the Multi-disciplinary team covering risk factor reduction. Participants, discharged from inpatient care, were at least 3 months post event, medically stable and independently mobile with or without a walking stick.

The outcome measures used included Berg Balance Scale, Functional Gait assessment, Hospital Anxiety and Depression scale (HADS), 6 minute walk test (6MWT), Stroke Specific Quality of Life Score (SSQOL) and Stroke Impact Scale (SIS). Data was analysed using Microsoft Excel 2007.

RESULTS

Four (67%) of the patients completed the study, all post stroke. On average the Berg Balance Scale improved by 2 (±2.6), the 6MWT increased by an average of 32 metres (±38). Improvements on the Functional Gait Assessment averaged 1.25 (±1.25)

The HADS improved by on average 6.5 (±4.9) most notably in the depression arm of the scale. The Stroke Impact Scale improved by 22.75 points (±20.6) while the Stroke Specific Quality of Life Score showed average gains of 38.75 (±24.8) see Figure 1

CONCLUSION

This study suggests, along with the growing body of research, that stroke and TIA patients may benefit from participating in the Cardiac Rehabilitation model of outpatient care.

FUTURE CONSIDERATIONS

While the study numbers were very small, future research would be beneficial to understand the effect this can have on secondary prevention. Our aim is to continue providing this service to our patients routinely as staffing and funding allow.