

## **VISUAL FIELD LOSS AFTER STROKE: EXPLORING THE IMPACT ON DAILY LIFE**

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### **Background:**

Around one fifth of stroke survivors will suffer from long-term visual field loss (VFL), however there is little research into the effect of such sensory loss. The aim of this study was to explore stroke survivors' experiences of VFL and its impact on their everyday life.

### **Method:**

A convenience sample of 12 adults with VFL and more than six months post-stroke were recruited from two Scottish rehabilitation centres. Semi-structured interviews were carried out face-to-face in the participant's home. These were audio-recorded, transcribed in full and analysed using framework methods. Development of the framework and applying codes was conducted by two researchers; these were further summarised and interpreted by one researcher. Ethical approval was obtained from the University and NHS.

### **Results/Findings:**

Three broad descriptive themes were identified, with participants experiencing the impact of VFL in their: everyday activities, personal relationships & emotional responses. Participants described difficulty with getting out of the house and navigating in busy surroundings; many had stopped driving and all struggled to read. Changes in family roles were common, as were social difficulties relating to the hidden nature of visual loss. VFL impacted on participants' feelings of confidence, fear and anxiety, and some participants struggled with changes in self-image and self-worth

### **Conclusion:**

VFL impacts on the practical, social and emotional aspects of stroke survivors' daily lives. The findings highlight the importance of early diagnosis and timely, targeted management of VFL to maximise rehabilitation and reduce the impact on daily life.

# **PRIMARY OUTCOMES OF EARLY SPECIALIST TRAUMATIC BRAIN INJURY (TBI) VOCATIONAL REHABILITATION (ESTVR): PEOPLE WITH TBI, SERVICE PROVIDERS AND EMPLOYER RETURN TO WORK (RTW) PERSPECTIVES**

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## **Background:**

In a feasibility trial comparing ESTVR to usual care, we aimed to identify important primary outcomes from the perspective of people with new TBI (NTBI), people late after TBI (LTBI), service providers (SP) and employers.

## **Method:**

People hospitalised for  $\geq 48$  hours with NTBI, were interviewed prior to randomisation. Employers were recruited via SPs and Occupational Health and SPs from work conferences and interest groups; people LTBI by social media and therapy contacts. In focus groups using Nominal Group Technique with LTBI and SPs, ESTVR was described and participants asked, 'What are the most important outcomes of this support?'

## **Results/Findings:**

Fifty-five NTBI were interviewed a mean of 18 days post-injury (SD 18). Thirteen SPs participated (11 occupational therapists) mean experience 20 years (SD 10), 10 provided vocational rehabilitation (VR). Twelve employers with employee TBI experience participated. Thirteen LTBI participated, mean age 41 (SD 11), time since injury 13 years (SD 11), all worked pre-injury, 9/13 were currently employed. For NTBI, RTW and symptom management are the most important outcomes of ESTVR. Employers prioritised communication between employer, employee and health VR services and impact of TBI on workability; SPs focussed on quality of life (QoL) and insight. LTBI prioritised self-confidence and assessment of brain function.

## **Discussion:**

RTW mattered immediately following NTBI but priorities changed with experience. SPs prioritised QoL and insight over RTW. Employers and LTBI prioritised the impact of TBI on the individual and their work.

## **Conclusion:**

Future TBI-VR trials should consider measuring these constructs in addition to RTW.

## **FALLS IN INDIVIDUALS AFTER STROKE AND PREDICTORS FOR FALLING 6 YEARS AFTER STROKE: A 6 YEAR LONGITUDINAL STUDY**

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### **Background:**

Falls are common after stroke and may lead to injuries, and loss of independence. Findings from longitudinal studies on falls could provide valuable information on the pattern of falls after stroke. The aim of this study was to: a) investigate the prevalence of falls, and b) explore the predictive value of personal factors, stroke severity, and perceived impact of stroke and functioning on falls in persons with stroke.

### **Method:**

This was a prospective longitudinal study performed using data collected during the first week and 3 months, 6 months, 12 months and 6 years after stroke. The participants were part of a larger hospital-based study of all persons with a stroke diagnosis admitted to the stroke units at Karolinska University Hospital, Sweden between May 2006 and May 2007.

### **Results/Findings:**

A total of 121 participants were followed up at 6 years after stroke. The proportion of fallers constituted of 30.6%, 22.3%, 28.1%, and 33.9% for the 3 months, 6 months, 12 months and 6 years follow-up, respectively. A high perceived impact on memory (Stroke Impact Scale) was an independent predictor for fall over the 6-years period with an OR of 1.36 (p value 0.025) as was to have no gait disability in interaction with time with an OR of 7.28 (p value 0.003).

### **Discussion:**

For persons with stroke perceived impact on memory and gait ability seems to be important predictors of future falls.

### **Conclusion:**

The proportion of fallers remains relatively stable over the six years following a stroke. Simple tests, observations and self-reported data can be used to identify those at risk of falling.

## **OCCUPATIONAL THERAPY IN HOMECARE RE-ABLEMENT SERVICES (OTHERS): RESULTS OF A FEASIBILITY RANDOMISED CONTROLLED TRIAL**

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### **Background:**

Homecare re-ablement services (HcRS) have been widely implemented across social care services in England (Glendinning et al. 2010) and are central to national and local government policies. The effects of occupational therapy (OT) input on re-ablement user outcomes are unclear (SCIE, 2011). This feasibility trial developed and tested an OT intervention in HcRS and compared it to usual care without routine OT input (control).

### **Method:**

HcRS users were randomised to intervention or control. The intervention targeted activities of daily living (ADL) and incorporated: goal-setting, teaching/practising techniques, equipment/adaptations, and provision of advice/support delivered by an OT. Outcomes were: personal and extended ADL; quality of life; falls; and use of services, assessed at 2 weeks, 3 and 6 months post re-ablement.

### **Results/Findings:**

Fifty users were eligible and 30 (60%) were randomised, 15 to each group. Data from 22 (73%) were analysed at 6 months. Intervention was delivered to 13/15 (86%) participants in this group, but was adjusted for those with fluctuating health and social issues. Although most outcome measures showed improvements from baseline in both groups, overall improvements were greater in the intervention group. There were changes to service configurations which affected usual care and recruitment.

### **Discussion:**

It was feasible to recruit and retain participants, deliver the intervention, and collect outcome data that were responsive to change. However, some changes to the study design were necessary to accommodate service developments in usual care. This is the first RCT of OT in re-ablement.

### **Conclusion:**

A further powered definitive study is feasible and is warranted.