

Citation: Clinical Rehabilitation 2014, Vol. 28(4) 403–415 © The Author(s) 2013 Reprints and permissions: sagepub.co.uk/journalsPermissions.nav DOI: 10.1177/0269215513506172 cre.sagepub.com

Can Stroke Specific Vocational Rehabilitation (SSVR) be delivered and measured? Feasibility RCT and economic analysis

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Background:

A quarter of UK strokes occur in working age people. Fewer than half resume work. Rehabilitation frequently fails to address work needs and evidence for post-stroke vocational rehabilitation is lacking.

This pilot trial tested the feasibility of delivering SSVR and measuring its effects and costs compared to usual care (UC).

Method:

Previously employed stroke survivors (SS) aged ≥ 16 recruited from a stroke unit were randomised to receive SSVR or UC. Exclusion criteria: refusing consent; not intending to work, medical preclusion. Primary outcomes: occupational and benefit status. Mood, function, participation, quality of life and resource use were measured using standardized and bespoke postal questionnaires at 3, 6 and 12 months. Service use was cross-referenced in 10% of participants and costs calculated.

Results:

46/126 patients screened (36 men, mean 56 (SD 12.7, 18-78 years) were recruited in 15 months; 40 declined. Most (29) had NIHSS scores ≤ 15 , were in professional roles (65%), self-employed (21.7%) at onset. 32 available at 12-month follow-up, with poorer response (61%) among UC. Intervention successfully deployed in 22/23 cases. 39% returned to work at 12 months - twice as many in SSVR. More depression and productivity loss in UC, especially at 6 mths. Cross-referencing for 5 participants involved 51 phone calls, 23 letters/emails. Self-reported and actual service use data were discrepant. SS underestimated GP& consultant and overestimated therapy input.

Discussion:

SSVR can be delivered and its effects and costs measured. More reliable methods of capturing service use, income and benefit data and clearer definitions of work are needed.

Conclusion

Findings inform the definitive trial.

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