

The effectiveness of various models of primary care-based follow-up after stroke: a systematic review

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What is the study about?

It deals with a major problem – recovery from strokes. The work brought together a number of studies to harness the power of larger numbers than can be found in any one study.

After looking at a vast number of apparently relevant articles the authors came down to just nine that were worth assessing. These had reported on research that engaged 1425 patients and 267 caregivers.

What did it find?

The research projects included were themselves of variable size and quality. They also dealt with the issues in somewhat different ways.

The key finding from a small number of studies seemed to be that support from general practitioners (GPs) played a small part after people left hospital.

The report covered:

Physical functioning – six of the nine studies examined this. They found that the support of GPs does not seem to have enabled people to function better.

Mood – Only one study suggested that GPs' work made the participants happier. The other seven that looked at this showed no change.

Quality of Life – Of the six research projects that assessed this, again only one study showed an improvement. The other five found no improvement.

Health service utilisation – only two studies looked at this. One found that people supported by a social worker were more likely to attend routine appointments and less likely to use emergency services. The other indicated no difference.

Patient behaviour – one study looked at this. It said that if we get GP support we will look after ourselves better after a stroke.

Satisfaction – five of the studies examined this. Firstly they looked at the patient. None suggested that patients are more satisfied as a result of GP support. Two of the studies looked at how caregivers fared. Again there was no improvement.

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Perceived knowledge – only three projects looked at who to call if a new stroke hits the patient. Again there was disagreement but one did indicate that those with the support of GPs would do better if they suffered a new episode.

Caregiver strain – five teams of researchers looked at this. One study suggested that caregivers are less depressed when backed by GP care. The others showed no difference.

Adverse events of being part of the study – No study showed that being studied is a problem.

The overall picture

Given the small number of studies, the fact that they examined somewhat different aspects of the problem and other differences, it is difficult to draw any firm conclusion about the best way to support people after a stroke.

The need for further research shines through here. The prevalence of stroke and the large number of people who survive them means that this is an important area of care. Yet it has not had enough research to answer basic questions about the best way forward for these patients.

The full research article can be found in: *Primary Health Care Research & Development* 2011; **12**: 214–222