

Weight gain following stroke : its everybody's business

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Weight Gain Following Stroke: It's Everybody's Business

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BACKGROUND There is limited evidence to determine whether weight gain is an issue following stroke and patient' experience of weight gain. Anecdotal evidence from local stakeholders suggested a problem of increased numbers of patients experiencing long term weight gain following a stroke. This study was developed through a series of consultation exercises with health and social care professionals in response to this concern and aimed to explore the rehabilitation and weight management experiences of stroke survivors of working age (<70) within the South Yorkshire locality.

Survey:

- Respondents of the South Yorkshire Cohort (SYC) (3)
- Under 70 years old
- Reported having a stroke

Patient Semi-structured interviews:

- Overweight (BMI≥25), had a stroke recruited through the survey (n=10)
- Participants of a community stroke support group (n=2)

METHODS This mixed methods study included a survey (n=88) and interviews with patients (n=12) and staff (n=18). SPSS and Framework techniques (1-2) were used to analyse the data.

Staff semi-structured interviews:

| | |
|--|---|
| Clinical Psychologist - Strategic | Psychologist - Intermediate Care |
| Nurse Specialist - Strategic | Sister/Modern Matron - Intermediate Care |
| Speech and Language Therapist - Strategic | Speech and Language Therapist - Intermediate Care |
| Dietician - Acute | Dietician - Community |
| Occupational Therapist - Acute | Occupational Therapist - Community |
| Stroke Consultant - Acute | Physiotherapist - Community |
| Dietician - Intermediate Care | Stroke Nurse - Community |
| Occupational Therapist - Intermediate Care | Sister/Modern Matron - Long Term Rehab |
| Physiotherapist - Intermediate Care | Re-ablement Coordinator - Voluntary Sector |

FINDINGS

1. Weight post stroke is not monitored routinely and prevalence is therefore unknown. However for some people weight gain is a considerable problem. The survey results were inconclusive but consistent with weight gain following a stroke. (P=0.29, difference 5.54lbs, 95% confidence intervals - 0.6lbs - 10.51lbs).
2. The 12 week pathway of care post stroke did not allow for long term monitoring of weight and was considered to restrict the quality and potential impact of the rehabilitation patients received.
3. Weight gain following stroke can be a sign of progress for those people with dysphagia; this ambiguity may lead to confusion in advice regarding potential weight gain.
4. Communication between health care professionals across the 12 week pathway was fragmented. Doubt over who should address poor diet which may lead to weight gain was evident. Additional limiting factors to support patients past the 12 week pathway included availability of specialist support, funding cuts to community based services and fear of making a referral which may put the patient at risk of harm.

"I guess I don't need to have an in depth understanding of the pathway. I just need to deal with the patients on my ward" (Staff P9).

"In an acute setting I don't think it's necessarily our role to give them health promotion advice" (Staff, P9)

"It wouldn't be within our remit to direct the person to an individual thing. Other than general advice, you know, we might all give, but we wouldn't specifically refer them to another service without going back through the GP" (Staff, P6)

5. The physical and psychological impacts of the stroke have the potential to contribute to weight gain. Social isolation, depression and loss of mobility were all considered to play a part. Reduced cognition also affected the ability to manage diet and weight and in some cases control of diet is lost to family or carers.

CONCLUSION

Practice: There is a need for long term monitoring of weight from acute to primary care. All health care professionals working with stroke patients need to be mindful of the risk of long term weight gain following stroke. Whether in acute, intermediate, rehabilitation or primary care settings, systems should be in place to identify opportunities for advice and support regarding diet and physical activity by, for example, embracing initiatives such as Making Every Contact Count (MECC).

Research: Future research using a larger cohort and longitudinal data would provide data to explore the prevalence and causes of weight gain following a stroke.

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National Institute for Health Research, Collaboration for Leadership in Applied Health Research and Care for South Yorkshire (NIHR CLAHRC SY) a pilot which ended in 2013. Further details about the new NIHR CLAHRC Yorkshire and Humber can be found at www.clahrc-yh.nihr.ac.uk. The views and opinions expressed are those of the authors, and not necessarily those of the NHS, the NIHR or the Department of Health.