

**INTERVENTIONS TO PROMOTE WORK
PARTICIPATION AFTER ISCHAEMIC STROKE**

A SYSTEMATIC REVIEW

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Disclosures

No disclosures related to the subject of the presentation

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Alexis Valenzuela Espinoza

Jan Verlooy

Overview

- **Background**
- **Objective**
- **Methods**
- **Results**
- **Conclusions**

Background

Description of the condition

- WHO definition of stroke
- Subtypes: ischaemia ≠ haemorrhage
- Risk factors
- Epidemiology
- Disease mechanisms
- Prognosis
- Acute therapy
- Secondary prevention
- Rehabilitation
- Return-to-work (!)
- ...



Background

How the intervention might work

- Confine neurological damage
 - Optimal emergency stroke treatment
 - Secondary cerebrovascular prevention
- Research from adjacent domains
 - Traumatic brain injury, mental disorders
 - Multimodal interventions
 - Coordinating supportive services, work accomodation, skills training, patient coaching & education

Background

Why is it important do to this review

- Stroke has devastating impact
 - 2nd cause of DALY-loss
 - # strokes and quality of life lost increases annually
 - 45% of stroke victims <65 y (globally)
 - Annual cost USA: \$1.75 trillion (33% for <65 y)
- Successful return-to-work
 - 9 - 91% (methodological variability)
 - Failure despite excellent functional outcome
 - Positive effects (well-being, satisfaction, recurrence risk, ...)
- Unmet need regarding strategies to promote return-to-work after ischaemic stroke

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Objective

Systematic review in the therapeutic domain aiming to identify and evaluate the effectiveness of any intervention to promote return-to-work after ischaemic stroke.

This information is relevant to patients, clinicians, researchers and policymakers.

Overview

- Background
- Objective
- **Methods**
 1. Criteria for considering studies
 2. Search methods – identification studies
- Results
- Conclusions

Methods

- Preferred Reporting Items for Systematic Review (PRISMA) guidelines
- Protocol for systematic review
- Registration in PROSPERO

PROSPERO
International prospective register of systematic reviews


National Institute for
Health Research

Interventions to promote work participation after ischaemic stroke: a
systematic review

Raf Brouns, Alexis Valenzuela Espinoza, Lisa Goudman, Maarten Moens en Prof., Jan Verlooy

Citation

Raf Brouns, Alexis Valenzuela Espinoza, Lisa Goudman, Maarten Moens en Prof., Jan Verlooy.
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http://www.crd.york.ac.uk/PROSPERO/display_record.php?ID=CRD42017077796

Methods

1. Criteria for considering studies for this review

- Types of studies
 - Randomized controlled trials
 - Controlled before-after studies
 - Prospective cohort studies
 - Time-series
 - Before-after comparison without controls

 - Comparison: 'no intervention', sham intervention, any other intervention

 - Excluded: cross-sectional studies, prognostic studies, case reports

Methods

1. Criteria for considering studies for this review

- Types of participants
 - ≥ 18 y
 - Diagnosis ischaemic stroke
 - Mixed population if data ischaemic stroke distilled *or* if large majority ($\geq 80\%$)
- Types of interventions
 - Any intervention aiming to support RTW:
active manipulation of the environment, behaviour or disease with the intention to improve or promote health
 - E.g. medical, psychological, physical, social activities

Methods

1. Criteria for considering studies for this review

- Types of outcomes
 - Primary outcome:
 - Employment, unpaid labor, leisure, unemployment, retirement
 - **Proportion patients returning to competitive employment**
(paid work)
 - Secondary outcome:
 - Interval between stroke and return-to-work
 - Proportion who maintained professional activities over time
 - Time spent off work or on sick leave
 - Score on a validated work ability scale

Methods

2. Search methods

- Electronic searches: 5 reference databases
 - MEDLINE (PubMed; MeSH)
 - EMBASE (EMTREE)
 - Web of Science
 - Scopus
 - Collaborative Review Group Register
- Search syntaxes (PICO)
- English, French, German, Spanish, Dutch
- No limitation regarding date of publication

Methods

2. Search methods

EMBASE

Date searched

30 Oktober 2017

Searcher

RB

Strategy

1. 'brain ischemia'/exp
2. 'brain infarction' OR 'brain ischaemia' OR 'brain ischemia' OR 'cerebral ischaemia' OR 'cerebral ischemia' OR 'ischaemic brain disease' OR 'ischaemia cerebri' OR 'ischaemic cerebrovascular' OR 'ischaemic stroke' OR 'ischemia cerebri' OR 'ischemic brain disease' OR 'ischemic cerebrovascular accident' OR 'ischemic CVA' OR 'ischemic encephalopathy' OR 'ischemic stroke'
3. #1 OR #2
4. 'rehabilitation'/exp OR 'physical medicine'/exp OR 'vocational education'/exp OR 'workplace'/exp OR 'occupational health'/exp OR 'teleconsultation'/exp OR 'telehealth'/exp OR 'central stimulant'
5. 'rehabilitation' OR 'rehabilitation' OR 'intervention' OR 'support' OR 'promote' OR 'promoting' OR 'promotion' OR 'stimulate' OR 'stimulating' OR 'stimulus' OR 'program' OR 'programm' OR 'strategy' OR 'neurophysiotherapy' OR 'physical therapy' OR 'physiotherapy' OR 'vocational education' OR 'vocational' OR 'education' OR 'educative' OR 'workplace' OR 'work place' OR 'work-place' OR 'work location' OR 'occupational health' OR 'employee health' OR 'industrial health' OR 'occupational safety' OR 'remote consultation' OR 'teleconsultation' OR 'telemedicine' OR 'mobile health' OR 'telehealth' OR 'central nervous system stimulant' OR 'central stimulant' OR 'analeptic' OR 'human engineering' OR 'ergonomic' OR 'ergotherapy' OR 'ergotherapeutic' OR 'psychology' OR 'psychologic'
6. #4 OR #5
7. 'return to work'/exp OR 'employment'/exp OR 'medical leave'/exp
8. 'return to work' OR 'return-to-work' OR 'rtw' OR 'returning to work' OR 'back to work' OR 'back-to-work' OR 'workresumption' OR 'work resumption' OR 'stay at work' OR 'stay-at-work' OR 'staying at work' OR 'unemployment' OR 'disability pension' OR 'incapacity' OR 'disability leave' OR 'sickness absence' OR 'sick leave' OR 'sick day' OR 'sickness day' OR 'work absence' OR 'absenteeism'
9. #7 OR #8
10. #3 AND #6 AND #9
11. #10 AND ([dutch]/lim OR [english]/lim OR [french]/lim OR [german]/lim OR [spanish]/lim) AND [adult]/lim

Syntaxis

('brain ischemia'/exp OR 'brain infarction' OR 'brain ischaemia' OR 'brain ischemia' OR 'cerebral ischaemia' OR 'cerebral ischemia' OR 'ischaemic brain disease' OR 'ischaemia cerebri' OR 'ischaemic encephalopathy' OR 'ischaemic stroke' OR 'ischemia cerebri' OR 'ischemic brain disease' OR 'ischemic cerebrovascular accident' OR 'ischemic cva' OR 'ischemic encephalopathy' OR 'ischemic stroke' OR 'rehabilitation'/exp OR 'physical medicine'/exp OR 'vocational education'/exp OR 'workplace'/exp OR 'occupational health'/exp OR 'teleconsultation'/exp OR 'telehealth'/exp OR 'central stimulant agent'/exp OR 'ergonomics'/exp OR 'rehabilitation' OR 'promotion' OR 'stimulate' OR 'stimulating' OR 'stimulus' OR 'program' OR 'programm' OR 'strategy' OR 'strategies' OR 'recovery of function' OR 'neurophysiotherapy' OR 'physical therapy' OR 'physiotherapy' OR 'education' OR 'educative' OR 'workplace' OR 'work place' OR 'work-place' OR 'work location' OR 'work site' OR 'work-site' OR 'worksites' OR 'job' OR 'occupational health' OR 'employee health' OR 'industrial health' OR 'remote consultation' OR 'teleconsultation' OR 'telemedicine' OR 'mobile health' OR 'telehealth' OR 'ehealth' OR 'mhealth' OR 'telecommunication' OR 'online intervention' OR 'central nervous system stimulant' OR 'ergonomic' OR 'ergotherapy' OR 'ergotherapeutic' OR 'psychology' OR 'psychologic') AND ('return to work'/exp OR 'employment'/exp OR 'medical leave'/exp OR 'return to work' OR 'return-to-work' OR 'back-to-work' OR 'workresumption' OR 'work resumption' OR 'stay at work' OR 'stay-at-work' OR 'staying at work' OR 'employment' OR 're-employment' OR 'unemployment' OR 'disability pension' OR 'sickness absence' OR 'sick leave' OR 'sick day' OR 'sickness day' OR 'work absence' OR 'absenteeism') AND ([dutch]/lim OR [english]/lim OR [french]/lim OR [german]/lim OR [spanish]/lim) AND [adult]/lim

Methods

2. Search methods

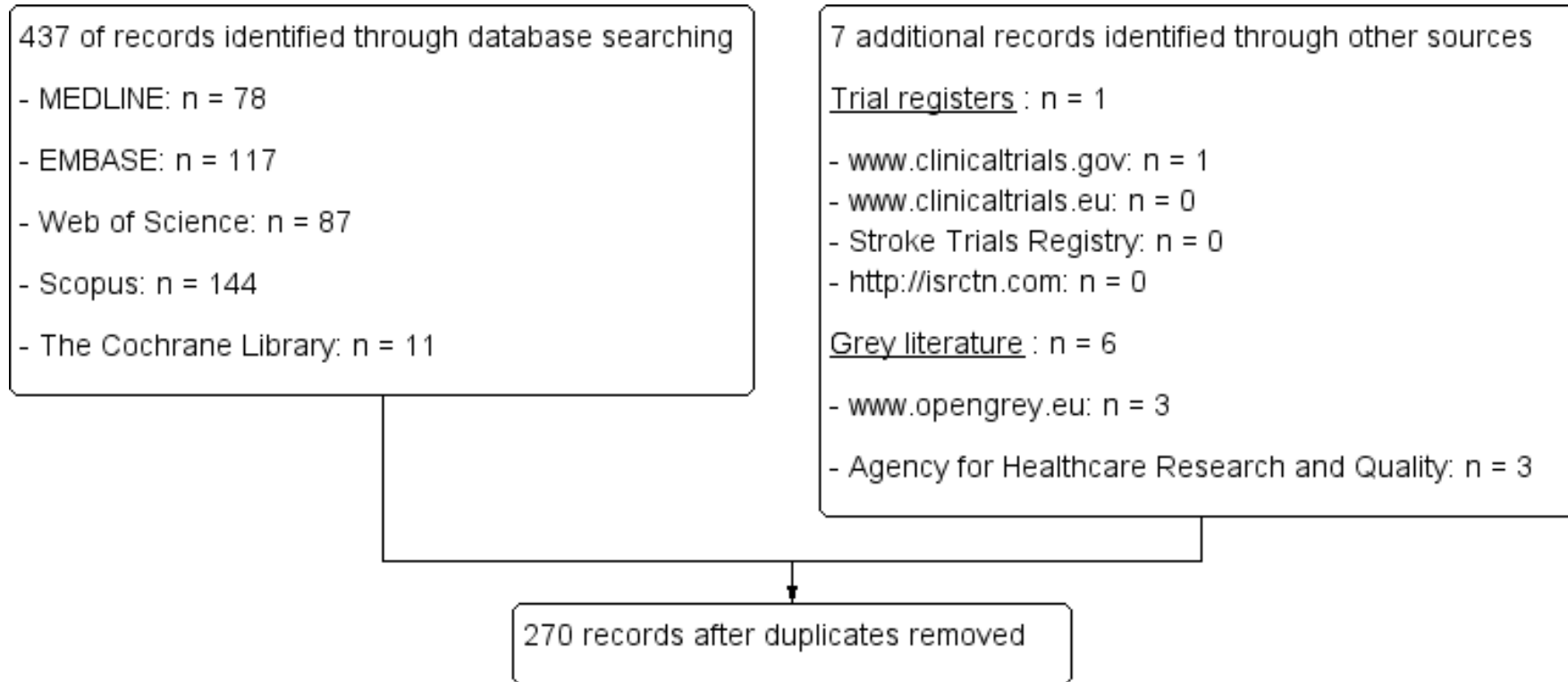
- Other resources
 - Trial registers
 - www.strokecenter.org/trials
 - www.clinicaltrials.gov
 - www.clinicaltrialsregister.eu
 - <http://isrctn.com>
 - Grey literature
 - www.opengrey.eu
 - Agency for Healthcare Research and Quality
 - Backward citation chasing (reference lists of publications)
 - Forward citation chasing
 - Web of Science (all citing articles)
 - MEDLINE (linkages via similar articles)

Overview

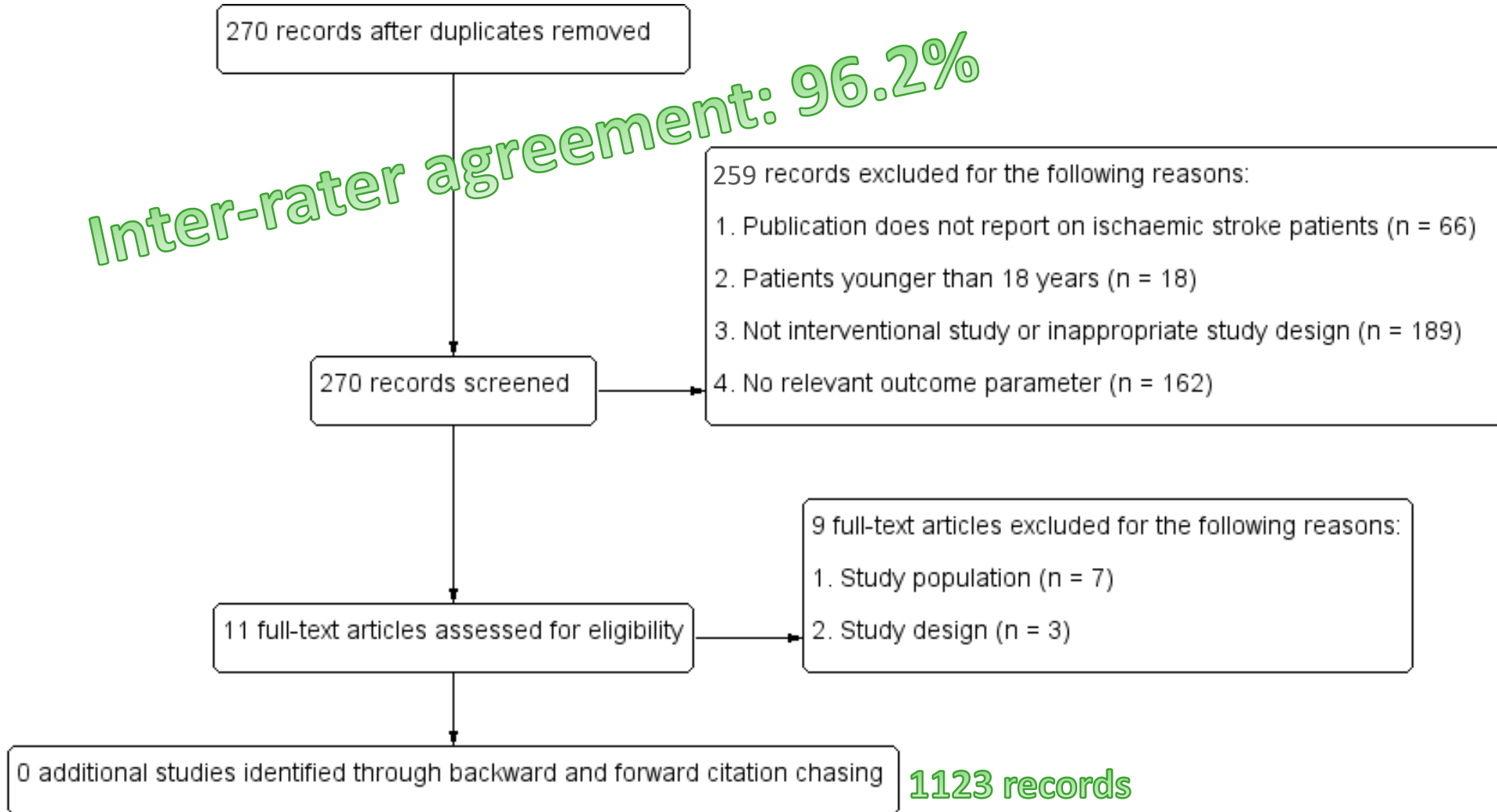
- Background
- Objective
- Methods
- **Results**
 1. PRISMA study flow diagram
 2. Characteristics of included studies
- Conclusions

Results

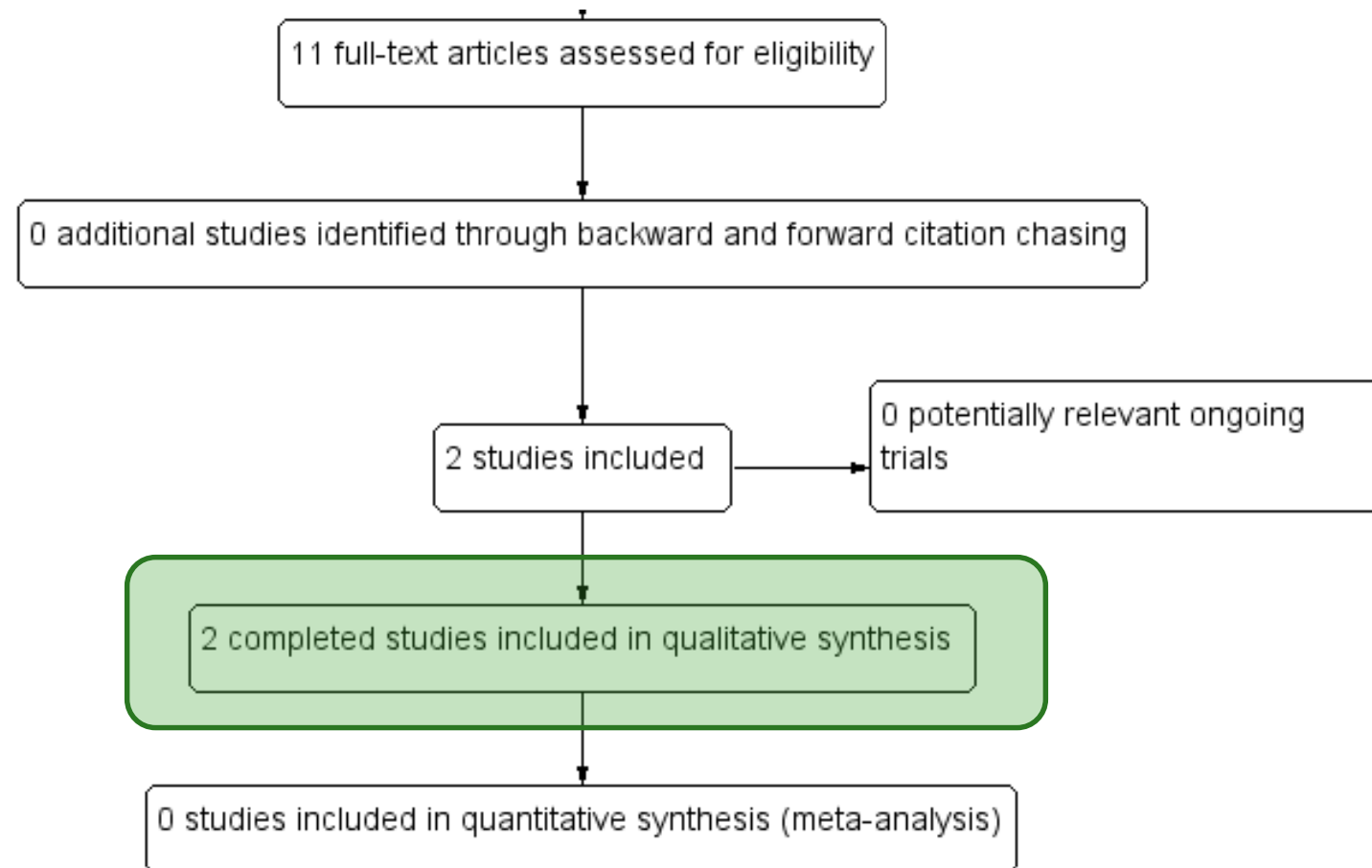
1. PRISMA study flow diagram



Results



Results



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Background: Ischemic and hemorrhagic strokes have different pathophysiological and possibly different long-term cerebral and functional outcomes. Hemorrhagic strokes appear to have a stronger effect on functional outcomes when compared to ischemic strokes. However, whether hemorrhagic strokes are associated with a higher risk of long-term disability is unclear. The purpose of this study was to compare the long-term outcomes of ischemic and hemorrhagic strokes. **Methods:** We conducted a retrospective study of 172 patients with ischemic and hemorrhagic strokes who were treated with intravenous alteplase. We compared the long-term outcomes of these patients to a control group of 172 patients with ischemic strokes who were treated with intravenous alteplase. **Results:** The study found that patients with hemorrhagic strokes had a higher risk of long-term disability compared to patients with ischemic strokes. **Conclusions:** Hemorrhagic strokes are associated with a higher risk of long-term disability compared to ischemic strokes. **Limitations:** The study had a number of limitations, including a small sample size and a retrospective design.

1. Introduction
Stroke, whether ischemic or hemorrhagic, is a major cause of disability and mortality in the United States. Stroke is the leading cause of death in the United States, with 172,000 people dying from stroke each year [1]. Hemorrhagic strokes account for 10-15% of all strokes, with more than 100,000 people dying from a stroke each year [2]. Hemorrhagic strokes are associated with a higher risk of long-term disability compared to ischemic strokes. However, whether hemorrhagic strokes are associated with a higher risk of long-term disability is unclear. The purpose of this study was to compare the long-term outcomes of ischemic and hemorrhagic strokes. **Methods:** We conducted a retrospective study of 172 patients with ischemic and hemorrhagic strokes who were treated with intravenous alteplase. We compared the long-term outcomes of these patients to a control group of 172 patients with ischemic strokes who were treated with intravenous alteplase. **Results:** The study found that patients with hemorrhagic strokes had a higher risk of long-term disability compared to patients with ischemic strokes. **Conclusions:** Hemorrhagic strokes are associated with a higher risk of long-term disability compared to ischemic strokes. **Limitations:** The study had a number of limitations, including a small sample size and a retrospective design.

Results

2. Characteristics of included studies

1. Perna 2015 (USA)

- Single-centre retrospective before-after comparison (no control group)
- Out-patient program: neuropsychological, social, physical, occupational, speech (2x/w during 3 m)
- 172 pts mild to moderate ischaemic stroke (<6 m)
- Methodological quality: low

Results

2. Characteristics of included studies

1. Perna 2015: outcomes

- Proportion pts returning to work (before/after):
 - Competitive employment: 123 / 39
 - Modified job: 22 / 7
 - School: 3 / 6
 - Homemaker: 4 / 11
 - Volunteer: 5 / 18
 - Leisure: 19 / 48
 - Nonproductive: 7 / 25

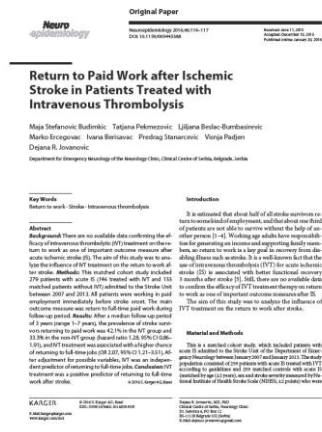
- MPAI-4 (before / after):
 - 46.19 (15.59) / 25.16 (15.27)

Results

2. Characteristics of included studies

2. Stefanovic 2016 (Serbia)

- Single-centre controlled before-after comparison
- In-patient stroke unit: IV thrombolysis
- I = 143, C = 133 moderate to severe acute ischaemic stroke (<24 h)
- Methodological quality: sufficient



Results

2. Characteristics of included studies

2. Stefanovic 2016: outcomes

- Return to full-time paid job:
 - I : 43 / 143
 - C: 20 / 133

- Return to any kind of job:
 - I : 56 / 143
 - C: 42 / 133

Overview

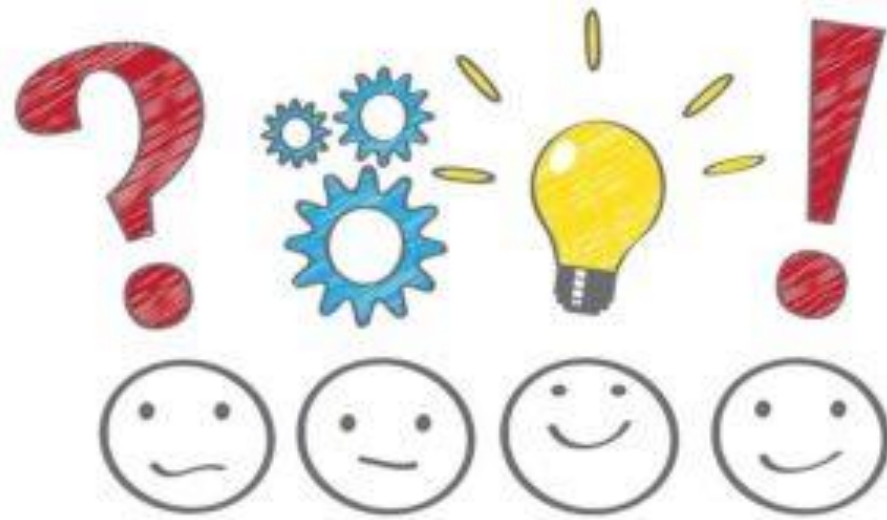
- Background
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Conclusions

First systematic review evaluating interventions to promote return-to-work in patients with ischaemic stroke.

Extensive search using very permissive criteria yielded only two studies:

- Outpatient rehabilitation and IV thrombolysis *may* be beneficial
- Cave extrapolation given methodology and heterogeneity



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Backup slides



Interuniversitaire opleiding
Master in de verzekeringsgeneeskunde en de medische expertise
Eindverhandeling

**INTERVENTIONS TO PROMOTE WORK PARTICIPATION
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Promotor: Prof. dr. Jan Verlooy

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