by Nicky Pellegrino



Active recovery

A simple, affordable intervention has been shown to improve quality of life for stroke sufferers.

Each year, more than 8000 New Zealanders survive a stroke. However, only 10% of them report being fully recovered three months on. You might reasonably assume this means we need to provide these people with more rehabilitation treatments delivered by physiotherapists, occupational therapists, speech language therapists, etc. But the science suggests extra therapy does not necessarily provide better outcomes.

Dr Harry McNaughton has been involved in developing an alternative intervention, Take Charge. It is simple and affordable, and studies show it can make a positive difference. He works with the Medical Research Institute of New Zealand (MRINZ) and is also an acute stroke physician, currently based in Derby, England.



GETTY IMAGES

Dr Harry McNaughton

Take Charge encourages patients to think positively about their future and feel in control of their recovery.

His argument isn't that current rehabilitation therapies aren't important for stroke recovery, but that they don't go far enough.

"The problem with our current model of care is that people believe everything is up to the professionals and we should do what they say."

Take Charge is all about empowering individuals to decide what is important to them. It is designed to be used alongside conventional therapies and encourages patients to think positively about their future and feel in control of their recovery.

"The two most important components of successful rehabilitation are engaging with the whole person, not just their 'damaged part', and improving motivation," says McNaughton.

Take Charge is a talking therapy and involves two hour-long sessions with a trained facilitator once a patient is discharged from hospital, plus a booklet they can keep.

"When I'm training facilitators, my most important message is that they have to listen, not talk," says McNaughton. "They're not there to be a coach or counsellor, or to tell the person with stroke what to do. It's up to the individual to decide what their aims are and how they are going to get there."

This is a relatively small intervention, but two randomised trials have shown it can help improve health, quality of life and independence for people with stroke. Researchers are also investigating its potential to improve the lives of those with other disorders such as long Covid, the lung condition chronic obstructive pulmonary disorder, and early dementia. McNaughton would also like to test its effectiveness for elderly people recovering from falls and fractures.



Take Charge encourages patients to dream big, which flies in the face of the current trend for SMART (specific, measurable, achievable, relevant and time-bound) goals.

"I often get asked by therapists if it's a bad thing for people to aim high, then not achieve their goals," says McNaughton. "But increasingly, the thinking is that SMART goals cause people to set their horizons too low."

"If this was a pill and we had positive results from studies, everyone would be taking it."

The programme has excited plenty of overseas interest and the booklet and training manual are free to download from the MRINZ website. But McNaughton has been disappointed by uptake in New Zealand, particularly since the research has proved it is useful for Māori and Pasifika people, who have a greater risk of stroke and worse outcomes than Pākehā.

"If this was a pill and we had positive results from studies, everyone would be taking it."

The programme is inexpensive to deliver and suitable for 50-60% of people following a stroke.

"Patients who experience Take Charge after stroke love it. So my hope is that more and more people are going to hear about it and ask for it."

A longer-term follow-up is being completed to see if there is still a difference in quality of life and independence among those who completed the programme four or five years down the track. McNaughton would also like to test whether three or four sessions with a facilitator would be more effective than two.

Although professionally directed rehabilitation is important, he remains convinced that what people can do for themselves is just as powerful.

"We need to get away from this idea that it's all about the stroke," says McNaughton. "These are individual human beings who happen to have a medical condition. How they react to it depends on their past experience, their ability to overcome troubles, their support network and their expectations about what life after stroke will be like." ▮

