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The changing profile of stroke patients in Johannesburg: Recommendations for effective intervention





Stroke is one of our greatest health challenges

- 2nd leading cause of death in SA ²
- Leading cause of disability in SA and worldwide
- SA in epidemiological transition – increase non-communicable diseases (compounded by HIV prevalence) ¹
- 75 000 new stroke per year¹
- 25 000 fatal within 28 days¹

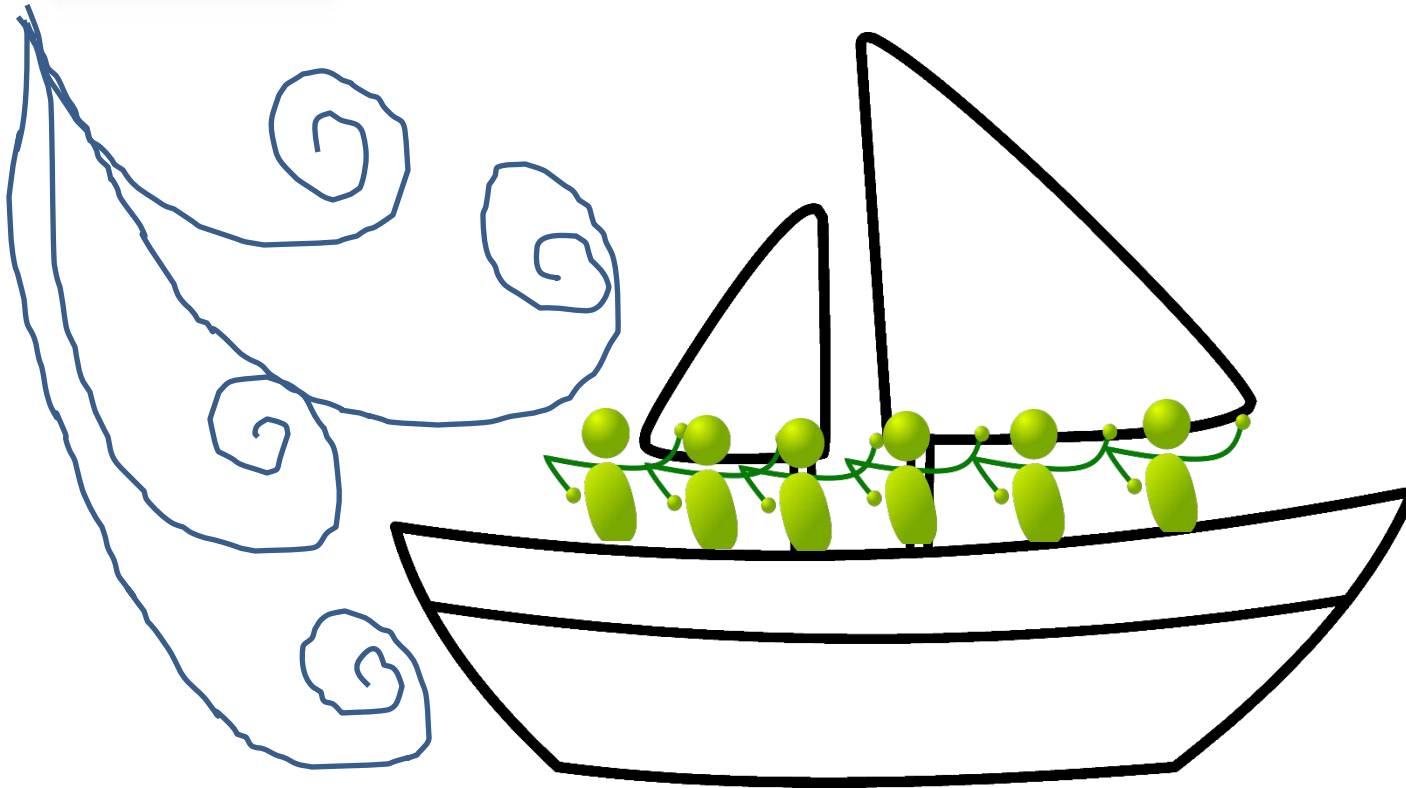
- Incidence of 1080 per 100 000¹
- Currently 350 000 people living with stroke in SA¹
- 35% of them moderate to severe disability¹

- Forms largest caseload in general OT practice





Harnessing the changing winds Get ON BOARD!



Greatest challenge

=

Greatest opportunity to make a
difference

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Are we successful?



Critique of traditional OT stroke rehabilitation³

- Overly focused on ADL/self care: washing, dressing, grooming etc.
- Failing to address how stroke survivors will complete activities in complex social contexts of everyday life
- Rehabilitation is successful in getting stroke survivors to go home – BUT not sufficient in returning to work and integrating into the community





Critique of traditional OT stroke rehabilitation

- Meaningful life goes beyond ADL/self-care – work, leisure, social groups, family
- Problem with bottom-up approach³

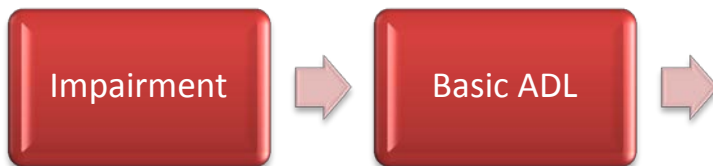
Impairment





Critique of traditional OT stroke rehabilitation

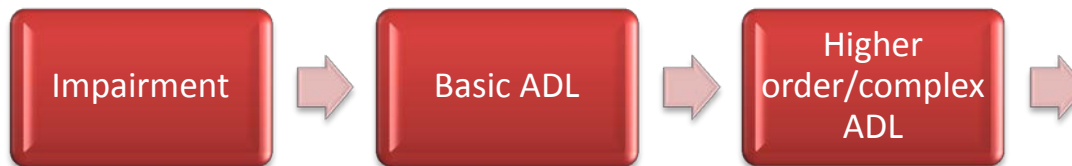
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Critique of traditional OT stroke rehabilitation

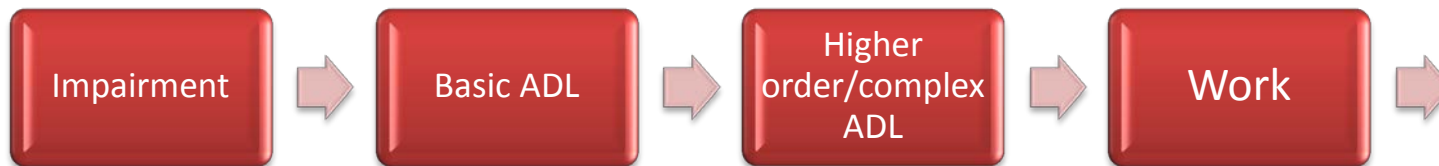
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Critique of traditional OT stroke rehabilitation

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Critique of traditional OT stroke rehabilitation

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Occupational Therapy
=
Improving Participation
=
Health

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Occupational Therapy



Reducing impairments



Moving arm

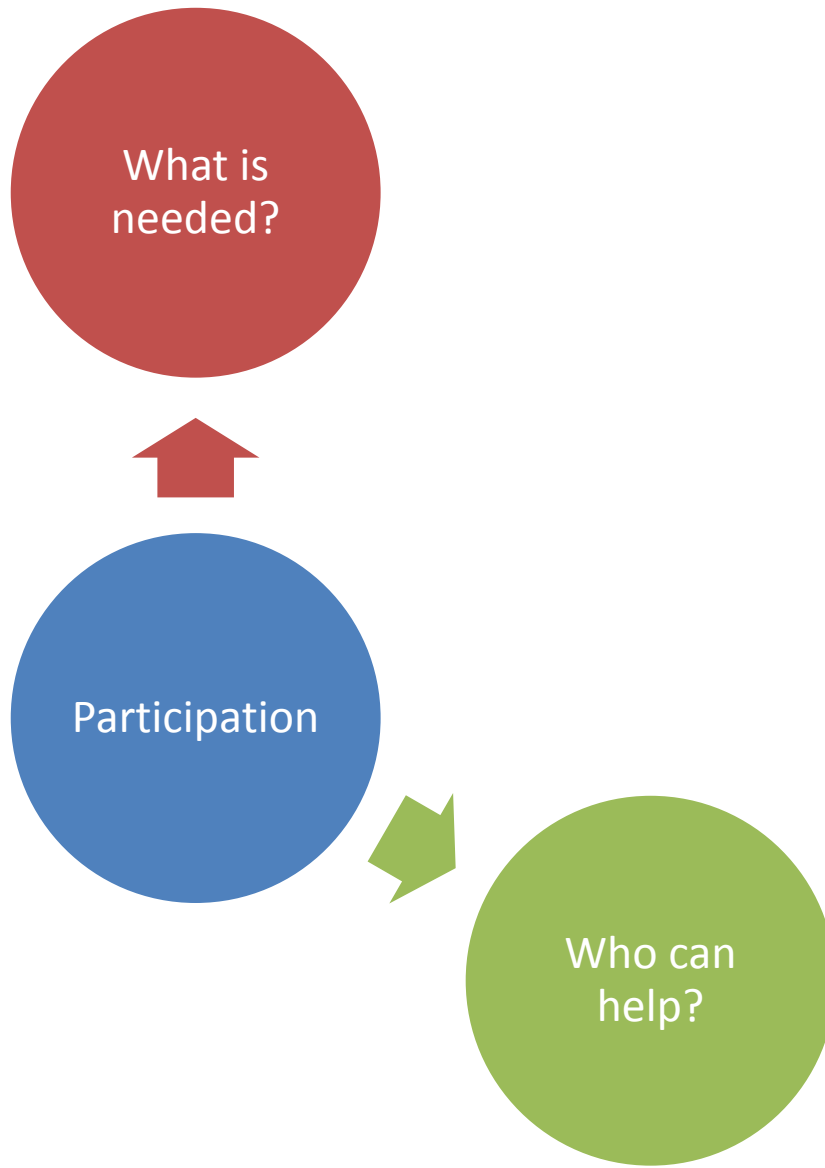


What is
needed?



Participation









PARTICIPATION

- What does a stroke survivor do for most of the day? Are they able to PARTICIPATE?
- Consider the changing occupational profile
- Change perception of a “typical” stroke survivor and their “typical” needs
- Record review: 262 stroke survivors in JHB





Change 1: Occupational profile of stroke survivors

- Younger: 64% of sample under 65 years old, highest frequency 50-64 years old (34.4%)
 - Unhealthy lifestyles: Obesity, increased cholesterol, hypertension⁸
 - Diabetes Mellitus, hyperglycaemia⁴
 - Smoking⁵
 - HIV/AIDS, TB, HAART⁶
 - Cardiovascular disease⁷





Stroke survivors are younger

- Consider their participation
 - Family issues: 46% had dependants, child rearing, playing active role
 - Marriage: intimacy, communication
 - Driving: essential to fulfil life roles
 - Community: leading a meaningful life, making a difference
 - **Work: 35.1% employed (very poor recorded information) , life satisfaction, well-being, self-worth, social identity**





Change 2: Mild to moderate mental/psychosocial impairments

- Even with return to pre-morbid life roles, stroke survivors had difficulty:
 - “slower”
 - Not working as well
 - Unable to organise self
 - Unable to concentrate





Change 3: Losing stroke survivors for follow-up

- Mostly mild to moderate severity
- 71% discharged with minimal or no services
- Relatively “well”, and discharged home without rehabilitation – no aphasia or neglect, not major movement problems, can adapt to do ADLs, mobility in bed good, can toilet
- Potential to be independent and lead good quality lives – but have significant problems returning to pre-morbid level
- **More effective systems required to ensure follow-up of EVERY stroke survivor once home**
- **More OTs in the community, less in acute settings**





Change 4: Prevention is better than cure!

- Save 25000 lives a year!
- Advocating for healthy lifestyles of ALL SOUTH AFRICANS





Change 5: Just be an OT

- Stroke rehab = optimising **NEUROPLASTICITY**
- Neuroplasticity = **USE DEPENDENT**
- Willpower is stronger than manual handling techniques
- No stroke rehab technique is superior, and all will have a positive effect





Neuroplasticity principles

- Age matters: Younger stroke survivors - better prognosis
- Be physically and mentally challenging – not basic ADLs, but more work and social situations
- Achieving a goal the patient set – their needs for participation
- Meaningful – participation in life roles, the will to achieve something is more powerful than any hands-on technique
- Focused – Doing several small things is not effective
- Transferable activities - something they will do again at home
- **Any OT can treat stroke survivors – Just apply the philosophy of improving PARTICIPATION**

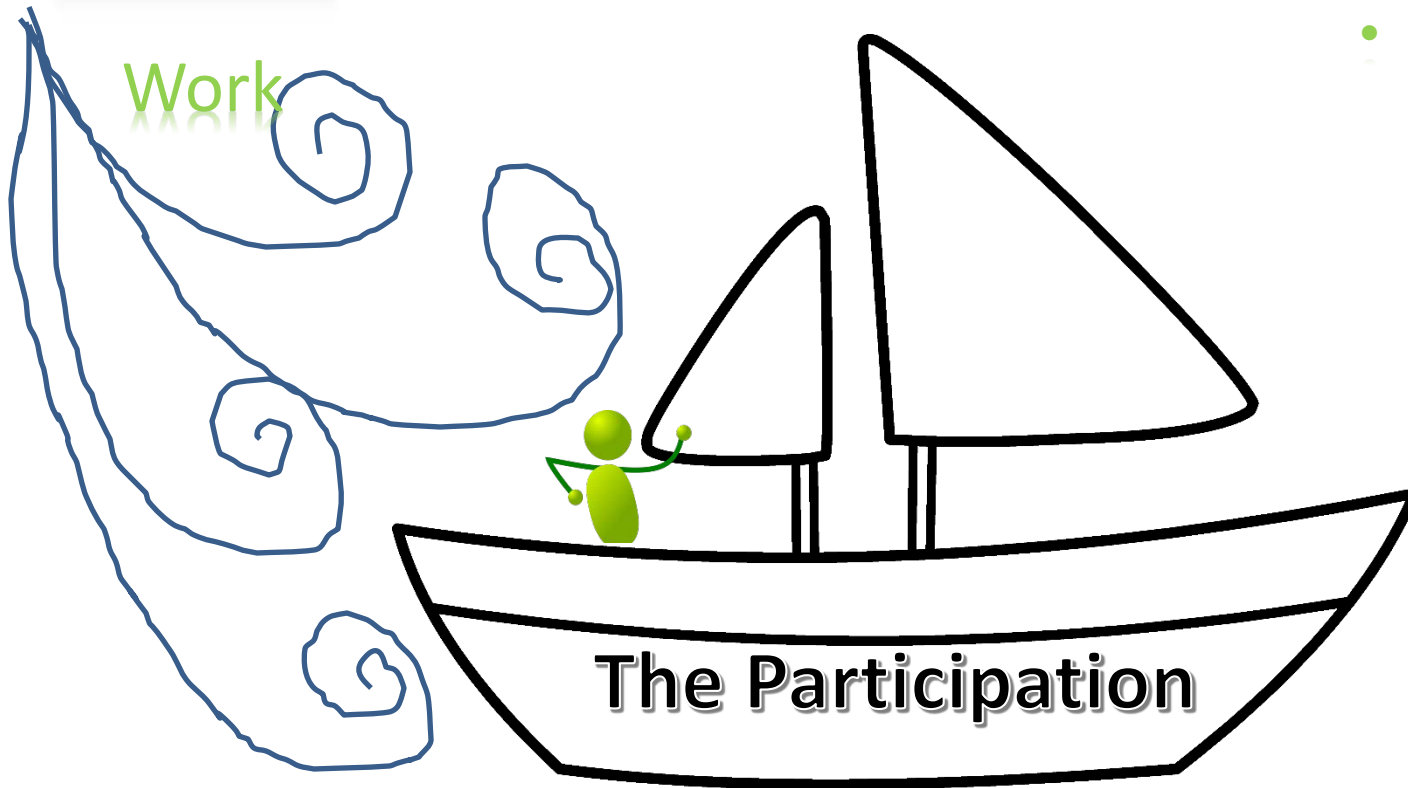




Harnessing the changing winds Get ON BOARD!

MOT – Multi-OT team

- Vocational rehabilitation OT

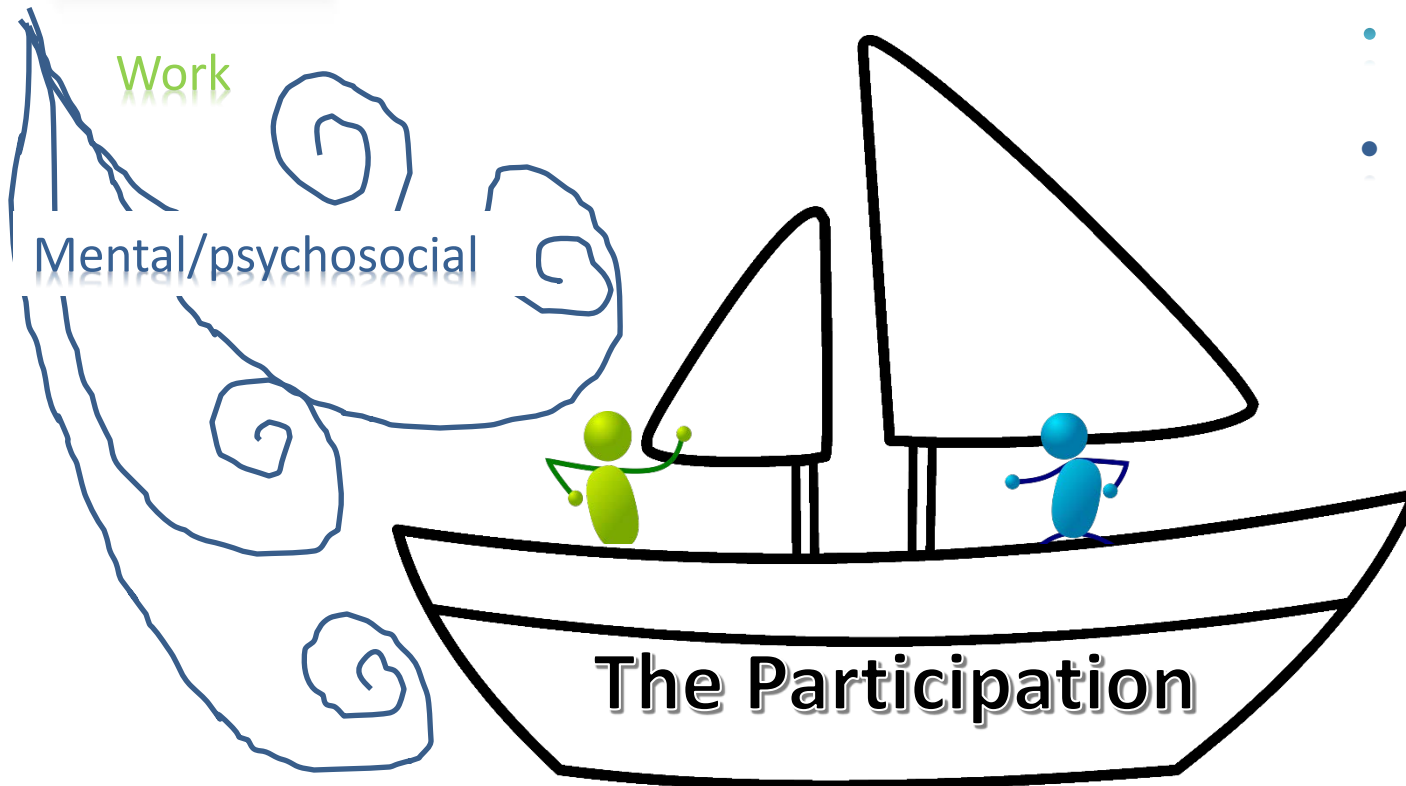




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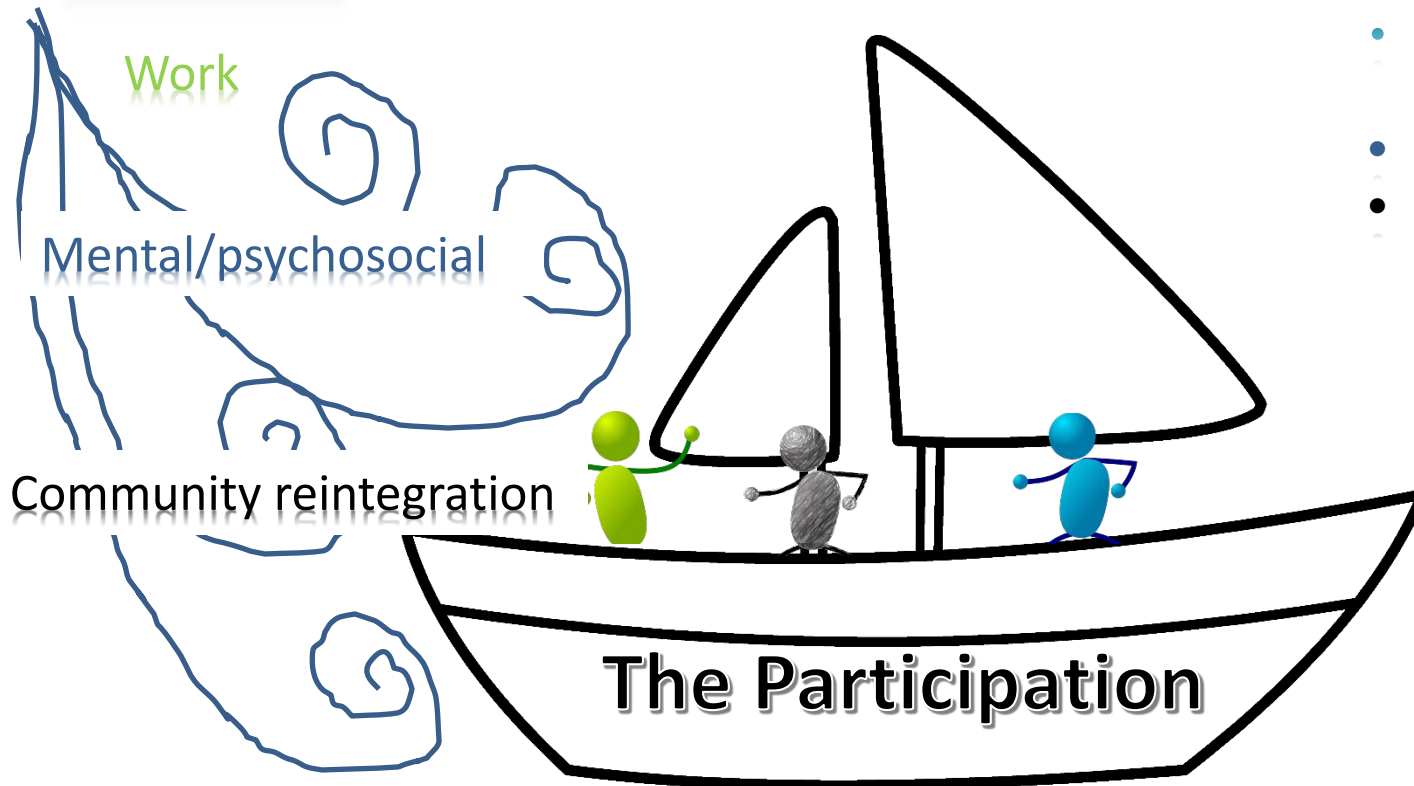
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- Psychiatric OT





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MOT – Multi-OT team

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- Primary health care and community service OT

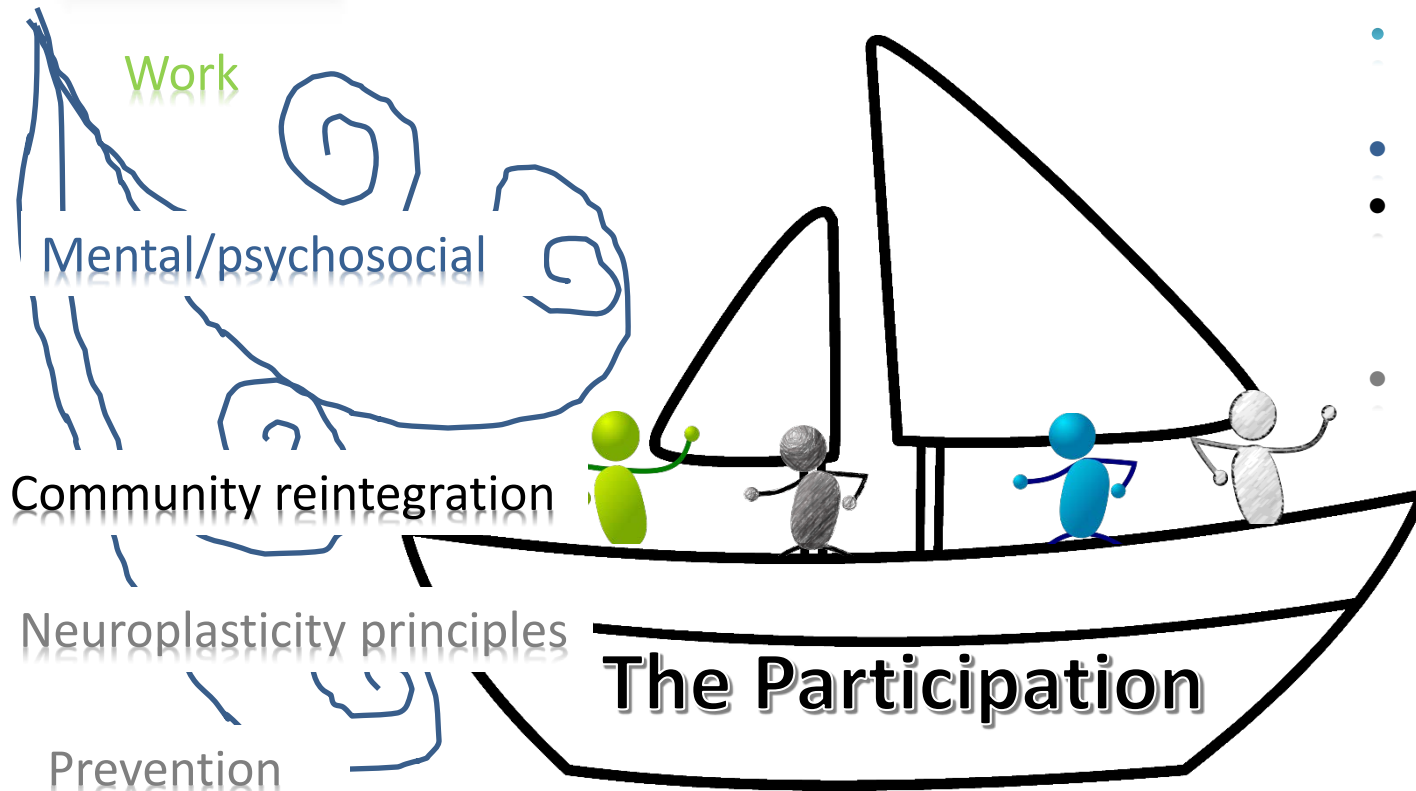




Harnessing the changing winds Get ON BOARD!

MOT – Multi-OT team

- Vocational rehabilitation OT
- Psychiatric OT
- Primary health care and community service OT
- General OT



THANK YOU!

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