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After a stroke: How helpful is occupational therapy for people having problems with everyday activities like getting dressed?



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A stroke, also called a "brain attack", harms the brain by interrupting its blood flow. This may happen if a blood clot from somewhere else in the body travels to the brain and blocks a blood vessel there. Changes in the wall of an artery can cause a blood vessel to become blocked too. Less commonly, strokes are caused by bleeding in the brain (cerebral haemorrhage). This can happen, for example, if a blood vessel tears.

A stroke can lead to paralysis of some parts of the body or difficulties with various physical functions, such as speaking. About one person out of every 1,000 will have a stroke, usually when they are older. Out of people over the age of 85, 2% (two in 100) will have a stroke.

Rehabilitation is important for people who have had a stroke, but the contents of rehabilitation programmes vary a lot. Individual therapists might prefer to use certain treatments, and there are also differences from country to country. For example, one study shows that stroke rehabilitation programmes in Britain and Belgium might include more exercises than programmes in Germany and Switzerland.

Occupational therapy is just one kind of treatment used in stroke rehabilitation programmes. It specifically aims to increase a person's independence after a stroke by teaching them how to manage in everyday life despite their disabilities. The therapy helps people learn how to carry out daily activities again. The instructions and exercises focus on activities such as getting in and out of bed, washing, going to the toilet, getting dressed and doing household chores. The person also learns to use medical aids, like special cutlery or devices that help them get dressed.

Researchers from the Cochrane Collaboration looked for trials that could help show whether occupational therapy that focuses specifically on improving ability to cope with everyday activities can improve recovery after a stroke. The researchers found nine relevant clinical trials, involving a total of 1,258 people aged between 55 and 88 years. The trials compared occupational therapy with general support that was also aimed at improving people's ability to carry out everyday activities after a stroke.

In the trials, therapy was provided by a qualified

occupational therapist in the person's own home. The trials differed in the length of time over which people were followed up, but the average follow-up time was three months. Ability in everyday tasks was measured using a performance scale.

The Cochrane researchers analysed the results of several trials together. The combined results showed that occupational therapy helped a number of people to be better able to wash and get dressed, as well as perform other everyday activities like getting out of bed and going to the toilet.

Occupational therapy can reduce the likelihood of becoming extremely dependent on others or dying after a stroke. For every 11 people who have occupational therapy, the worst consequences of stroke can be prevented in one extra person.

The researchers concluded that occupational therapy both reduces the risk of disability getting worse, and can increase people's independence and ability to cope in everyday life. However, there is not enough evidence to see exactly what it is that occupational therapists should be doing (or not doing) and for how long therapy helps. We also do not know what the patients or carers thought about the therapy, and what kind of therapy they prefer.

Another form of treatment used in stroke rehabilitation is physiotherapy. Occupational therapy and physiotherapy aim to help people in different ways. Occupational therapists focus on helping people undertake particular tasks, while physiotherapists help people to work on movements and strengthen their muscles. You can read more about physiotherapy after strokes here (URL: <http://www.informedhealthonline.org/index.314.en.html>) .

Glossary

Cochrane Collaboration

The Cochrane Collaboration is an international network of thousands of researchers and others. They work together in teams called Cochrane Review Groups to answer questions about health care by doing systematic reviews of evidence. To achieve this, the members of the Collaboration have developed systems and methods for systematically finding and analysing the results of trials of health care interventions. The goal of the Cochrane Collaboration is to help patients, health care practitioners and others make more informed decisions about health care. You can read more about the Cochrane Collaboration at their website.

evidence

Evidence is what we call scientific proof from well-conducted, good-quality scientific trials that have been carefully designed to answer specific questions. Depending on the types of questions, different scientific research methods (types of study) are most appropriate to find reliable answers to these questions. Randomized controlled trials (RCTs), for example, are the best way to get reliable evidence on the effectiveness of medical treatments (interventions). This type of study, however, is not the best form of evidence for all possible questions, and does not provide the best answers to all kinds of questions, either. Epidemiological studies, for example, are very suitable for establishing well-founded proof for the spreading of a disease in the population.

stroke

A stroke (also sometimes called brain attack, or apoplexy, which is Greek for “struck down”) is an acute condition where the brain does not get enough oxygen. It is most commonly caused by a blood clot that has travelled through the bloodstream and is blocking blood vessels in the brain. In rarer cases bleeding in the brain may also result in a stroke. Depending on which part of the brain is affected, there may be paralysis of either all or certain parts of one half of the body, facial nerve impairment, vision problems, trouble balancing and severe problems speaking. A stroke is a medical emergency: the parts of the brain that are affected need to be supplied with oxygen as quickly as possible, to avoid the death of more brain tissue. The risk of having a stroke is greater for older people and people who have hypertension or chronic arteriosclerosis.

Sources

De Wit L, Putman K, Lincoln N, Baert I et al. Stroke rehabilitation in Europe: what do physiotherapists and occupational therapists actually do? *Stroke* 2006; 37: 1483-1489. [Full text (URL: <http://stroke.ahajournals.org/cgi/content/full/37/6/1483>)]

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The German Institute for Quality and Efficiency in Health Care (IQWiG)

The German Institute for Quality and Efficiency in Health Care (IQWiG) was established by legislation to provide evaluations of the effectiveness, quality and efficiency of healthcare services. This includes the assessment of medicines as well as the publication of health information for consumers and patients.

Evidence basis of our health information

Our information is based primarily on systematic reviews of the effects of health care. Systematic reviews are necessary to gain an objective picture of health care. In order to do this, a clear question is formulated. Researchers then find all the relevant studies that could answer this question. They then evaluate those studies.

You can find a list of the evidence and other scientific literature on which this information is based at [**www.informedhealthonline.org**](http://www.informedhealthonline.org)

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