

Critical Review:

What effect do group intervention programs have on the quality of life of caregivers of survivors of stroke?

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This critical review examines the evidence regarding the effectiveness of group intervention programs for caregivers of people affected by stroke. Study designs include randomized clinical trials, non-randomized trials and single group pre-post test. Overall, the evidence gathered from this review is inconclusive. Recommendations for future research and clinical practice are provided.

Introduction

Stroke is a disease with severe consequences for patients and their families. Following stroke caregiver burden is common. As many as 95% of caregivers experience changes in their lives after

cognitive impairments, as well as emotional, behavioral and personality changes (Larson, Franzen-Dahlin, Billing, von Arbin, Murray, & Wredling, 2005).

High levels of burden are related to deterioration of

recovery (Visser-Melly, van Heugten, Post, Schepers, & Linderman, 2004). Providing caregivers with support therefore may not only improve the

life as well. There is no consensus over the definition

Two studies were non-randomized clinical trials. One study was a single group pre-post test.

Results

Randomized Clinical Trials

Franzen-Dahlin, Larson, Murray, Wredling and Billing (2008) conducted a randomized clinical trial that investigated the effects of a support and education group intervention program on psychological health, perceived social support, stroke knowledge and level of satisfaction with services. Intervention consisted of six meetings over six months and a follow up meeting after a further six months. Topics included symptoms and occurrence of stroke, risk factors, treatment, personality changes and social aspects. Caregivers of patients at a Swedish University Hospital were approached for participation. A total of 253 caregivers were approached. A total of 100 caregivers accepted the invitation and were randomly allocated to an intervention or control group. Investigators were blinded. The mean age of the caregivers who did not accept the invitation to participate was higher. Based on a repeated measure ANOVA results indicated that the level of stroke knowledge was significantly higher in the intervention group at 12 months. There were no significant differences found between the caregivers in the intervention and control groups with regards to psychological health, perceived social support or level of satisfaction with services. When those spouses who attended 5-6 sessions were compared to those who attended 1-4 sessions, it was

downfall, which was due to the fact that some patients did not have a caregiver. Rodgers et al. (1999) clearly defined the intervention program. The reliability and validity of the knowledge of stroke scale and satisfaction with services instrument was the

program or the control group. The number of participants decreased during the finals blocks, leaving 130 caregivers in the intervention group and 49 in the control group. Short term (1 month post test) and long term results (6 months post test) were analyzed. One month post test 20 caregivers had dropped out of the intervention group and seven caregivers had dropped out of the control group. Six month post test a further 10 caregivers dropped out of the intervention group and a further four from the control group. The results of paired t

procedures of these studies, including small sample size, participant selection bias, and a lack of discussion regarding the validity and reliability of the measurement tools used. These weaknesses reduce the strength of evidence obtained from these studies.

Future Research Implications

It is recommended that further research be conducted to clarify and confirm the relationship between group intervention programs and improved quality of life for caregivers of stroke survivors. In order to improve the strength of evidence provided by the existing literature, the following recommendations have been made:

- (i) Larger sample sizes and better experimental designs are required to improve the strength of the evidence in this area of clinical research.
- (ii) Additional research should include the development of standardized indicators for quality of life in this population. This would allow future researchers to use consistent and appropriate measurement tools.
- (iii) Further research should consider how caregiver characteristics, such as age,

support program for caregivers of stroke patients. *Patient Education and Counselling*, 40, 109-120.

van den Heuvel, E., de Witte, L., Stewart, R., Schure, L., Sanderman, R., & Meyboom-de Jong, B. (2002). Long-term effects of a group support program and an individual support program for informal caregivers of stroke patients: Which caregivers benefit the most? *Patient Education and Counselling*, 47, 291-299.

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