

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## SCOPE

### 1 Guideline title

Stroke rehabilitation: the rehabilitation and support of stroke patients

#### 1.1 *Short title*

Stroke rehabilitation

### 2 The remit

The Department of Health has asked NICE 'to produce a joint clinical and social care guideline on the long-term rehabilitation and support of stroke patients'.

### 3 Clinical need for the guideline

#### 3.1 *Epidemiology*

- a) Stroke is a major healthcare problem in the UK. It can have a devastating and lasting impact on the lives of people and their carers. Approximately 110,000 people in England have a first or recurrent stroke each year, and 25% of strokes occur in people younger than 65 years. The risk of recurrent stroke within 5 years of a first stroke is between 30 and 40%.
- b) Most people survive a first stroke, often with significant morbidity. There are more than 900,000 people living in England who have had a stroke. It is the single largest cause of complex impairment, activity limitation and participation restriction in England and approximately 300,000 people are living with moderate to severe impairment, activity limitation and participation restriction as a result.

- c) Mood disturbance such as anxiety and depression is common in people after stroke. It is often related to the severity of both cognitive and motor impairments and the severity of activity of limitation. Mood disturbance in people after stroke may exacerbate their other impairments and limit functional recovery, and may have a significant impact on family and carers.
- d) Stroke is the third largest cause of death in England and accounts for 11% of all deaths in England and Wales.

### **3.2 Current practice**

a) Many people have a high burden of impairment, activity limitation and participation restriction after stroke, and much of post-stroke care relies on rehabilitation interventions.

b) A rehabilitation service comprises an appropriately skilled multidisciplinary team of people who work together towards common goals for each person with stroke, involve and educate the person, family and carers, and can resolve most of the common problems faced by people with stroke. The World Health Organisation International Classification Function (ICF) provides a conceptual framework for rehabilitation, defining impairments of body structure and function, activities and participation roles. Stroke rehabilitation is a reiterative, active, educational, problem solving process focused on the individuals needs with the following components: assessment, goal setting, intervention, and evaluation. The rehabilitation process aims to maximise the participation of the person in his or her social setting; and to minimise the pain and distress experienced by the individual and their family and carers.

c) There are a wide range of interventions which aim to improve outcomes for people with stroke. Much of the evidence supporting stroke rehabilitation has been based on evaluating the multidisciplinary approach, or on the effect of a particular discipline. There is a need to examine the clinical and cost effectiveness of individual components of treatment in stroke rehabilitation.

d) Consideration will be given to health care interventions that may be delivered within a social care setting or where provision would normally be made by social services in order to ensure that recommendations made will dovetail with social care provision.

## **4 The guideline**

The guideline development process is described in detail on the NICE website (see section 6, 'Further information').

This scope defines what the guideline will (and will not) examine, and what the guideline developers will consider. The scope is based on the referral from the Department of Health.

The areas that will be addressed by the guideline are described in the following sections.

### **4.1 Population**

#### **4.1.1 Groups that will be covered**

a) Adults and young people 16 years and older who have had a stroke with continuing impairment, activity limitation or participation restriction.

#### **4.1.2 Groups that will not be covered**

- a) Infants and children under 16 years.
- b) People who have had a transient ischaemic attack.

### **4.2 Healthcare setting**

Primary, secondary, tertiary and community care setting

#### **4.2.1 Key clinical issues that will be covered**

a) Interventions used within the primary, secondary, tertiary and community care setting, including:

- Exercise therapies to develop efficient movement, motor learning, gait and balance, upper limb function and hand dexterity, for example strength training, and aerobic fitness training.
  - Repetitive task training for limb function and movement
  - Orthoses for upper and lower limbs
  - FES (functional electrical stimulation) for upper limbs.
  - Other therapies to improve physical function, for example, treadmill training, body-weight-supported treadmill training, constraint-induced movement therapy, , and gait trainers for lower limbs.
  - Cognitive function interventions, for example interventions to improve memory, attention, orientation, spatial awareness and/or neglect.
  - Speech and language therapies including treatments focussing on the underlying level of linguistic impairment
  - Eye movement therapy.
  - Treatment of dysphagia.
- b) Rehabilitation of daily activities, for example washing and dressing.
- c) Rehabilitation of participation roles, for example leisure and return to work.
- d) Support for people after stroke and their carers for example, systemic family therapy and group education support.
- e) Provision of information for people after stroke and their carers, including provision of information for people after stroke with aphasia.
- f) Intensity of rehabilitation.

g) Early supported discharge.

#### **4.2.2 Clinical issues that will not be covered**

- a) Primary prevention of stroke.
- b) Secondary prevention of stroke.
- c) Assessment for rehabilitation
- d) Assessment and management of acute stroke.

#### **4.3 Main outcomes**

- a) Physical function, communication and activities of daily living outcomes appropriate to each intervention, including assessment using:
  - Barthel Index
  - Nottingham Extended Activities of Daily Living (EADL) scale
  - 10-metre timed walk, 6-minute walk and the timed 'up and go' test
  - General Health Questionnaire (GHQ)
  - Hospital Anxiety and Depression Scale (HADS)
  - SF-36
  - EuroQol.

#### **4.4 Economic aspects**

Developers will take into account both clinical and cost effectiveness when making recommendations involving a choice between alternative interventions. A review of the economic evidence will be conducted and analyses will be carried out as appropriate. The preferred unit of effectiveness is the quality-adjusted life year (QALY), and the costs considered will usually only be from an NHS and personal social services (PSS) perspective. Further detail on the methods can be found in 'The guidelines manual' (see 'Further information').

## **4.5 Status**

### **4.5.1 Scope**

This is the final scope.

### **4.5.2 Timing**

The development of the guideline recommendations will begin in April 2010.

## **5 Related NICE guidance**

### **5.1 Published guidance**

#### **5.1.1 NICE guidance to be incorporated**

This guideline will incorporate the following NICE guidance.

- Depression in adults (update). NICE clinical guideline 90 (2009). Available from [www.nice.org.uk/guidance/CG90](http://www.nice.org.uk/guidance/CG90)
- Depression in adults with a chronic physical health problem. NICE clinical guideline 91 (2009). Available from [www.nice.org.uk/guidance/CG91](http://www.nice.org.uk/guidance/CG91)
- Functional electrical stimulation for drop foot of central neurological origin. NICE interventional procedure guidance 278 (2009). Available from [www.nice.org.uk/guidance/IPG278](http://www.nice.org.uk/guidance/IPG278)
- Faecal incontinence. NICE clinical guideline 49 (2007). Available from [www.nice.org.uk/guidance/CG49](http://www.nice.org.uk/guidance/CG49)
- Nutrition support in adults. NICE clinical guideline 32 (2006). Available from [www.nice.org.uk/guidance/CG32](http://www.nice.org.uk/guidance/CG32)

#### **5.1.2 Other related NICE guidance**

- Managing long-term sickness and incapacity for work. NICE public health guidance 19 (2009). Available from [www.nice.org.uk/guidance/PH19](http://www.nice.org.uk/guidance/PH19)
- Stroke NICE clinical guideline 68 (2008). Available from [www.nice.org.uk/guidance/CG68](http://www.nice.org.uk/guidance/CG68)
- Neuropathic pain – pharmacological management. NICE clinical guideline. Publication March 2010. [www.nice.org.uk/guidance/CG96](http://www.nice.org.uk/guidance/CG96)
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## **5.2      *Guidance under development***

NICE is currently developing the following related guidance (details available from the NICE website).

- Anxiety (partial update). NICE clinical guideline. Publication expected January 2011.

## **6          Further information**

Information on the guideline development process is provided in:

- ‘How NICE clinical guidelines are developed: an overview for stakeholders’ the public and the NHS’
- ‘The guidelines manual’.

These are available from the NICE website

([www.nice.org.uk/GuidelinesManual](http://www.nice.org.uk/GuidelinesManual)). Information on the progress of the guideline will also be available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).