

INTRODUCTION

- Stroke is a leading cause of death and disability in the U.S. and a strongest predictor of a subsequent stroke.¹
- Self management (SM) of stroke risk factors prevents many strokes and is a good practice in the secondary stroke prevention.²
- “Readiness to Change” (RTC) is used to assess where patients are in the cycle of change to set appropriate goals and reach attainment in the SM of stroke risk factors.³
- Blood pressure (BP) is one of the most important risk factor to control to prevent another stroke.
- Little is know about predictors of BP control in SM of underserved post-stroke population.²

PURPOSE

We examined the association between RTC behavioral intention and demographics, and BP control in patients engaged in the V-STOP SM program.

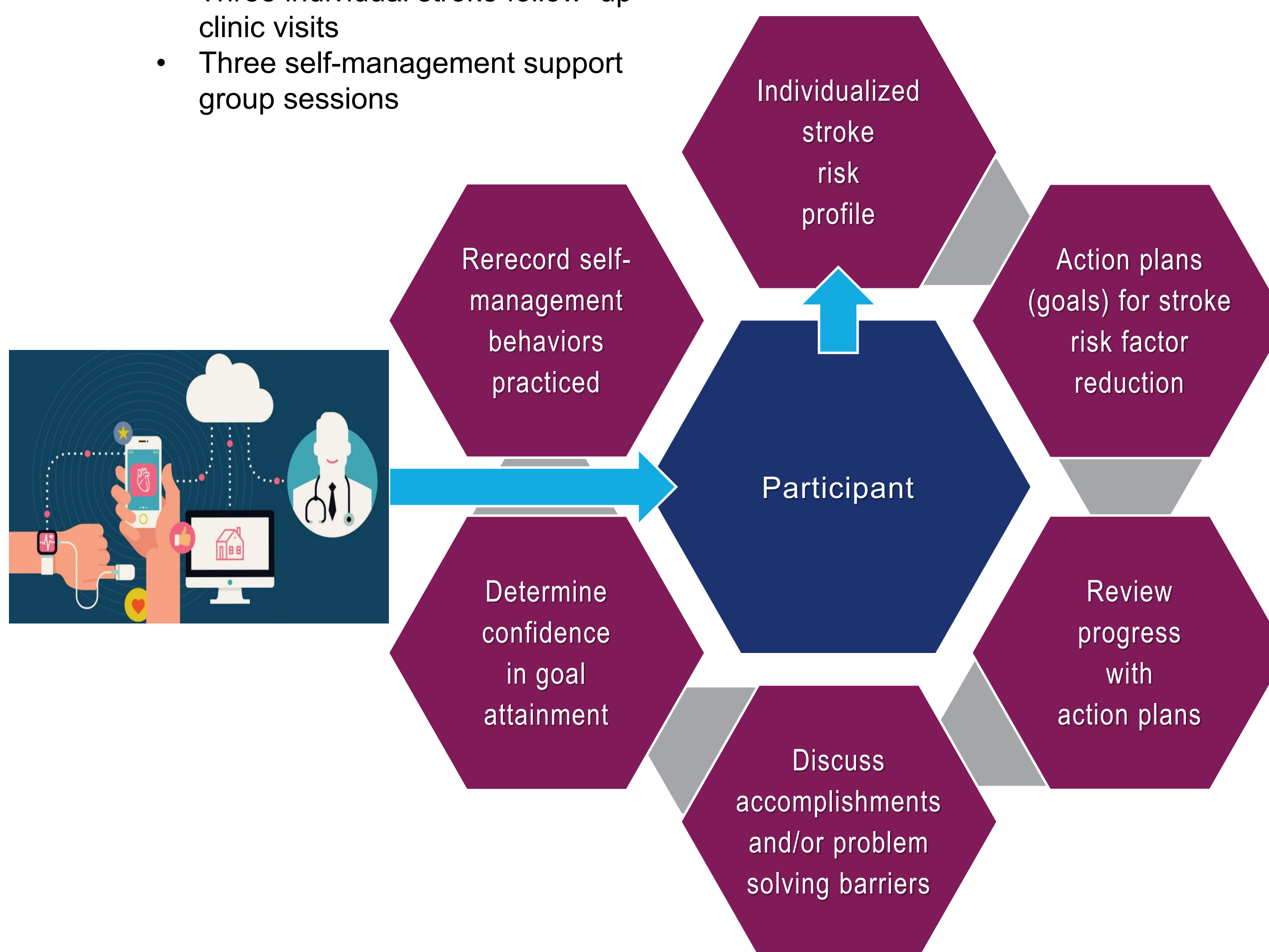
READINESS TO CHANGE (RTC) INSTRUMENT

Readiness Statement	SD	D	U	A	SA
I really want to take action to manage my stroke risk factors.	1	2	3	4	5
At times, I feel overwhelmed about the actions I need to take to manage my stroke risk factors.	5	4	3	2	1
At times, I wonder if my actions will really improve my health.	5	4	3	2	1
I know my risk of another stroke or a heart attack will increase if I don't take action to manage my risk factors.	1	2	3	4	5
I often think about actions I can take to manage my stroke risk factors.	1	2	3	4	5
I'm not just thinking about taking action to manage my risk factors, but I'm already doing something about it.	1	2	3	4	5
It is important that I communicate what I want to do to manage my stroke risk factors with my health care team and caregivers.	1	2	3	4	5

SD = Strongly Disagree; D = Disagree; U = Unsure; A = Agree; SA = Strongly Agree.

METHODS

- Pre-experimental pre/post six weeks risk reduction intervention program delivered to stroke survivors via videoconferencing, with focus on the BP control.
- The V-STOP program:
 - Three individual stroke follow-up clinic visits
 - Three self-management support group sessions



- Inclusion criteria: History of stroke and/or TIA, >18 years, and 2+ uncontrolled risk factors.
- N = 66 patients participated in the program, n = 51 completed RTC assessment and provided BP measures at baseline and 6 weeks.
- RTC were documented and scored using Prochaska and DiClemente modified survey.³
- The association between predictors and BP control was evaluated using logistic regression in univariate and multivariate analysis.

RESULTS

N = 66	%
Participants' Chronic Conditions at Baseline	
Hypertension	90
Diabetes	60
Hyperlipidemia	59
Depression	28
Heart Disease	24
Arthritis	22
Sleep Apnea	10
n = 51	
Demographics	
Mean Age, yr.	58
Females	43
Ethnicity	
White	71
African American	29
Hispanic	0
Other	0
Education	
High School	23
Some College	11
Some Graduate	8
Graduate or More	2
Annual Income < \$25K	65
No Health Insurance	45

- The probability of PB control at the end of the program was 78% for patients (n = 14, reference group) who were younger than 60 years of age and had not received higher education.
- 88% for patients (n = 7, odds ratio [OR] = 2, p = 0.6) younger than 60 years who had received higher education.
- 92% for patients (n = 11, OR = 3.1, p = 0.034) who were older than 60 years and had received higher education
- The probability of BP control was lowest (62%) for patients (n = 8, OR = 0.46, p = 0.3) older than 60 years of age who had not received higher education.
- None of the other factors evaluated impacted PB control.

CONCLUSIONS

- Education higher than high school and age may predict BP control post intervention.
- Race and income were not significant predictors of the BP control.
- No significant associations were found between RTC scores and BP control.

FUTURE RESEARCH

These findings require validation in larger datasets to help design more effective SM intervention programs.

REFERENCES

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