

# Predictors of quality of life one year after stroke or TIA

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The first aim of this study is to determine the QoL of patients one year post-stroke. The second aim of this study is to define the predictors of the QoL one year post-stroke

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Other condition
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON43276

### Source

ToetsingOnline

### Brief title

QoL after stroke/TIA

## Condition

- Other condition

### Synonym

stroke

### Health condition

beroerte of TIA

### Research involving

Human

## Sponsors and support

**Primary sponsor:** OLVG Oost

**Source(s) of monetary or material Support:** Ministerie van OC&W

## Intervention

**Keyword:** predictors, quality of life, stroke, TIA

## Outcome measures

### Primary outcome

Quality of life one year after stroke will be established by means of the total RAND-36 score. Furthermore, it will be checked if the improvement or deterioration of the quality of life can be declared on the basis of the Hospital Anxiety and Depression Scale and mRS score, which have been determined one year post-stroke or TIA by using a multiple linear regression analysis ( $\alpha=0.05$ ). Finally, the predictors of quality of life one year post-stroke will be determined by also using a multiple linear regression analysis ( $\alpha=0.05$ ).

### Secondary outcome

N/A

## Study description

### Background summary

In the Onze Lieve Vrouwe Gasthuis (OLVG) approximately 500 patients visited the hospital or were hospitalized between April 2013 and February 2016 due to a cerebrovascular accident (CVA). When the symptoms (loss of body functions) disappear within 24 hours or within a few days, the patient suffered a TIA or a minor stroke. After a while, however, most patients experience or develop physical limitations, and cognitive or emotional impairments. This is the reason why the OLVG arrange in collaboration with the Beroerte Advies Centrum (BAC) [translation: Stroke Advice Centre] a follow-up meeting. It is important to determine the quality of life of patients who suffered a stroke one year ago, because quality of life is an important aspect of life after suffering a stroke. More insight into the quality of patients one year post-stroke can help to optimise life following stroke. It is also important to define the predictors of quality of life one year post-stroke, because rehabilitation can focus on these predictors resulting into an improved QoL of patients after

stroke.

## **Study objective**

The first aim of this study is to determine the QoL of patients one year post-stroke. The second aim of this study is to define the predictors of the QoL one year post-stroke

## **Study design**

Patients will be asked to fill out 4 questionnaires:

1. RAND-36
2. Hospital Anxiety and Depression Scale (HADS) with a few disease-specific questions added to the questionnaire.
3. Patient Reported Outcome Measurement Information System-10 (PROMIS-10)
4. Additional information questionnaire

Besides, a certified researcher will determine the modified Rankin Scale score of the patients.

## **Study burden and risks**

The burden and risks associated with participation are very slight. The patient will spend in total 55 minutes to complete the questionnaires and to determine the modified Rankin Scale score.

## **Contacts**

### **Public**

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### **Scientific**

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## **Trial sites**

## Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)

Elderly (65 years and older)

### Inclusion criteria

Patients who suffered a stroke or TIA one year ago ( $\pm 2$  months), came to the follow-up hospital visit arranged by the Onze Lieve Vrouwe Gasthuis and Beroerte Advies Centrum, completed the Hospital Anxiety and Depression Scale and/or RAND-36 and of whom a modified Rankin Scale score is determined.

### Exclusion criteria

Patients younger than 18 years old, with severe residual symptoms, with dementia, severe behavioral impairments and do not understand the Dutch language.

## Study design

### Design

**Study type:** Observational non invasive

Masking: Open (masking not used)

Control: Uncontrolled

Primary purpose: Health services research

### Recruitment

NL

Recruitment status: Recruitment stopped

Start date (anticipated): 31-10-2016

Enrollment: 130

Type:

Actual

## Ethics review

Approved WMO

Date:

21-07-2016

Application type:

First submission

Review commission:

MEC-U: Medical Research Ethics Committees United  
(Nieuwegein)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

**Register**

CCMO

**ID**

NL57074.100.16