In patients with stroke, does training caregivers in basic nursing tasks and facilitation of personal care techniques improve patient and caregiver outcomes and reduce costs?

**MAIN RESULTS**

At 12 months, patients in the caregiver training group had improved mood and quality of life (table), but did not differ from the usual care group for mortality, institutionalisation, or function. Caregivers in the training group had improved mood and quality of life and reduced burden of care compared with the usual care group (table). The interventions in the study by Kalra et al appear to match the 5 main needs and concerns of caregivers identified by Bakas et al: information, emotions and behaviours, physical care, instrumental care, and personal responses to caregiving. Although the improvements in mood and quality of life in both patients and caregivers in the training group are notable, it is perhaps unsurprising that the groups did not differ for caregiver function. Mean costs of care over 1 year were lower in the training group than in the usual care group (table).

**CONCLUSION**

Training informal caregivers of patients with stroke improved patient and caregiver mood and quality of life and reduced costs but did not affect patient mortality, institutionalisation, or functioning.

A modified version of this abstract appears in ACP Journal Club.

### Table: Caregiver Training vs Usual Care for Patients with Stroke and their Caregivers

<table>
<thead>
<tr>
<th>Outcomes at 12 months</th>
<th>Caregiver Training vs Usual Care*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Patients</td>
</tr>
<tr>
<td>Median anxiety scores (HAD)</td>
<td>3 v 4.5</td>
</tr>
<tr>
<td>Median depression scores (HAD)</td>
<td>3 v 4</td>
</tr>
<tr>
<td>Median quality of life scores</td>
<td>65 v 60</td>
</tr>
<tr>
<td>EuroQol index</td>
<td>Caregiver Burden Scale</td>
</tr>
<tr>
<td>Burden of care (CBS)</td>
<td>£10 133 v £13 794</td>
</tr>
</tbody>
</table>

*Information provided by author.

### Commentary

Han and Haley previously highlighted the lack of research into how best to support informal carers of stroke patients. The inclusion of the caregiver role within the Royal College of Physicians Intercollegiate Guidelines for Stroke reinforced the need to formally support caregivers; this element is likely to be strengthened in the second edition due to be published in July 2004.

The interventions in the study by Kalra et al appear to match the 5 main needs and concerns of caregivers identified by Bakas et al: information, emotions and behaviours, physical care, instrumental care, and personal responses to caregiving. Although the improvements in mood and quality of life in both patients and caregivers in the training group are notable, it is perhaps unsurprising that the groups did not differ for caregiver function, institutionalisation, or function. Caregivers received a total input of 1.5–3.75 hours across approximately 10 aspects of stroke care. Although this may be sufficient to promote psychological and social wellbeing in both caregivers and patients, it might be ambitious to assume that such input would affect more physical outcomes.

The study findings clearly show a positive effect of caregiver training on the ability of caregivers to cope with long term caring. Practitioners should be encouraged to develop similarly organised training programmes.

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