Community dwelling person’s perspective on functioning after stroke

-Applying Comprehensive International Classification of Functioning Disability and Health (ICF) Core Set for stroke

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Abstract
Stroke is the second most common cause of death worldwide and the most common cause of long-term disability in adults. Disability following stroke results from the interaction between persons with impairments and environmental barriers that hinder full participation in society. The International Classification of Functioning, Disability and Health (ICF) is intended to standardize the assessment of functioning of individuals in everyday life. To facilitate the use of the ICF in clinical practice purpose specific category-lists as Comprehensive ICF Core Sets for stroke were developed. The overall aim of this research project was to explore if the Comprehensive ICF Core Set for Stroke could serve as a basis for understanding the person with previous stroke perspective on functioning problems in daily activities. The face validity of the Comprehensive ICF Core Set for stroke was explored in study I and II by individual interviews in two different environments (in Sweden and in Finland). In study III the construct validity of the Comprehensive ICF Core Set for stroke was explored by the distribution of patient-reported item scores from the Stoke Impact Scale with respect to the ICF category scores linked to SIS items assessed by health-professionals. In study IV the influence of personal factors (PF) age, gender, place of residence and time since onset of stroke on self-perceived functioning was explored using the Comprehensive ICF Core Set for stroke as a framework. A total of 357 community-dwelling persons (45 % women) with previous stroke participated in studies I to IV. The face validity of the Comprehensive ICF Core Set for stroke was largely confirmed in study I and II. The construct validity of most of the ICF categories linked to SIS items was supported by the findings. The health professionals did not capture the magnitude of patient-reported emotional or social participation problems among the participants in study III. The selected personal factors had statistically significant predictive values for almost all the categories, domains and components of functioning and environmental factors examined. Conclusion: The results support the assumption that the categories included in the Comprehensive ICF Core Set for stroke represent the typical spectrum of functioning problems among people with previous stroke.

In conclusion, the use of the Comprehensive ICF Core Set for stroke can provide a wider perspective of and a systematic coding system for understanding the needs of persons with previous stroke and has the potential to be used in the development of measures used in the assessment of stroke related functioning problems and stroke rehabilitation ultimately leading to better person centred care and outcomes.

Keywords: Stroke, ICF, Core Set, person perspective, validation.