

P61. Stroke-Related Services in Trinidad and Tobago: The Voices of the Patients and Their Caregivers

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INTRODUCTION

Stroke is a major health challenge that places a significant burden not only on the patients, but their families and the health care system. Stroke, is the third leading cause of death in Trinidad and Tobago and is a major cause of disability. The consequences of strokes can be catastrophic and irreversible. Stroke survivors and their family caregivers struggle to navigate local health and social support systems. The fragmented health system within Trinidad and Tobago can be problematic as individuals are left to their own devices to navigate the available resources recommended by providers to access information and the range of services required.

RESEARCH OBJECTIVE

To examine the needs of stroke survivors and their caregivers by investigating the range of, access to, and utilization of stroke-related services in Trinidad.

METHODS

To develop a comprehensive understanding of the health care industry and what exists for stroke survivors and their families as it pertains to treatment, rehabilitation and social support services, face-to-face interviews with 30 medical professionals across varying specialties were conducted.

13% of the respondents were neurologists, 20% were occupational therapists and the remaining 67% consisted of specialists within the field of rehabilitative medicine and allied health care professionals that also treat stroke patients.

36 stroke patients completed interviewer-administered questionnaires covering impairment, stroke support services accessed/needed, and demographics. 35 family members who care for stroke patients took part in 7 focus group sessions to evaluate stroke support needs and priorities from their perspective. All respondents were over age 18 and had at least 3 months of experience as patient or caregiver. Responses from stroke patients were triangulated with those of the caregivers and medical professionals.

Ethical approval was granted by The University of the West Indies St. Augustine, Campus Research Ethics Committee. Participation was voluntary and an informed consent form was presented and explained in detail to each participant. All participants signed the consent form and were made aware of their ability to withdraw at any time and without giving reason. Confidentiality of the participants was maintained during the study.

RESULTS

The major services for stroke prevention and treatment in Trinidad and Tobago are presented in Figure 1.

From the questionnaire, the majority of patients were female (94%), with 56% never having accessed a stroke support group. 9% of the sample accessed occupational and speech therapy, and 3% accessed dietetic services. 43% of the patients had not accessed any rehabilitative or support services, private or public.

The most commonly reported stroke impairments were speech/language (56.6%), motor (50%), cognitive (46.6%), physical (43.3%) and depression (43.3%).

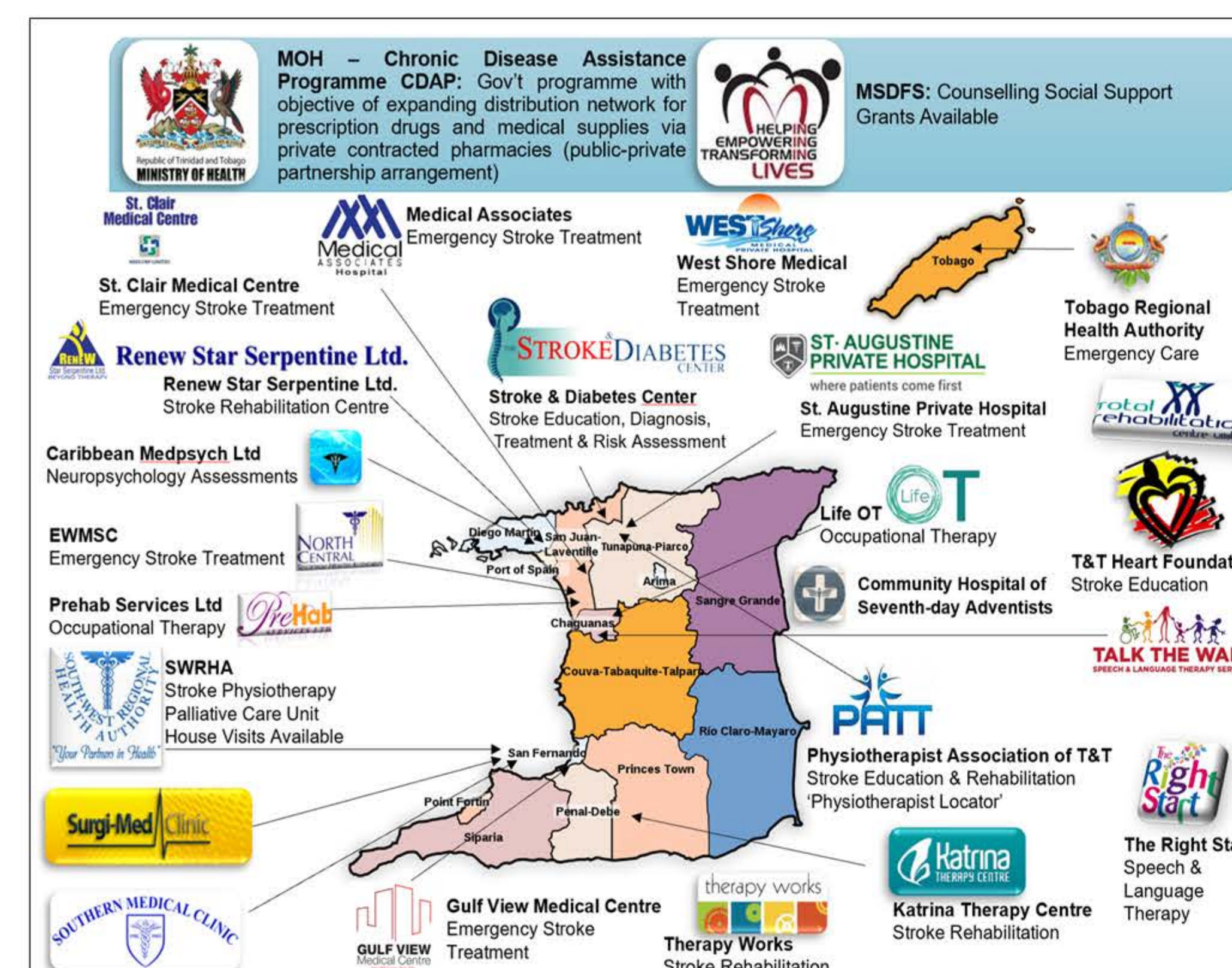


Figure 1. Map of Public and Private sector stroke-related services available in Trinidad and Tobago.

Medical Professional interviews showed, physical and motor impairments as the two most prevalent, followed by depression, speech/language impairments and fatigue. From the qualitative responses, urologic dysfunction, bladder and bowel incontinence, sexual dysfunction, swallowing difficulties and sensory impairments were some of the other impairments noted in stroke patients.

Physical (63.3%) and occupational therapy (60%) were rated as the most needed services followed by specially designed daily living aids (53.3%), counselling (53.3%), mobility aids (50%), peer support sessions (46.7%), speech therapy (40%) and neuropsychological assessments (33.3%).

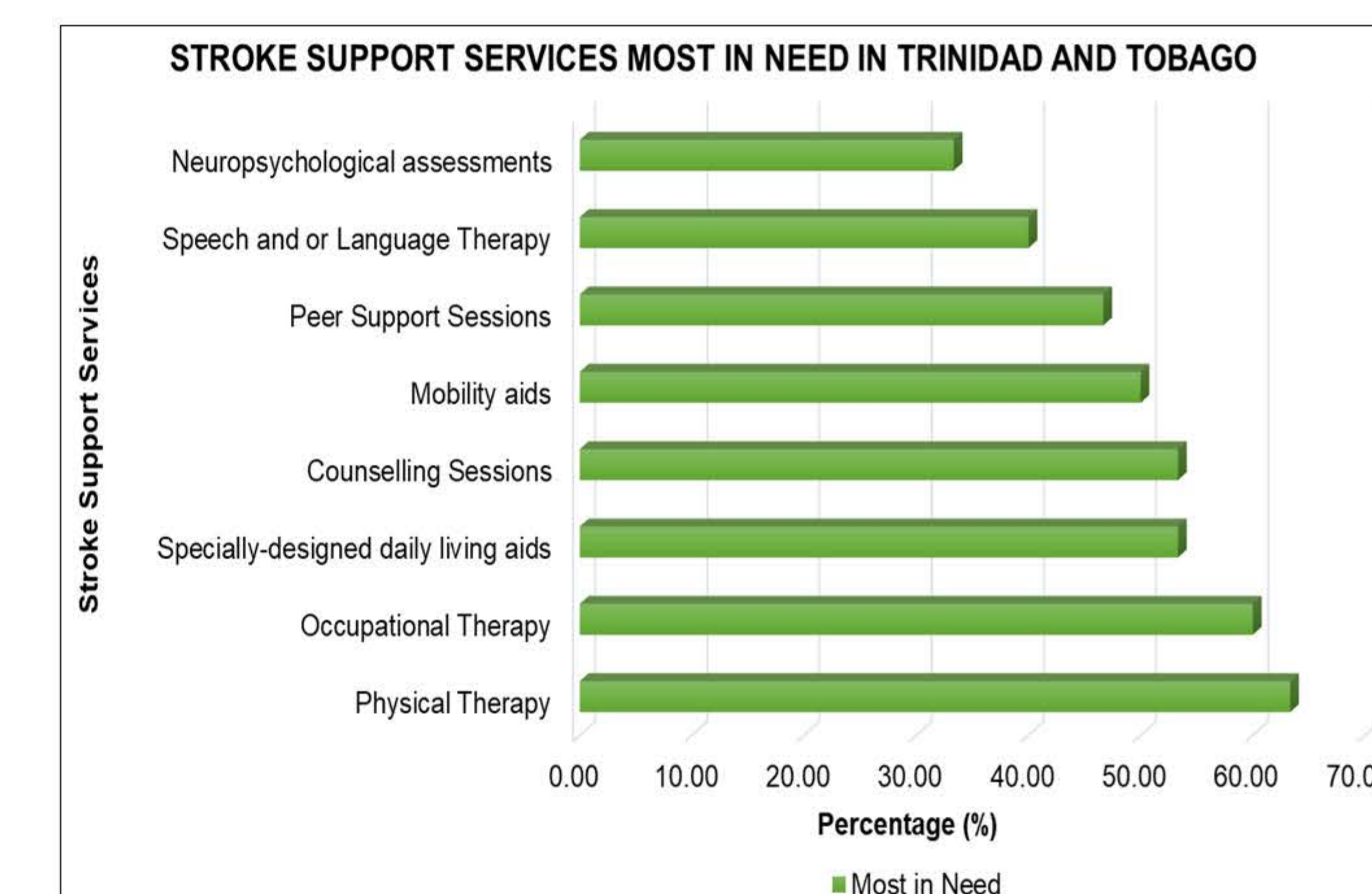


Figure 2. Stroke Support Services Most in Need in Trinidad and Tobago.

Focus Group sessions highlighted that physiotherapy (17%) was the most accessed service, but public sector access was sporadic with 90% of patients not reporting timely utilization. 77% of caregivers reported that they did not have enough social support. 43% were unaware of any local stroke support group and 34% stated they would have liked to attend a stroke support group to help them transition and cope with the changes of caring for a stroke afflicted family member.

CONCLUSION

There was little evidence of coordinated multidisciplinary management. Unmet needs were most severe in information support, physiotherapy, speech and language therapy, occupational therapy, neuropsychology assessments, and counselling. Reconfiguring the provision of stroke-related and social support services can improve health and rehabilitation outcomes.

REFERENCE

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