FINE-ST: Frailty and inequality in stroke

Submission date	Recruitment status	Prospectively registered		
28/06/2021	No longer recruiting	[X] Protocol		
Registration date	Overall study status	Statistical analysis plan		
21/03/2022	Completed Condition category	Results		
Last Edited		Individual participant data		
21/03/2022	Nervous System Diseases	Record updated in last year		

Plain English summary of protocol

Background and study aims

Stroke is the commonest cause of neurological disability and death in the UK (>100,000 per year). The majority of strokes occur in the older generation (58% aged >70 years), whilst over one third (38%) occur in middle-aged adults.

Risk of TIA and stroke are increased in the older population, both age and frailty negatively impacting on outcomes. However, the influence of frailty on stroke outcomes (including physical function and cognition) is not well understood. Second, the association between death from cardiovascular disease (including stroke) and health inequality is also stark with greater inequality associated with worse outcomes from heart attacks and strokes. It is therefore important to understand how diversity and inequality across the region relate specifically to mini-strokes (transient ischaemic attack, TIA) and strokes.

We therefore plan to identify patients assessed through the rapid access TIA clinics and stroke units in the East Midlands with the aim to explore the relationships between frailty, comorbidity, health inequality and clinical outcomes. This information will help inform future trial design in the frail elderly population with stroke, and enable us to tailor more appropriate, potentially cost saving approaches to treatment.

Who can participate?

Patients aged over 40 years, who have had a stroke in the past 3 years

What does the study involve?

The study simply collects information through administration of a questionnaire at two time points (baseline and 90 days later) in two groups (within 6 weeks of the TIA/stroke; and >6 weeks of the TIA/stroke). The questionnaire at baseline is administered either face-to-face whilst in hospital, or sent via the post if the participant is at home. The questions asked 90 days later will be performed over the telephone.

What are the possible benefits and risks of participating? None

Where is the study run from? University of Nottingham (UK)

When is the study starting and how long is it expected to run for? November 2019 to December 2021

Who is funding the study? National Institute for Health Research CRN East Midlands (UK)

Who is the main contact?

Dr Tim England, timothy.england@nottingham.ac.uk

Diane Harvard, diane.havard@nottingham.ac.uk

Contact information

Type(s)

Scientific

Contact name

Dr Tim England

ORCID ID

http://orcid.org/0000-0001-5330-8584

Contact details

Stroke Trials Unit
Division of Mental Health and Clinical Neuroscience
School of Medicine
Faculty of Medicine & Health Sciences
University of Nottingham
Royal Derby Hospital Centre
Uttoxeter Road
Derby
United Kingdom
DE22 3DT
+44 (0)1332 724668
timothy.england@nottingham.ac.uk

Type(s)

Public

Contact name

Mrs Diane Havard

Contact details

Stroke Trials Unit
Queen's Medical Centre
University of Nottingham
Nottingham
United Kingdom
NG7 2UH
+44 (0)115 8231775
diane.havard@nottingham.ac.uk

Additional identifiers

EudraCT/CTIS number

Nil known

IRAS number

273619

ClinicalTrials.gov number

Nil known

Secondary identifying numbers

IRAS 273619, CPMS 44689

Study information

Scientific Title

Frailty, Inequality and Co-morbidity: a cohort study in TIA and Stroke

Acronym

FINE-ST

Study objectives

Frailty, co-morbidity and health inequality negatively impact stroke outcomes. Understanding the relationship between frailty, multi-morbidity, inequality and outcome will inform the design of trials for current and future health care interventions in an ageing stroke population.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approved 18/03/2020, HRA and Health and Care Research Wales (HCRW) (Health and Care Research Wales, Castlebridge 4, 15-19 Cowbridge Road East, Cardiff, CF11 9AB, UK; +44 (0)2920 785738; Wales.REC1@wales.nhs.uk), ref: 20/WA/0039

Study design

Multi-centre pilot prospective population based longitudinal cohort study

Primary study design

Observational

Secondary study design

Cohort study

Study setting(s)

Hospital

Study type(s)

Other

Participant information sheet

Not available in web format, please use contact details to request a participant information sheet.

Health condition(s) or problem(s) studied

To initiate a stroke cohort to inform the relationship between frailty, multi-morbidity, socioeconomic status and clinical outcome in TIA and stroke.

Interventions

The study simply collects information through administration of a questionnaire at two time points (baseline and 90 days later) in two groups (within 6 weeks of the TIA/stroke; and >6 weeks of the TIA/stroke). The questionnaire at baseline is administered either face-to-face whilst in hospital, or sent via the post if the participant is at home. The questions asked 90 days later will be performed over the telephone.

Intervention Type

Other

Primary outcome measure

- 1. Frailty will be measured using the CFS, PRISMA 7 and FI-GCA at baseline and day 90.
- 2. Functional outcome will be measured using the MRS at baseline and day 90.

Secondary outcome measures

- 1. Frailty will be measured using the CFS, PRISMA 7 and FI-GCA at baseline and day 90.
- 2. Disability will be measured using the Barthel Index (BI) at baseline and day 90.
- 3. Dysphagia will be measured using the Dysphagia Severity Rating Scale (DSRS) at baseline and day 90
- 4. Cognition will be measured using the Montreal Cognitive Assessment (MoCA) and Telephone Mini Mental State Examination (t-MMSE) at baseline and day 90
- 5. Mood will be measured using the Geriatric Depression Scale (GDS) and Zung Depression Scale (ZDS) at baseline and day 90.
- 6. Inequality will be measured using the English Indices of Deprivation scale at baseline and day
- 7. Fatigue will be measured using the Fatigue Assessment Scale (FAS) at baseline and day 90.
- 8. Co-morbidity will be measured using the Charleston Co-morbidity Index (CCI) at baseline.

Overall study start date

28/11/2019

Completion date

31/12/2021

Eligibility

Key inclusion criteria

- 1. TIA, ischaemic or haemorrhagic stroke in the last: 6 weeks (subacute group), or 6 weeks to 3 years (chronic group)
- 2. Age >40 years
- 3. Written consent from participant or proxy

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

200

Key exclusion criteria

- 1. Probable stroke mimic (e.g. migraine, functional neurology, brain tumour)
- 2. Life expectancy < 3 months
- 3. Not expected to complete follow up at day 90 (e.g. homeless, out-of-area)
- 4. Level of consciousness prohibits engagement in baseline measures

Date of first enrolment

17/09/2020

Date of final enrolment

31/12/2021

Locations

Countries of recruitment

England

United Kingdom

Study participating centre

Roval Derby Hospital

University Hospitals of Derby and Burton NHS Foundation Trust Uttoxeter Road Derby United Kingdom **DE22 3NE**

Study participating centre **Nottingham City Hospital**

Nottingham University Hospitals NHS Trust Stroke Services **Hucknall Road** Nottingham United Kingdom NG5 1PB

Sponsor information

Organisation

University of Nottingham

Sponsor details

Research and Innovation
University of Nottingham
East Atrium
Jubilee Conference Centre
Triumph Road
Nottingham
England
United Kingdom
NG7 2RD
+44 (0)1158467906
sponsor@nottingham.ac.uk

Sponsor type

University/education

Website

http://www.nottingham.ac.uk/

ROR

https://ror.org/01ee9ar58

Funder(s)

Funder type

Government

Funder Name

NIHR CRN East Midlands

Results and Publications

Publication and dissemination plan

Planned publication in a peer-reviewed journal.

Intention to publish date

31/12/2022

Individual participant data (IPD) sharing plan

All data generated or analysed during this study will be included in the subsequent results publication.

IPD sharing plan summary

Other

Study outputs

Output type	Details version 1.0	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol file		28/11/2019	09/09/2021	No	No
HRA research summary			28/06/2023	No	No