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MAESTRO: Multidisciplinary Aftercare for Elderly with STROke

Submission date 19/03/2010	**Recruitment status** No longer recruiting	[_] Prospectively registered [X] Protocol [_] Statistical analysis plan [X] Results [_] Individual participant data
Registration date 18/05/2010	**Overall study status** Completed	
Last Edited 25/02/2021	**Condition category** Circulatory System	

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers
313070301

Study information

Scientific Title
Effects of a patient-tailored multidisciplinary aftercare programme for elderly people discharged after rehabilitation in a nursing home: A multicentre randomised controlled trial

Acronym
MAESTRO

Study objectives
The following principal research questions will be answered in the effect evaluation:
1. Can the transmural integrated care programme improve elderly stroke patients ability to live independently, functioning, social participation, perceived quality of life, and care and treatment burden, as compared to usual care?
2. Can the transmural integrated care programme reduce caregiver strain as compared to usual care?

Ethics approval required
Old ethics approval format

Ethics approval(s)
Ethical approval will be requested within a month

Study design
Multicentre 2 arm interventional randomised controlled parallel group trial

Primary study design
Interventional

Secondary study design
Randomised controlled trial

Study setting(s)
Other

Study type(s)
Treatment

Participant information sheet
Not available in web format, please use contact details below to request a patient information sheet

Health condition(s) or problem(s) studied
Rehabilitation and aftercare after stroke

Interventions
Patients randomised to the intervention group will participate in a new Transmural Integrated Care (TIC) programme delivered by a multidisciplinary team of primary and tertiary (nursing home) care practitioners. This team will include a nursing home physician and a GP, as well as a physiotherapist, an occupational therapist, a speech therapist, a social worker, a dietician, a

psychologist and a care coordinator. The programme is aimed at both patients and their informal caregivers.
The TIC programme will start directly after it is decided that a patient can be discharged to return home. An individual treatment plan will facilitate the transition from in- to outpatient rehabilitation care and guide further home-based rehabilitation. Inpatients goals for treatment will be continued during home-based rehabilitation. The TIC programme consists of two parts: a transition and reintegration phase.
This first part of the TIC programme will start during the patients stay in the nursing home and will continue at home after discharge. In this period the patient will make the transition form nursing home to living in the community. Therefore this part of the programme will partly take place in the nursing home and partly in the patients' home. An individual discharge plan will be set up at the nursing home, directly after it is decided that the patient will be discharged to return home. It will include all activities needed to ensure further care and treatment, as well as activities to facilitate procedures for necessary home adaptations and assisting devices. The multidimensional health problems as a result of stroke, which can have major implications for patients functioning in terms of locomotion, communication, cognition and emotional condition, require care delivered in an individually planned rehabilitation programme. The main treatment aim in this part of the TIC programme will be to improve patients daily functioning and stimulate them to live independently at home. During training, the focus will be on (re)learning the abilities needed for individual patients to function independently in their home environments. The patient is offered a training which even during the patients stay in the nursing home will be partly performed in the patients home. This unique possibility to practice in the context of patients own environments will facilitate their return. An additional treatment goal in this first part of the TIC programme is to prepare patients partner or other person for their role as caregivers. The transition part will take on average 1.5 months The reintegration part of the programme starts directly after the transition part. During this part of the TIC programme, in which possibilities for further functional progress are limited, the accent of treatment will switch to learning to cope with residual impairments as a result of stroke. Both patients and caregivers will be trained in improving their coping strategies and empowerment techniques based on self-management principles. The main aim of treatment is to improve the performance of daily activities and participation in society.
Education and patient support will form an important part of the programme. In cooperation with the patient organisation, an information course will be organised consisting of five meetings. The course will focus on consequences of stroke, perceived problems in living independently and returning to society, and the new role of the partner as caregiver.
Throughout the programme, goal attainment scaling will be used for goal setting during treatment. Goal attainment scaling appeared to be an appropriate method as a guide for rehabilitation treatment for elderly people. Treatment progress will be evaluated through regular team meetings. To facilitate the TIC programme an electronic dossier will be used. The reintegration part will take on average 3.5 months. The mean duration of the program will be on average 5 months.

Patients randomised to the control group will receive usual care.

The total duration of follow up will be 12 months

Intervention Type
Other

Phase
Not Applicable

Primary outcome measure
1. Patients:
1.1. Daily activity, measured using the Frenchay Activity Index questionnaire
1.2. Level of functioning, measured using the Katz-15 questionnaire
1.3. Perceived quality of life, measured using the Stroke Specific Quality of Life Questionnaire
1.4. Participation, measured using the Impact on Participation and Autonomy questionnaire
2. Informal caregivers:
2.1. Objective informal caregivers' care load, measured using the Erasmus iBMG questionnaire
2.2. Perceived informal caregivers' care load, measured using the Self-Rated Burden Visual Analogue Scale and the Carer Quality Of Life questionnaire
2.3. Perceived quality of life, measured using the RAND-36 questionnaire
2.4. Perceived health, measured using the RAND-36 questionnaire
All outcomes will be measured at baseline, 6 months and 12 months

Secondary outcome measures
Patients:
1. Perceived health
2. Mental wellbeing
3. Social functioning
All outcomes measured at baseline, 6 months and 12 months using the RAND-36 questionnaire

Overall study start date
01/05/2010

Completion date
31/12/2012

Eligibility

Key inclusion criteria
1. Admitted to a stroke unit
2. Aged 65 or older

Participant type(s)
Patient

Age group
Senior

Sex
Both

Target number of participants
256; 128 patients per group

Total final enrolment
92

Key exclusion criteria
Unable to give informed consent

Date of first enrolment
01/05/2010

Date of final enrolment
31/12/2012

Locations

Countries of recruitment
Netherlands

Study participating centre
Universiteitssingel 40
Maastricht
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Sponsor information

Organisation
Netherlands Organisation for Health Research and Development (ZonMw) (Netherlands)

Sponsor details
Laan van Nieuw Oost-Indië 334
Den Haag
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2593 CE

Sponsor type
Government

Website
http://ww.zonmw.nl

ROR
https://ror.org/01yaj9a77

Funder(s)

Funder type
Government

Funder Name
Netherlands Organisation for Health Research and Development (ZonMw) (Netherlands) - (grant number: 313070301)

Alternative Name(s)
Netherlands Organisation for Health Research and Development

Funding Body Type
Private sector organisation

Funding Body Subtype
Other non-profit organizations

Location
Netherlands

Results and Publications

Publication and dissemination plan
Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Protocol article	protocol	31/12/2012		Yes	No
Results article	results	23/01/2020	27/01/2020	Yes	No
Results article	results	23/02/2021	25/02/2021	Yes	No