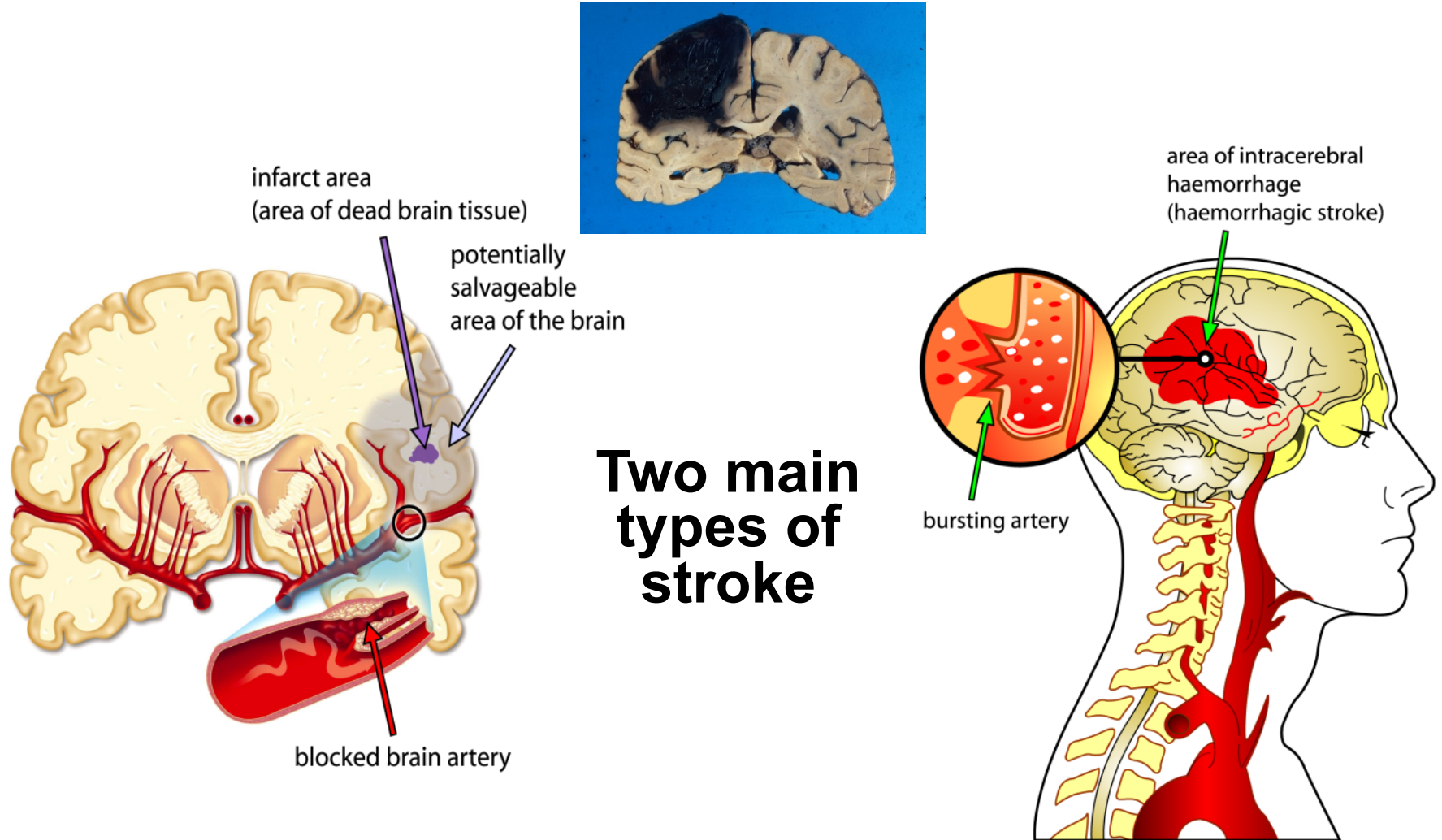


Health and Wellness Coaching for Primary Stroke and CVD Prevention: an RCT

Valery Feigin, Alan Barber, Elaine Rush, Rita Krishnamurthi,
Bruce Arroll, Suzanne Barker-Collo, Alain Vandal, Priya Parmar,
Hinemoa Elder, Alice Theadom, Paul Brown

Wellington, August 2015

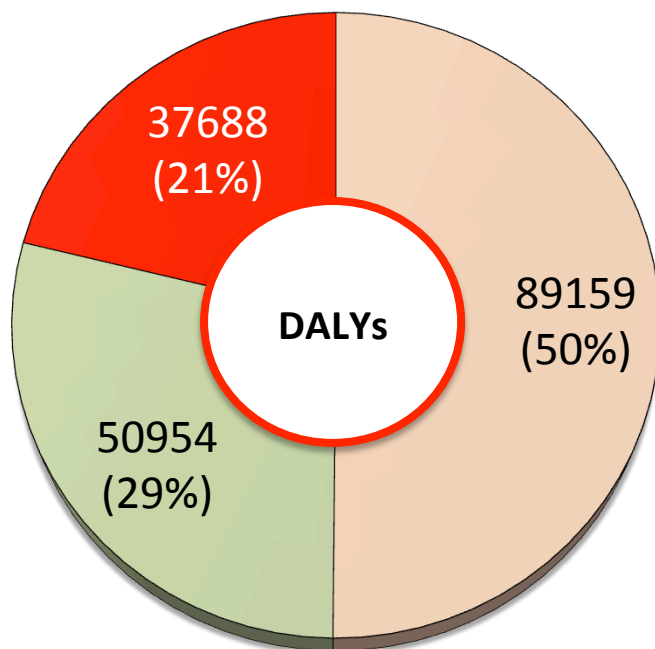
Stroke is one of the most common and fearful disorders



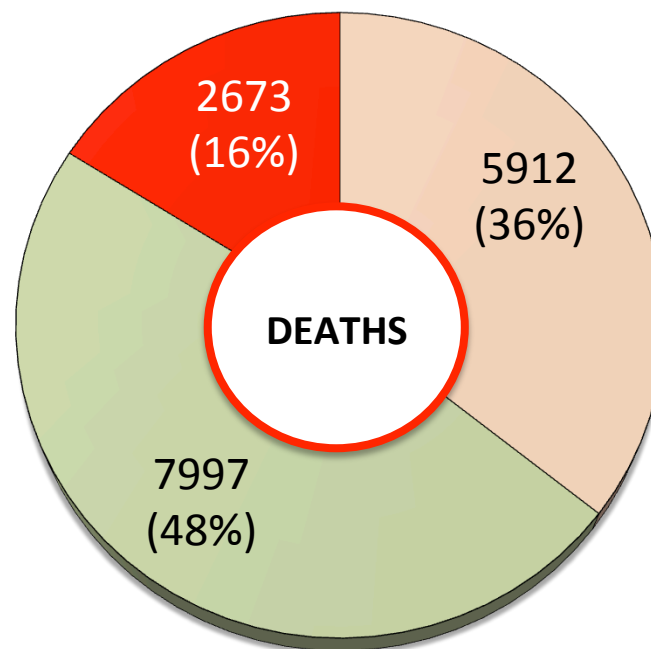
Number 3 disabler and cause of deaths in NZ *

*Ministry of Health 2009, 2013

- Ischaemic Heart Disease
- Anxiety/depression
- STROKE



- Ischaemic Heart Disease
- Cancer
- STROKE



Direct costs of **\$700M** in 2015

STROKE PANDEMIC

Dramatic increase in global stroke burden over the last 30 years

| Absolute numbers per year | Global (in millions) | |
|---------------------------|----------------------|-------|
| | 1990 | 2010 |
| Incident strokes | 10.0 | 16.9 |
| Prevalent strokes | 17.9 | 33.0 |
| Fatal strokes | 4.7 | 5.9 |
| DALYs lost | 86.0 | 102.2 |

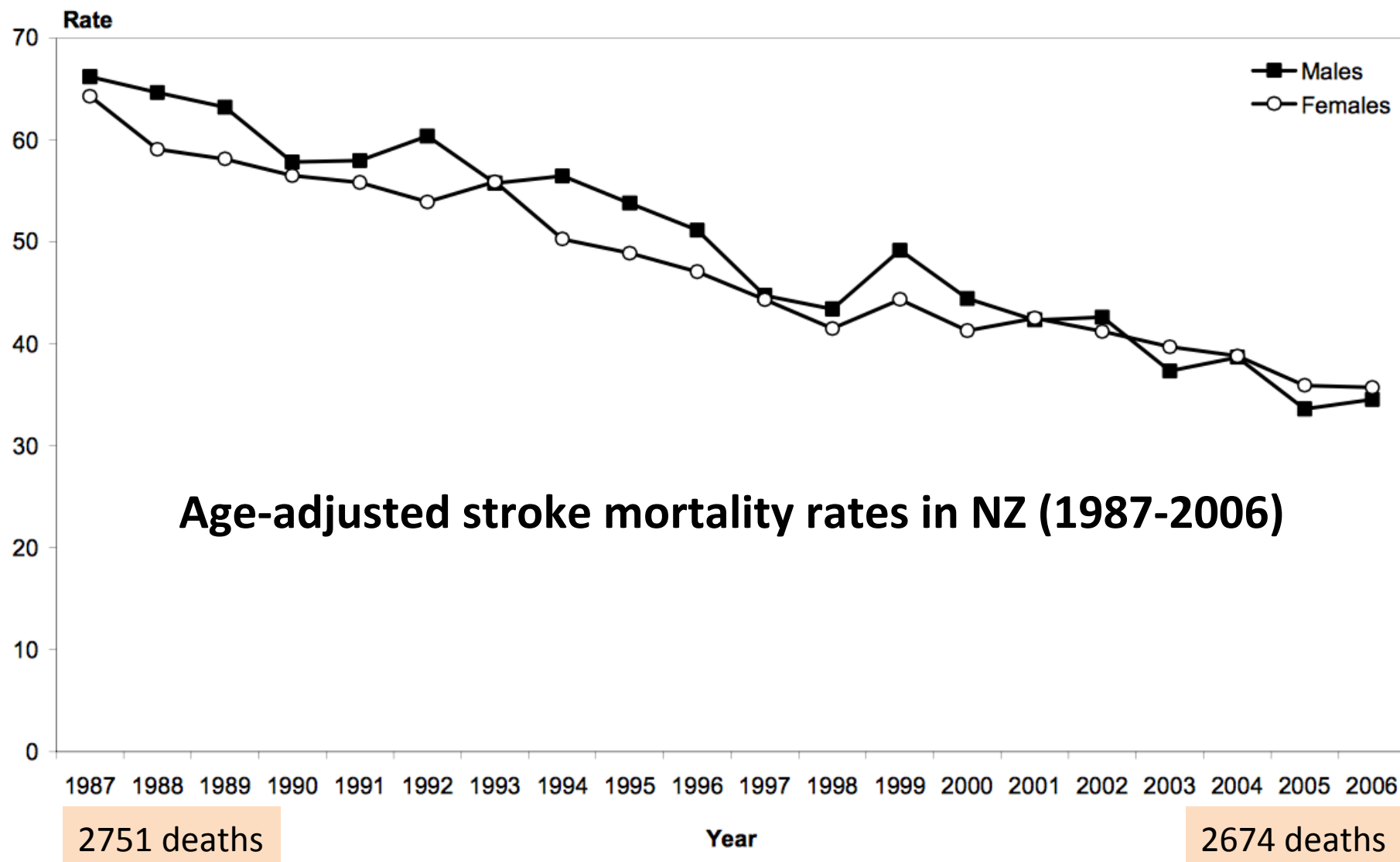
Worldwide stroke epidemic continues to increase

1990-2010

↑ 25% of strokes in people 20-64 years

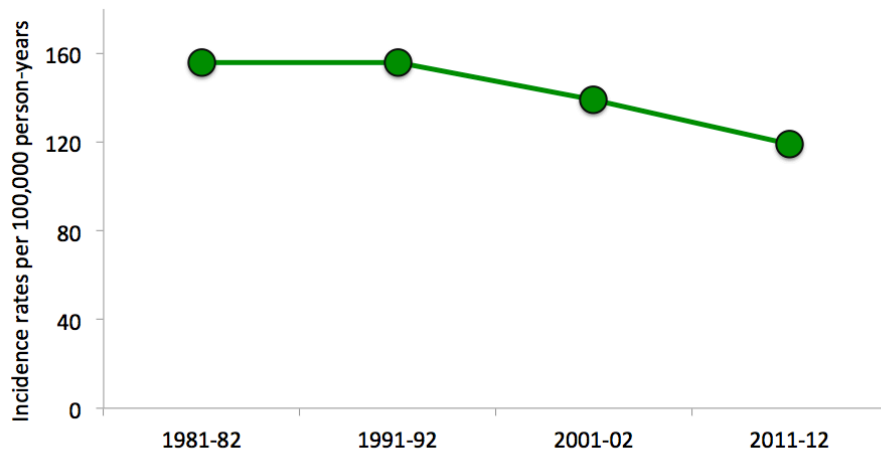
>60% of all strokes occur in people
younger than 75 years

How is NZ doing in regards to stroke?



Stroke incidence and prevalence in NZ (1981-2012)

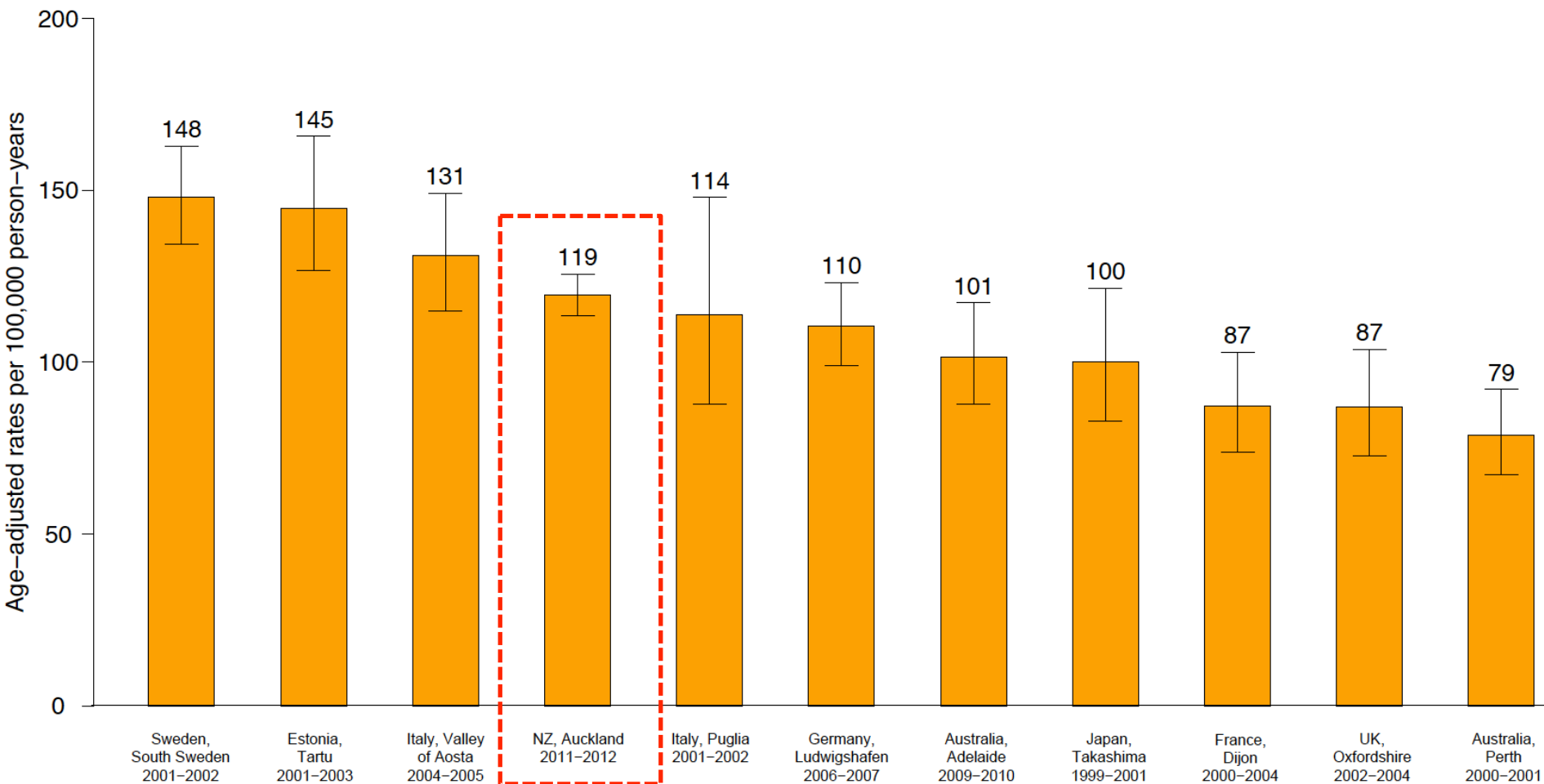
Age-adjusted stroke incidence rate per 100,000 people per year in NZ (1981-2012)



Absolute number of stroke survivors in NZ (1981-2012)

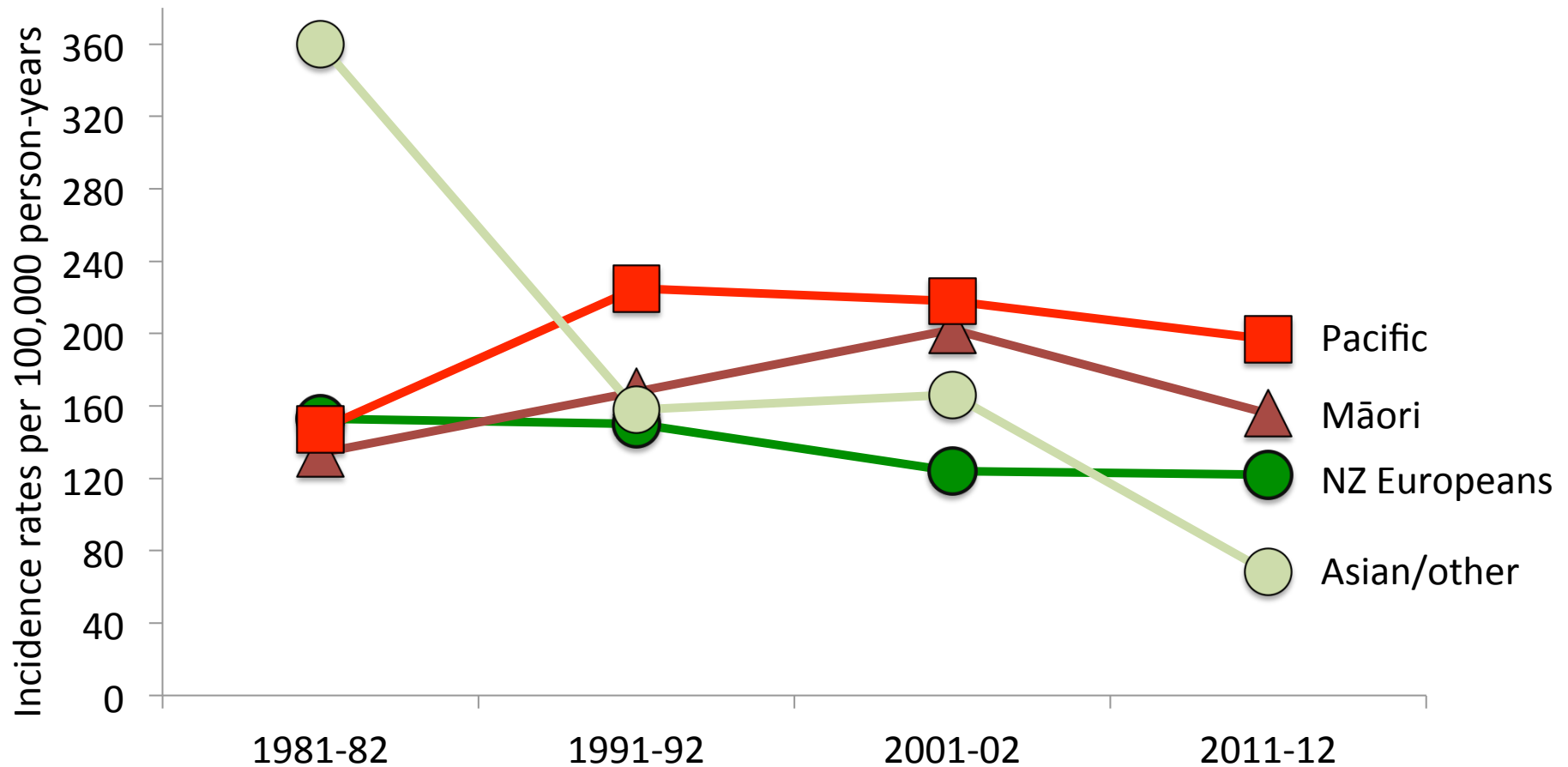


Age-adjusted stroke incidence rates per 100,000 person-years in developed countries in 2000-2012

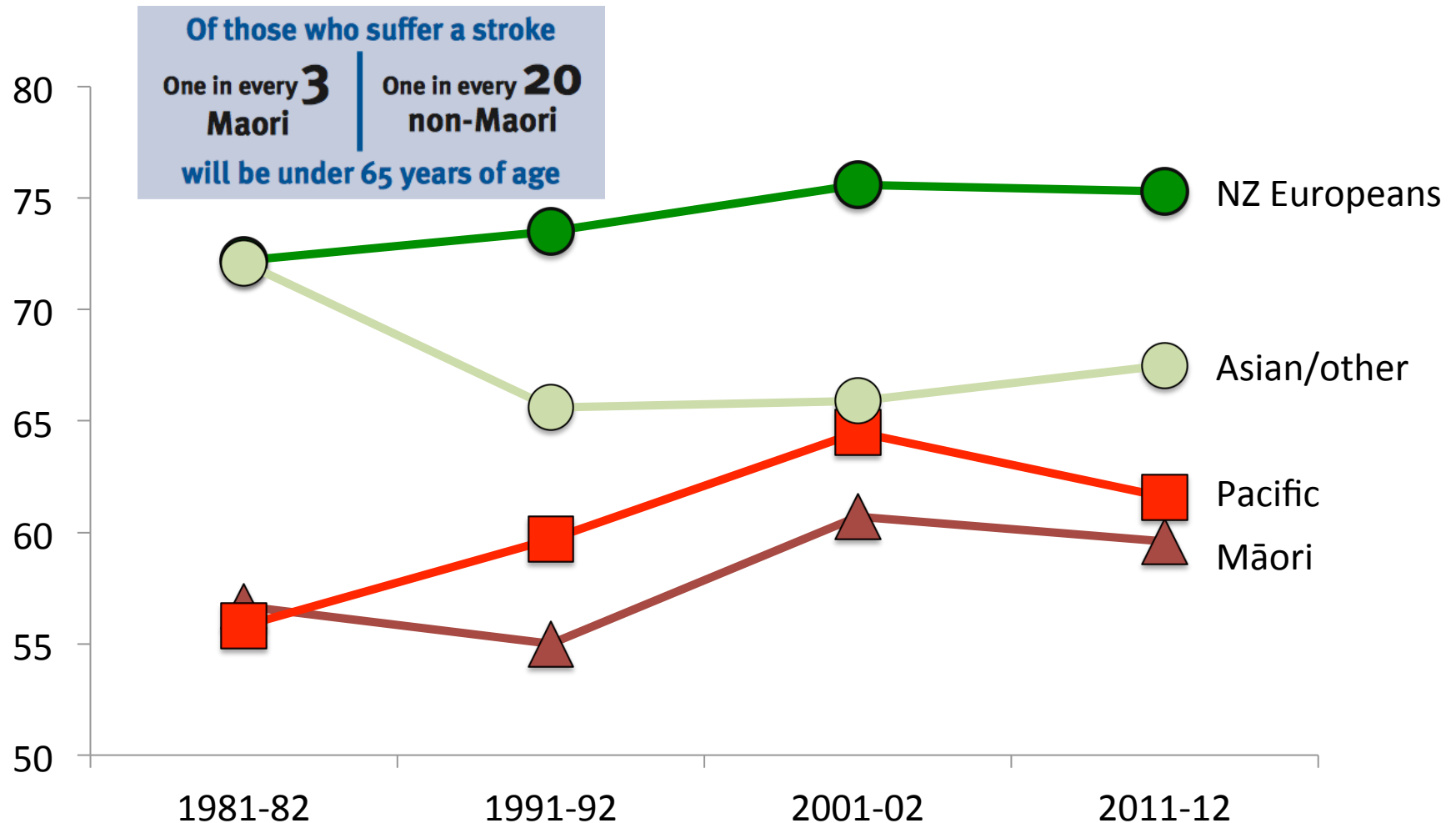


Age-standardised rates were derived by the direct method with WHO 'world' population as the reference

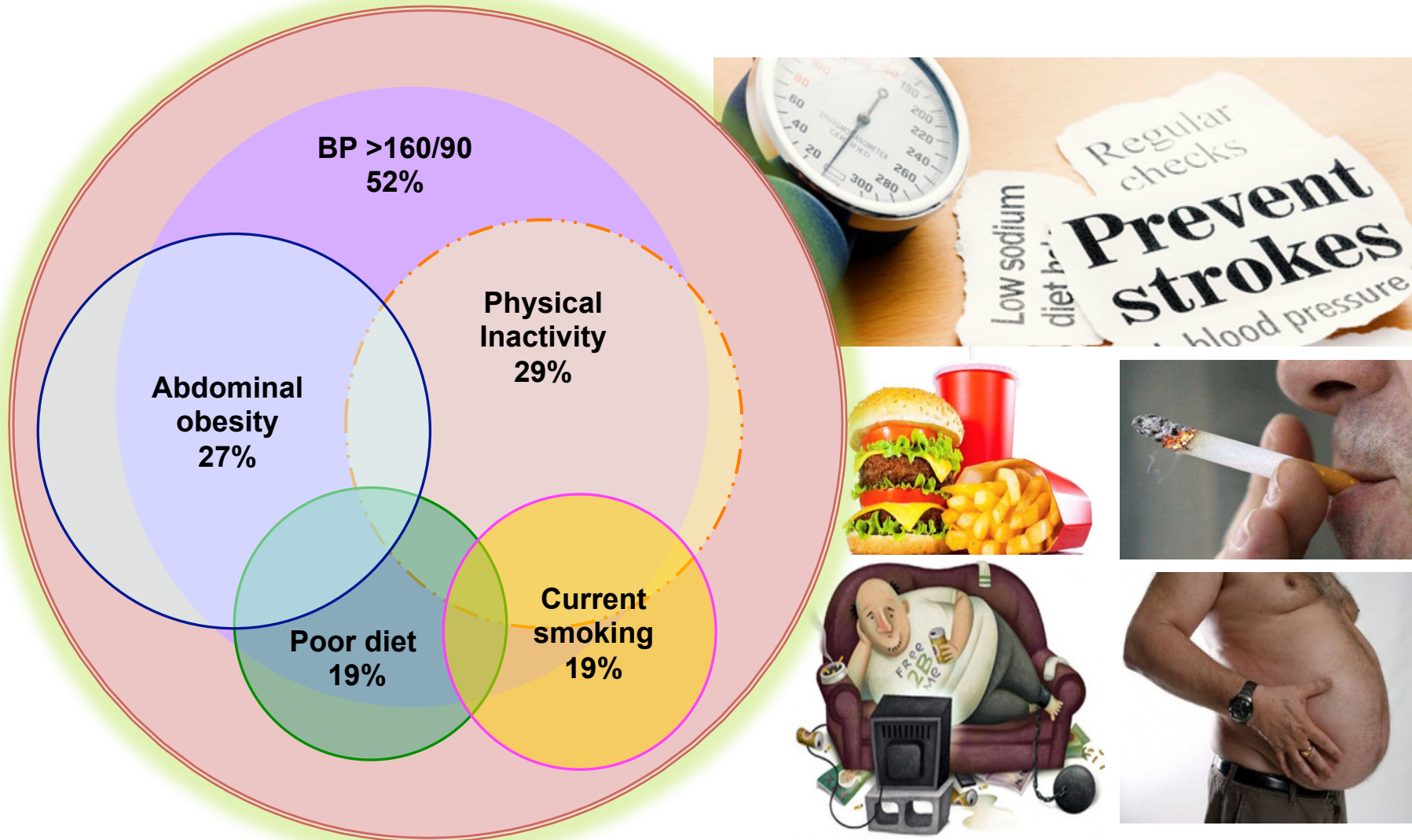
Age-adjusted stroke incidence rate per 100,000 people per year in NZ by ethnicity (1981-2012)



Trends in the mean age of people affected by stroke in NZ by ethnicity (1981-2012)



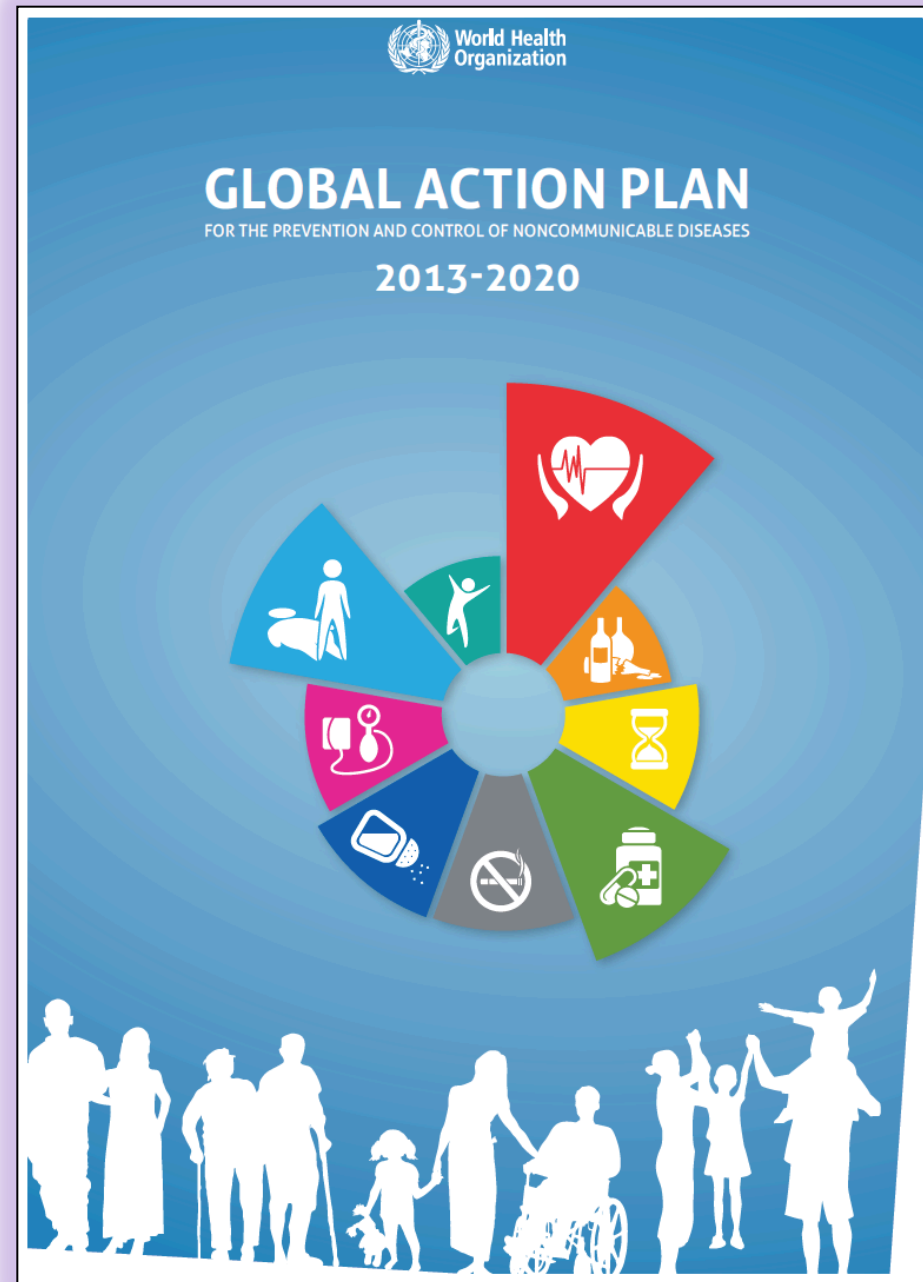
Stroke is highly preventable



Primary stroke prevention as the only solution to halt and reverse stroke pandemic

UN resolution (2011):

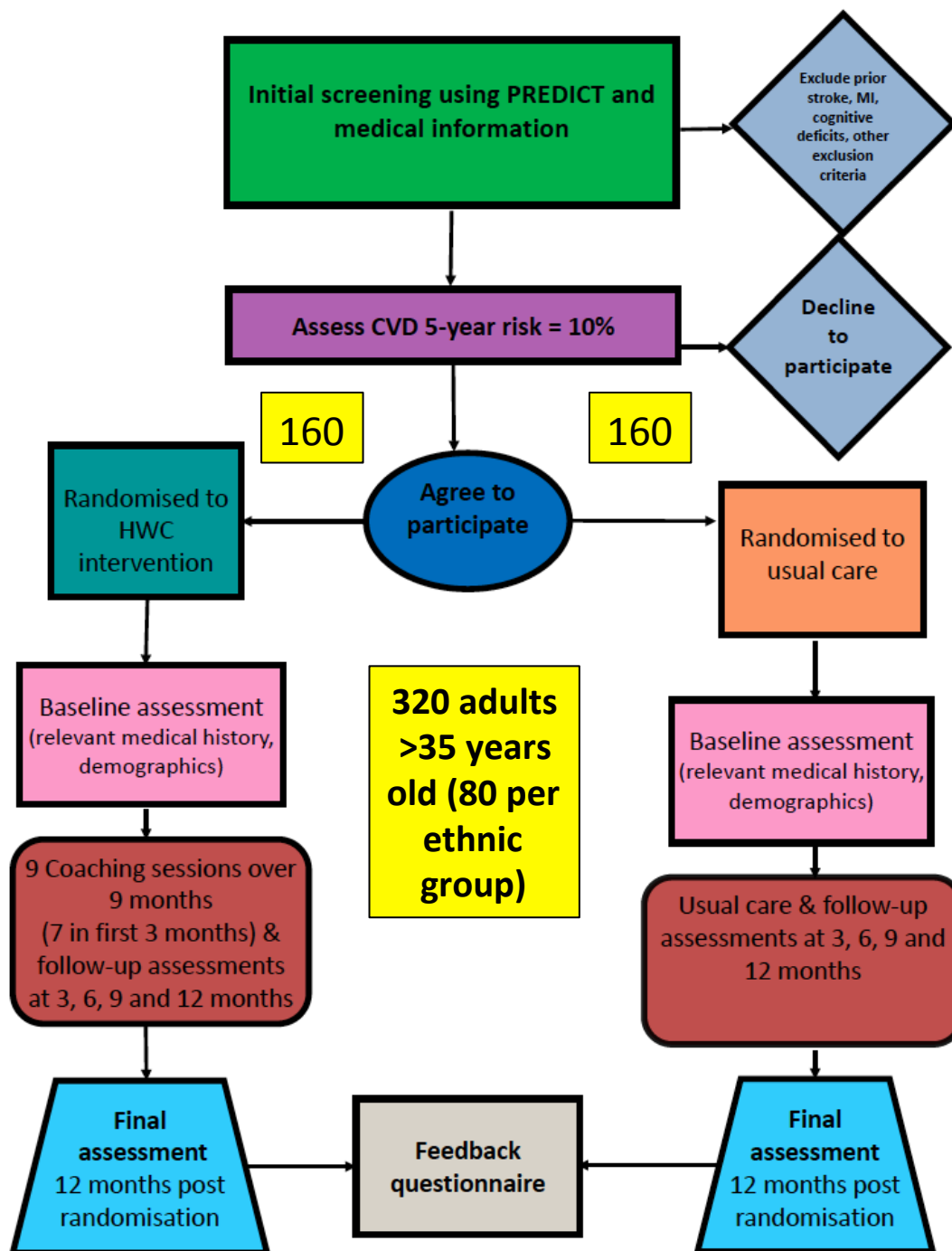
“Prevention and control of non-communicable diseases must be given priority, and commitments must be made at the highest levels by Governments, the private sector, civil society, the United Nations and international organizations, which should all work together.”



However, currently used primary stroke and CVD preventative strategies (“business as usual”) are not sufficiently effective because the burden of stroke in terms of the absolute number of people affected by stroke, stroke prevalence and disability, is rapidly increasing worldwide, including New Zealand

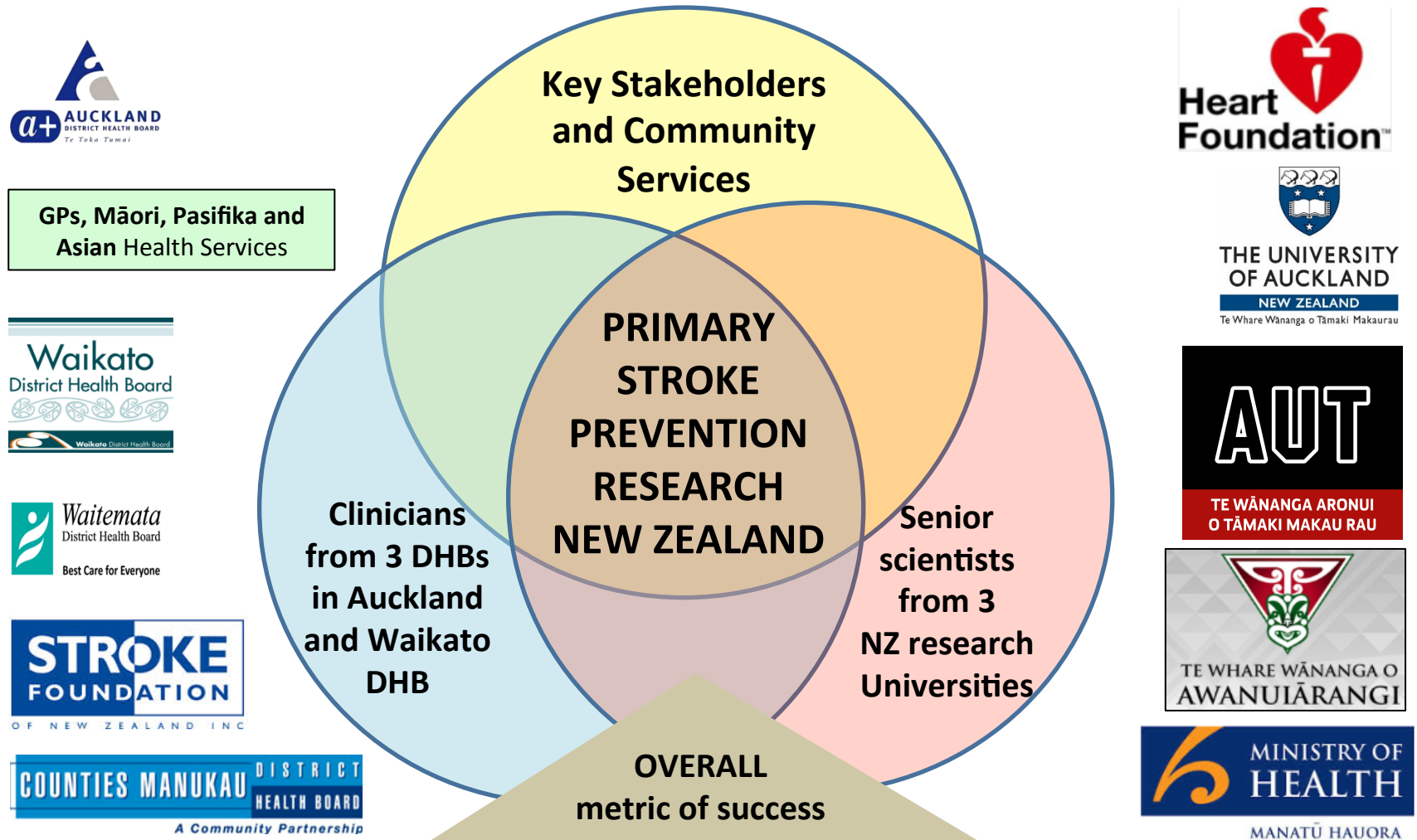
Methodology of HWC stroke RCT

- **Health and Wellness coaching (HWC)** is an innovative, structured and patient-focused multi-dimensional psychological intervention to motivate participants to adhere to recommended medication and lifestyle changes, and has been shown to improve health and enhance wellbeing
- **Aim:** to determine the effectiveness of HWC for primary stroke and CVD prevention in Māori, Pasifika, Asians and NZ Europeans
- **Design:** phase III, prospective, randomized, open-treatment, blinded end-point trial



- The HWC group - 9 telephone or in-person (as required) sessions with HWC coaches (7 - within the first 3 months; 2 remaining – 3 months apart).
- Coaching sessions - up to 1 hour each (tailored to have a whānau/family focus)
- Specific cultural competency training will be provided for study HWC providers
- Participants in the UC group will receive standard care, which does not include HWC. Participation in HWC sessions will be identified and recorded at follow-up.

Collaboration and integration



Identification of means of reduction of ethnic disparities in the risk of stroke in NZ