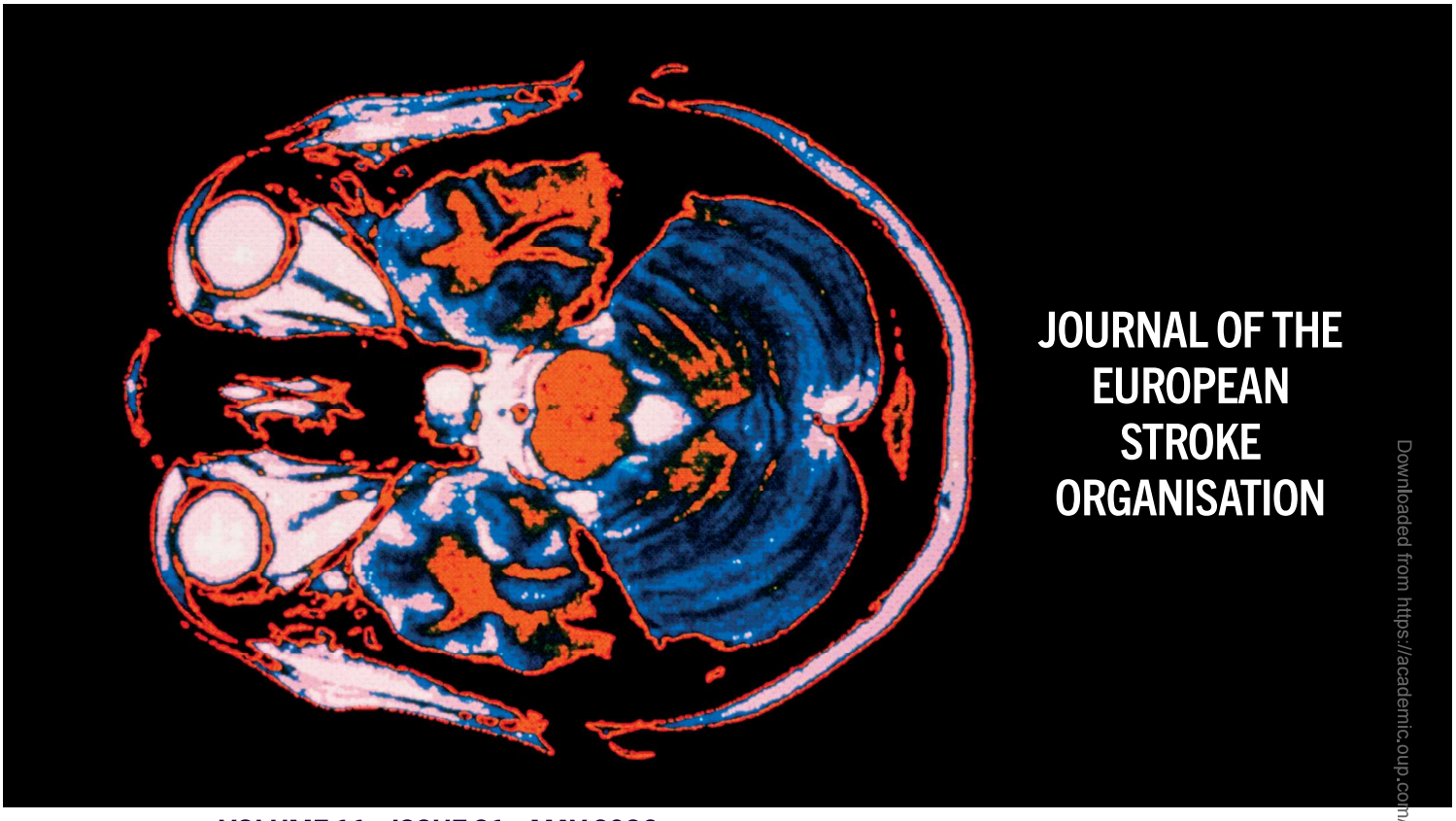

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FEASIBILITY AND ACCEPTABILITY OF A SELF-MANAGEMENT PROGRAM FOR STROKE SURVIVORS: A MIXED-METHODS STUDY

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Background and aims: Stroke is a major cause of long-term disability, requiring strategies that promote autonomy and quality of life. Self-management plays a vital role in rehabilitation, empowering individuals to engage in recovery and maintain progress beyond clinical care. ComVida (Bridges-PT), a culturally adapted self-management program, was developed to support stroke survivors in Portugal. This study examines its feasibility and acceptability within post-stroke rehabilitation.

Methods: A mixed-methods study was conducted in two phases. Phase 1 used a single-arm pre-post design with stroke survivors (n=31) who attended personalized rehabilitation sessions integrating self-management principles. Outcomes included self-efficacy, physical function, emotional state, and health-related quality of life, assessed at baseline, 6 and 12 weeks. Phase 2 explored acceptability through three online focus groups (n=15), including stroke survivors, informal caregivers, and healthcare professionals, analyzed using reflexive thematic analysis.

Results: Phase 1 showed significant improvements over 12 weeks in self-efficacy (SSEQ: $t=7.22$, $p<.001$, mean difference=9.13, Cohen's $d=1.30$); and physical function (SIS-16: $t=8.68$, $p<.001$, mean difference= 18.03, Cohen's $d=1.56$), alongside a reduction in anxiety/depression (HADS: $t=-4.47$, $p<.001$, mean difference $=-5.71$, Cohen's $d=.80$). Quality of life (SF-12v2) remained stable (PCS and MCS, $p>.99$). Phase 2 revealed high acceptability, with participants valuing peer narratives, goal-setting through small steps, and cultural relevance. Healthcare professionals reported positive changes in communication and empowerment strategies.

Conclusions: ComVida (Bridges-PT) is feasible and acceptable for stroke survivors in Portugal, showing promising short-term benefits in self-efficacy, functional independence, and emotional well-being. Findings support integrating culturally adapted self-management programs into post-stroke rehabilitation pathways.

Conflict of interest: CMP: nothing to disclose; DB: nothing to disclose; IB: nothing to disclose; TD: nothing to disclose; AMM: nothing to disclose; financed by Instituto Politécnico de Setúbal.

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A DECADE OF STROKE EPIDEMIOLOGY: INCIDENCE, MORTALITY, AND DISABILITY TRENDS FROM THE GLOBAL BURDEN OF DISEASE STUDY, 2013-2023

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Background and aims: Stroke remains a leading cause of death and long-term neurological disability worldwide. Despite advances in acute stroke care in several regions, the global burden of stroke remains substantial and heterogeneous. Contemporary epidemiological evidence is required to determine whether improvements in stroke management have translated into reductions in population-level incidence, mortality, and disability. This study aimed to describe decade-long trends in stroke burden using Global Burden of Disease data from 2013 to 2023.

Methods: We performed a descriptive epidemiological analysis using data from the Global Burden of Disease Study 2013-2023. Age-standardized rates of stroke incidence, prevalence, mortality, and disability-adjusted life years (DALYs) per 100,000 population were analyzed to assess temporal trends over the past decade.

Results: Between 2013 and 2023, the global burden of stroke remained substantial. Age-standardized incidence and prevalence rates per 100,000 population persisted at high levels, with marked heterogeneity across populations. While stroke mortality rates per 100,000 population stabilized or declined in several regions, disability-adjusted life years (DALYs) remained disproportionately high, indicating a sustained burden among stroke survivors. Importantly, reductions in mortality were not accompanied by comparable decreases in prevalence or DALYs, suggesting improved survival with persistent long-term functional impairment. This pattern reflects an epidemiological transition from stroke as a fatal condition to a chronic disabling disease.

Conclusions: Despite improved stroke survival, the global burden of stroke remains high due to persistent incidence, prevalence, and disability. The discordance between declining mortality and sustained disability underscores the need to strengthen prevention, acute care, and long-term rehabilitation, particularly in resource-limited settings.

Conflict of interest: Gita Diah Prasasti: nothing to disclose