A Qualitative Approach to Understanding Barriers to Optimal Post-Stroke Nutrition in Individuals with Stroke

Ann Geib, BSPH1,2; Ryan Fitzgerald, BS1; Rachel M. Vaughn, MOT, OTR/L1; Maureen Marquie, SPT1; Anna Claire Joyner, SPT1; John Michael Baratta, MD, MBA3; Michael D. Lewek, PT, PhD1; Anna R. Kahkoska MD, PhD2; Jessica M. Cassidy PT, DPT, PhD1

Departments of Allied Health Sciences1, Nutrition2, and Physical Medicine and Rehabilitation3, University of North Carolina at Chapel Hill

Acknowledgments: This project received funding from the UNC Center for Health Innovation.

Background

- Stroke is the second leading cause of death and disability worldwide.1,2
- Comorbidities such as heart disease and diabetes increase the likelihood of stroke.3
- Healthy lifestyle factors such as nutrition lowers the risk of stroke and secondary stroke.4


Methods

- Participants with stroke completed a virtual semi-structured interview
- Inductive coding approach utilized to identify key themes from interviews
- Team based iterative approach used to refine the final set of themes

<table>
<thead>
<tr>
<th>Variable</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex (female / male)</td>
<td>1 / 6</td>
</tr>
<tr>
<td>Race (Caucasian / African American / both)</td>
<td>4 / 2 / 1</td>
</tr>
<tr>
<td>Age (years)</td>
<td>57.9 ± 5.6</td>
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<tr>
<td>Primary Caregiver (self / family member)</td>
<td>4 / 3</td>
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<tr>
<td>Modified Rankin Score (at start of STRIDE Study)</td>
<td>3 [1-3]</td>
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Results

Post-Stroke Changes
- Reduced mobility and fine motor ability
- Altered taste and cravings

Barriers
- Several participants identified the above post-stroke changes as barriers—particularly when there was a loss of independence
- Mobility and transportation
- Four participants reported no perceived barriers despite post-stroke changes

Dietary Changes (Desired and Achieved)
- Sparked intrinsic motivation for and action towards dietary changes
- Changes in taste and cravings often resulted in diminished consumption of fast food and sweets

Conclusions

- Participants were motivated and capable of implementing dietary changes post-stroke.
- A participant’s support system and/or functional status post-stroke may influence their perception of potential barriers.

References