

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

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Background / Objective: Stroke remains one of the leading causes of long-term disability in the United States. Healthy lifestyle factors may decrease the risk of stroke and secondary stroke. Consuming a balanced diet high in fruits and vegetables and low in sodium and added sugar is one such lifestyle factor. The objective of this qualitative study was to capture the experiences of individuals with stroke regarding their dietary habits, including their access to food, prioritization of healthy dietary habits, and potential nutrition barriers encountered post-stroke.

Design & Methods: Individuals who previously experienced a stroke participating in a study of stroke support (n = 7) completed a semi-structured interview virtually. Interviews were guided using a set of consistent questions and transcribed. Key themes were identified through an inductive coding approach. Themes were checked against the transcribed interviews, and a team based iterative approach was used to refine the final set of themes.

Results:

Individuals were interviewed ~4-6 weeks following hospital discharge. The key themes included:

Post-stroke Changes

Across participants, their stroke resulted in changes in physical mobility and fine motor ability along with taste and craving preferences. Physical mobility and fine motor changes encompassed an increased fear of falls, struggling to use a knife, and pain associated with standing for a prolonged period. These changes contributed to difficulty with food preparation. Several participants also reported foods tasting differently post-stroke, which led to reduced cravings and consumption of these foods.

Barriers

Participants' mobility and transportation affected their independence level post-stroke. However, several participants did not perceive these post-stroke changes as perceived barriers and felt that they were able to access and pay for food without limitations.

Reframing of Barriers

Of those who reported barriers, some individuals used their barriers to aid their nutrition goals. For example, reduced access to transportation encouraged less fast food consumption. Those that reported post-stroke changes in food taste and cravings also acknowledged that fast food and sweets were less appealing.

Dietary Changes (Desired and Achieved)

Experiencing a stroke motivated participants to implement dietary changes. Dietary modifications entailed altered cooking methods (avoiding fried foods and opting for baked or broiled methods) and consuming less fast food.