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[Intervention Review]

Interventions for post-stroke fatigue

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ABSTRACT

Background

Fatigue after stroke is common and distressing to patients. The best way to treat this fatigue is uncertain. Theoretically, several different interventions may be of benefit.

Objectives

To determine whether any treatment for fatigue after stroke reduces the proportion of patients with fatigue, or fatigue severity, or both, and to determine the effect of treatment on health-related quality of life, disability, dependency and death, and whether such treatments are cost effective.

Search strategy

We searched the Cochrane Stroke Group Trials Register (last searched January 2008), the Cochrane Central Register of Controlled Trials (*The Cochrane Library* Issue 1, 2008), MEDLINE (1950 to February 2008), EMBASE (1980 to February 2008), CINAHL (1982 to February 2008), AMED (1985 to February 2008), PsycINFO (1967 to February 2008), Digital Dissertations (1861 to March 2008), PsycBITE (searched March 2008), PEDro (searched March 2008), and British Nursing Index (1985 to March 2008). We also searched four trials registries, scanned reference lists, performed citation tracking of included trials, and contacted experts.

Selection criteria

The review author who performed the searches scrutinised all titles and abstracts, excluded irrelevant references, and obtained references for potentially relevant studies. A second review author independently scrutinised potentially relevant studies to determine whether they fulfilled inclusion criteria. We included randomised controlled trials of any intervention in patients with stroke where fatigue was a primary or secondary endpoint.

Data collection and analysis

The two review authors who scrutinised references independently extracted data. We performed a narrative review; we had intended to perform a meta-analysis but this was not possible as the interventions were too diverse for data to be combined.

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Main results

We identified three trials. One randomised 83 patients with emotional disturbance after stroke to fluoxetine or placebo. After correcting for differences in fatigue severity at baseline, there was no significant difference in fatigue between groups at follow up. The second trial randomised 31 women with subarachnoid haemorrhage to tirilazad or placebo, of whom 18 were available for follow up. There was no difference in fatigue between the two groups. The third trial investigated a chronic disease self-management programme in 1150 patients with chronic diseases, of whom 125 had had a stroke. There was no difference in fatigue at follow up between the treatment and control in the subgroup with stroke.

Authors' conclusions

There is insufficient evidence available to guide the management of fatigue after stroke. Further trials are required.

PLAIN LANGUAGE SUMMARY

Interventions for post-stroke fatigue

Fatigue is common and distressing after stroke. This review found three small, randomised controlled trials that recruited a total of 239 people who had had a stroke to three different treatments (two different drug treatments and one chronic disease self-management programme). At follow up, there was no difference in fatigue levels between the patients who received the active treatments and those who received usual care or placebo. However, the trials were too small to provide firm conclusions and further trials are required.