

Supplementary Material E

Reference	Aims, participants and search method	Inclusion and exclusion criteria	Exposure, comparison and outcome measures	Results	Conclusions, quality issues
<p>Year and author: Jones 2010</p> <p>Country: UK</p> <p>Study type: Systematic review</p> <p>Evidence level: I</p>	<p>Aims: To summarise the development and efficacy of self management programmes developed for stroke survivors</p> <p>Participants:</p> <p>Search period: 2000 to July 2009</p> <p>Search method: Medline, Embase, Psychlit, Web of Science, AMED, Cochrane databases Key words provided</p>	<p>Inclusion: Intervention and observation studies of population with stroke any age or rehabilitation setting</p> <p>Exclusion: Greater focus on general chronic care self management, no clear definition of self efficacy, methodology unclear, discussion or theoretical articles</p>	<p>Exposure: Self management interventions using self efficacy</p> <p>Comparison: Not reported</p> <p>Outcome measures: Quality of life</p> <p>Follow-up time: 12 weeks to 1 year</p>	<p>Results: 22 papers included in the review.</p> <p>4 of the studies reported on self management interventions based on self efficacy (3 RCTs and one non randomised study)</p> <p>Kendall (2007) used the CDSMP (Stanford Model) on 100 patients recruited from an acute care setting. There was no effect on self efficacy outcomes.</p> <p>Huijbregts (2008) reported on a non-randomised comparison between self management and educational interventions. Did not report on any outcomes relevant to this report.</p> <p>Johnston (2007) used a workbook to modify control cognitions. Did not report on outcomes relevant to this report.</p> <p>Jones (2009) used a workbook based on self efficacy and demonstrated a significant improvement in self efficacy in</p>	<p>Author's conclusions: Some evidence to support stroke self management interventions</p> <p>Reviewer's conclusions: Many articles were exploratory and could not be assessed for quality.</p> <p>SR lacked methodological detail and no attempt at MA or to present the ES of the included studies.</p> <p>Only 4 trials reported on self management , two of these did not reported on relevant outcomes and one was a pilot study.</p> <p>Source of funding: No details</p> <p>Additional comments:</p>

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				the intervention group in a pilot study. No data given.	
Internal validity:	X				
Study results – precision:	Na				
Applicability (external validity):	?				
Overall score:	X				

Reference	Aims	Participants	Exposure, comparison, outcome measures and follow up	Results	Conclusions, quality issues
Year and author: Harrington 2010 Country: UK Study type: RCT Evidence level: II	Aims: To evaluate a community based exercise and education scheme for stroke survivors	Study setting: Leisure centres in the west and south west of England Participant characteristics: N = 243 , 54.5% male and mean age 70.5 years. No details on level of education Inclusion: Aged over 50 years, community dwelling for at least 3 months, able to participate in group activities	Exposure: n=119 Group intervention (n=9). Twice weekly for 8 weeks (16 sessions). 1 hr physical activity plus 1 hr interactive education sessions. Content unclear but included some education and goal setting components with patients and carers/family members Comparison: n=124 Usual care Standard care plus information sheet detailing local support groups and contact details Outcome measures:	Results: Subjective Index of Physical and Social Outcome (SIPSO) was significantly different for the physical component in favour of the intervention group at 9 weeks (P=0.022) and 1 year (P=0.024). There were not other between group differences. No between group differences in QoL, HAD or any other functional measure	Author's conclusions: Low cost intervention that improved physical integration and effect persisted for up to 1 year follow-up Reviewer's conclusions: Limited by self selection and high attrition > 25%, no adjustment for confounders. Usual care differed in different areas of recruitment. Physical integration differed significantly from the control group but there were no differences in quality of life or

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		Exclusion: Residing in a nursing home	Subjective Index of Physical and Social Outcome (SIPSO) Frenchay Activities Index Rivermead Mobility Index Functional Reach Timed up and go test WHOQoL-Bref Hospital Anxiety and Depression Scale (HAD) Follow-up time: 1 year		other functional measures , anxiety or depression Source of funding: Big Lottery Additional comments: <i>Appears to be based on Stanford Chronic Disease Self Management Program (Lorig)</i> Group sessions Content – not clear but included stroke coordinator, benefits manager and dietician. Goal setting Social sessions Unstructured sessions directed by participants needs Involved carers and family members who received 1 sessions of psychological support
Bias	Judgement			Support for judgement	
Random sequence generation	Low risk			Computer randomised	
Allocation concealment	Low risk			Central allocation by independent assistant	
Blinding	Low risk			Assessors blinded	

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Incomplete outcome data	High risk			Attrition high at one year, 71 % response	
Selective reporting	Low risk			A priori outcomes reported	

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Year and author: Kendall 2007 Country: Australia Study type: RCT Evidence level: II	Aims: Evaluate the CDSMP or survivors	Study setting: Hospital in patients in a Queensland hospital Participant characteristics: Consecutive series of acute N = 100. 67% male, mean age 67 years, Inclusion: Sustained a stroke in the previous 6 months, but had no prior self-reported stroke history, dementia or other major illness; ability to read/write English; expectation to return to community dwelling status, a family member or friend willing to participate with the study Exclusion: -	Exposure: n=58 Chronic Disease Self Management Program (Stanford Model) with the addition of a specific information session at the beginning of the study 6 weeks weekly 2 hr sessions, delivered in community settings. Content: Diet, physical activity, relaxation, problem solving, social support, setting, communication Comparison: n=42 Usual Care Outcome measures: Stroke Specific Quality of Life Scale Self Efficacy Scale Follow-up time: 12 months	Results: There were significant differences in self-efficacy at all time points including baseline in favour of the intervention (P=0.003) but it did not change over time.	Author's conclusions: Authors conclude benefit of intervention Reviewer's conclusions: At the end of follow-up at 12 months attrition was 29% Self efficacy higher in intervention group at baseline and remained at similar throughout the study. Source of funding: Australian Research Council Additional comments: CDSMP Stanford model Group intervention Led by two trained health professionals
Bias	Judgement			Support for judgement	

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Random sequence generation	Low risk			Dice rolling	
Allocation concealment	Low risk			Researchers unaware of allocation	
Blinding	High risk			No blinding reported	
Incomplete outcome data	High risk			List given of attrition and reasons which was 29% by 12 month follow up does not appear to be ITT	
Selective reporting	Low risk			A priori outcomes reported	