



## Treating Anxiety after Stroke (TASK)



### AIMS

- To study anxiety in people after a stroke or mini-stroke
- To design a guided self-help programme (TASK) to relieve anxiety in people after a stroke
- To test this new programme in a 'pilot' clinical trial—to assess if it is practical and acceptable to participants before large-scale testing



### KEY FINDINGS

- There are two main types of anxiety after stroke, requiring different treatment approaches
  - a fear of specific situations, for example, going out alone (*'phobic anxiety'*)
  - persistent worry about many things for most of the time (*'generalised anxiety'*)
- TASK (Treating Anxiety after Stroke)—a guided self-help programme using the telephone, website, email and mobile text was acceptable and practical in a small group of participants with anxiety after stroke
- Participants also found it acceptable and practical to take part in a clinical trial using the telephone and internet without any face-to-face contact
- Early results suggest TASK reduced anxiety levels compared to control treatment



**WHAT DID THE STUDY INVOLVE?**

1. Telephone interviews and questionnaires of 175 people after a stroke and mini-stroke
2. A patient advisor group and patient survey to co-design TASK
3. A thorough review of existing scientific evidence
4. Designing TASK programme's website, videos, graphics, online tasks and manual
5. A pilot trial using the telephone and internet to see if TASK was practical & acceptable



**WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?**

- People experienced mainly phobic anxiety at three months after stroke or mini-stroke
- Anxious participants avoided daily situations e.g. going out alone, exercising, socialising
- Anxious participants reported more disability and reduced quality of life

**Patient advisor group co-produced TASK**



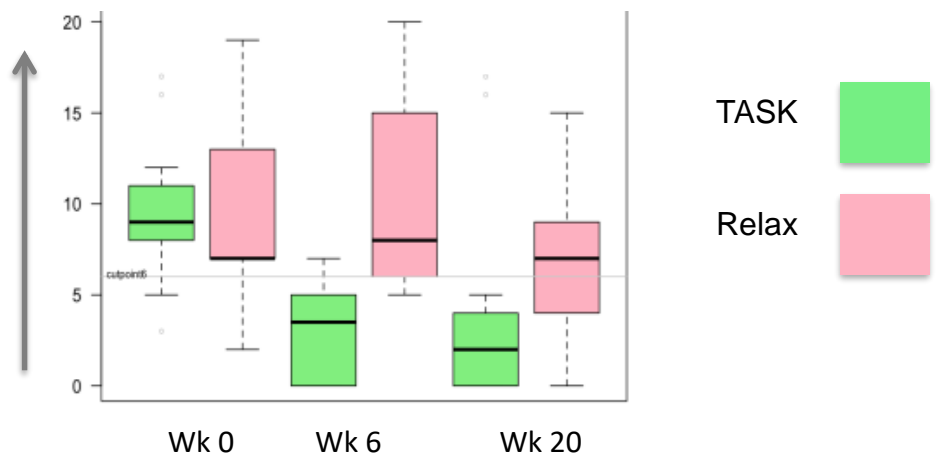
- Participants found it practical & acceptable to use the telephone and internet
  - ✓ to receive TASK
  - ✓ to take part in a clinical trial



**Pilot trial results:**  
(27 participants)

**TASK reduced anxiety compared to relaxation at week 6 and week 20**

Self-rated anxiety symptoms  
Higher score = more anxious





## WHAT IMPACT COULD THE FINDINGS HAVE?

- Patients
  - Findings support testing TASK in a large-scale clinical trial (a fair experiment) to see if TASK really offers benefits to patients
  - If successful, TASK can be rolled out to everyone experiencing anxiety after stroke
- Policy
  - TASK is delivered by the telephone & internet, so likely to be sustainable in the future
  - Using the telephone & internet makes clinical trials more efficient to run, so more evidence can be provided to guide treatments in the future
- Practice
  - Healthcare staff can better recognise anxiety after stroke so support is given sooner



## HOW WILL THE OUTCOMES BE DISSEMINATED?

- Publication in a scientific journal and at academic conferences
- Publicly information online and through stroke charities



## CONCLUSION

- Anxiety after stroke or mini-stroke is common and disabling
- TASK by telephone & internet is practical and needs to be tested in a large clinical trial
- It is possible to take part in a clinical trial by just using the telephone & internet



## RESEARCH TEAM & CONTACT

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