

### **Social participation after stroke: What do we know?**

Johanne Desrosiers<sup>1,2</sup>, Annie Rochette<sup>3</sup>, Louise Demers<sup>3</sup>, Claude Vincent<sup>4</sup>

<sup>1</sup>*Université de Sherbrooke, Sherbrooke, Canada*, <sup>2</sup>*Research Centre on aging, Sherbrooke, Canada*,

<sup>3</sup>*Université de Montréal, Montréal, Canada*, <sup>4</sup>*Université Laval, Québec, Canada*

**Introduction:** Stroke can lead to restrictions in participation in daily activities and social roles. Although considered an important outcome in occupational therapy in the community, little is known about participation after stroke.

**Objective:** This presentation shares the main findings from research on social participation of older adults discharged home from hospital or rehabilitation after stroke, with an emphasis on changes over time and predictors of participation.

**Methods:** Data obtained in six previous cross-sectional and longitudinal studies of participation of older adults with stroke of varying severity were considered. Level of participation in daily activities and social roles was evaluated with the Assessment of Life Habits (LIFE-H), which considers 12 life domains. Many physical, cognitive, perceptual and psychological ability measures were used to identify the best predictors of participation.

**Results:** People with stroke had significantly lower levels of participation in all life domains than people without impairments when matched for age and gender, with the exception of the domain of interpersonal relationships. The impact of a mild stroke on participation is also substantial, especially in social roles. In the short term after discharge from hospital or rehabilitation, participation after stroke improves but mainly in the three first months, with the exception of participation in leisure which continues to increase until six months after discharge but remains at a low level. However, two to four years after stroke, a decrease in participation in daily activities was found in four of its six domains whereas a plateau was evident in social roles. Psychological factors, such as fewer depressive symptoms and a higher level of well-being, were found among the best predictors of participation after stroke.

**Conclusion:** Participation after stroke was not optimal at discharge from hospital or rehabilitation as it continued to increase after the return home. Occupational therapists should be more involved in optimising participation of people with stroke living in the community, including those who had a mild stroke. Some abilities related to participation should be considered in occupational therapy interventions.

**Contribution:** Will help occupational therapists to better understand the concept of participation and the role of psychological factors.