

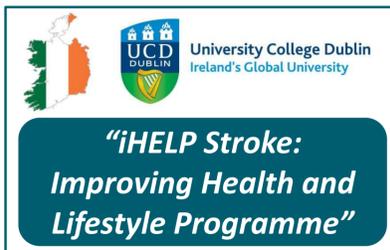
Brazilian adaptation of the “iHELP Stroke: Improving Health and Lifestyle Programme” and feasibility study

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INTRODUCTION & AIM

- Recurrent stroke contributes to the high global burden of this disease
- Low- and middle-income countries (e.g., Brazil) are disproportionately affected by stroke and have limited access to secondary prevention



- A theoretically informed intervention for risk reduction post-stroke (“iHELP Stroke: Improving Health and Lifestyle Programme”) was recently co-designed in a high-income country (Ireland)
- Before implementation in Brazil, adaptations were required due to cultural, social, and economic differences

This study aims to describe the adaptation of the “iHELP Stroke” to the Brazilian context and assess its feasibility among Brazilians with stroke

It needs to be properly adapted

METHOD

- A mixed-methods study was conducted following ADAPT guidance
- The study was approved by the Research Ethics Committee Universidade Federal de Minas Gerais (UFMG) (CAAE: 77083023.0.0000.5149)
- Phase I included two stakeholder panels (15 experts and 10 stroke survivors) to adapt the intervention for adequate reach, effectiveness, cost-effectiveness, adoption, implementation, and sustainability



- Phase II involved a feasibility study with 10 Brazilian individuals post-stroke, evaluating recruitment, retention, attendance, acceptability and satisfaction, and clinical outcomes (achievement of behavior change goals)

Individuals post-stroke

- Age ≥ 20 years
- Medical diagnosis of stroke (at any stage)
- Ability to walk independently, with or without a walking aid
- Descriptive statistics were applied

RESULTS & DISCUSSION

Phase I

11 contextual themes were identified, leading to adaptations including translation into Brazilian Portuguese, renaming as “iVIDAVC: *intervenção para melhorar a saúde e o estilo de vida pós-AVC*”, and the addition of an educational session



Phase II

- Recruitment rate: 13.7%
- High retention (80%) and attendance (88.9%)
- Strong acceptability and satisfaction
- Complete achievement of primary goals by half of participants

Adjustments are needed

- Sessions with guest professionals exceeded planned duration
- One participant found the eight-week programme too short
- One group session included only one participant

CONCLUSION

- The “iHELP Stroke” program was successfully adapted to the Brazilian context, and the resulting “iVIDAVC” program demonstrated feasibility
- The next phase (a pilot study), also with an appropriate sample size, should test the full 14-week programme, ensure repeated participation of invited professionals, include at least four participants per group, and refine outcome measures for comprehensive evaluation

REFERENCES



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