Stroke Survivor and Caregiver Perspectives on Seeking Care: A Qualitative Study

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MEDICINE

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INTRODUCTION

Critical first step in acute stroke care continuum = early recognition + activation of emergency medical services (EMS)

OBJECTIVE

Identify challenges in early initiation of EMS among adult stroke survivors and caregivers in North Carolina, a "stroke belt" state

METHODS

- Semi-structured interviews were conducted May-Dec. 2024 by Zoom & in-person
- Topics: stroke context, response behaviors to signs/symptoms, & any concerns of seeking help
- Content analysis to identify key variables of care-seeking behaviors

RESULTS

- 42 interviews on 34 stroke events
- 60% stroke survivor, 40% caregiver
- 50% female; 12% Black, Non-Hispanic; 31% rural

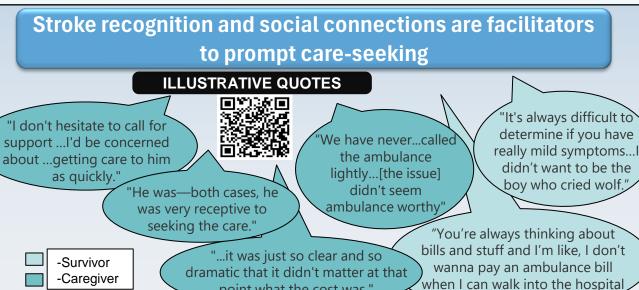
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Table. Care-Seeking Behaviors & Perspectives		
Time delay to seeking care*, No. events (%)		
	Immediate Response: 21 events	Delayed Response: 13 events
Survivor alone at onset	0 events (0)	5 events (38)
Stroke Recognition	Recognized/suspected – 15 events (71)	Unsure/thought low severity – 9 events (69)
Person that initiated care- seeking	Known bystander – 18 events (86) Self in 2 events (10)	Known bystander – 9 events (69) Self in 3 events (23)
First to be contacted	9-1-1/EMS – 11 events (52) No call made – 3 events (14)	9-1-1/EMS – 6 events (46) No call made – 6 events (46)
EMS was utilized	18 events (86)	8 events (62)

*Defined as time from sign/symptom onset to contacting a medical professional (physician, nurse, paramedic, emergency personnel). Immediate response defined as <1.5 hr. Delayed response defined as >6 hrs.



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