

Insufficient evidence for interventions for post-stroke fatigue

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| Clinical question | How effective are interventions for post-stroke fatigue? |
| Bottom line | This review found 3 small, randomised controlled trials that recruited people with a stroke to 3 treatments - 2 different drug treatments (fluoxetine and tirilazad) and one chronic disease self-management programme. At follow-up, there was no difference in fatigue levels between the patients who received the active treatments and those who received usual care or placebo. However, the trials were too small to provide firm conclusions and further trials are required. Currently, there is insufficient evidence to guide practice in treating fatigue following stroke. |
| Caveat | There were only 3 completed studies, providing data on a total of 226 patients, and these involved 3 different interventions. There were methodological limitations with all 3 trials. It was not possible to perform meta-analysis as the interventions were too dissimilar. |
| Context | Estimates of the prevalence of fatigue after stroke range from 16% ¹ to 70%, ^{2,3} depending on the population studied (eg, inpatients or community patients, time since stroke, severity of stroke), whether people with depression were included or excluded, and how fatigue was identified (eg, single question or fatigue scales). |
| Cochrane Systematic Review | McGeough E et al. Interventions for post-stroke fatigue. Cochrane Reviews 2009, Issue 3. Article No. CD007030. DOI: 10.1002/14651858.CD007030.pub2. This review contains 3 studies involving 226 participants. |
| PEARLS No. 213, November 2009, written by Brian R McAvoy | |

[References]

1. Glader E-L et al. Stroke 2002;33:1327-33.
2. Carllson GE et al. Cerebrovasc Dis 2003;16:383-88.
3. Leegard OF. Acta Neurol Scand 1983;67:348-55.

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