



Background

Persistent disability from stroke affects millions of people, making stroke a leading cause of human suffering worldwide [1]. Adaptive coping interventions improve health, mood, and participation in life roles but are not standard care [2-4]. Adaptive coping skills training offered months to years after stroke is a research priority for people with stroke and stroke care partners living in the community [5]. This is an analysis of results from a systematic scoping review of existing adaptive coping interventions for people with stroke and stroke care partners living in the community. Specifically, this is a study of needs reported by intended users (non-intervention studies) compared with the existing interventional studies using the International Classification of Functioning, Disability, and Health (ICF) domains [7].

Methods

A search of 13 databases and grey literature sources was completed using the Joanna Briggs Institute methodology was completed through July 2026 [8]. An a priori set of items were extracted by 2 assessors and discrepancies resolved via discussion [4,8]. Results were organized by type of study (intervention versus non-intervention), and outcomes were cross-walked to domains in the International Classification of Functioning, Disability and Health (ICF) [7]. **Analysis:** Data was pulled from the dataset using Python (Version 3.11) [9]. Proportions were calculated and Chi-Square analysis performed for the non-intervention versus intervention studies using each ICF domain represented in the data. The proportion of non-intervention studies (representing themes of statements of need related to coping with the effects of stroke) was compared with the proportion of intervention studies (representing interventions developed to address coping needs for people with stroke and stroke care partners) for each ICF domain.

ICF Domain	Int Count (n=94)	Int %	Non-Int Count (n=64)	Non-Int %	p (raw)	p (adjusted)
*Mental functions	1	1.10%	15	23.40%	<.001	0.0001
*Mobility	16	17.00%	0	0.00%	<.01	0.0042
*Learning and applying knowledge	18	19.10%	3	4.70%	<.01	0.0486
Major life areas	1	1.10%	6	9.40%	.018	0.0765
Communication	2	2.10%	7	10.90%	<.05	0.1071
Products and technology	11	11.70%	3	4.70%	.1277	0.3581
Self-care	4	4.30%	0	0.00%	.1474	0.3581
Natural environment and human-made changes	2	2.10%	0	0.00%	.515	0.8754
Community, social and civic life	4	4.30%	4	6.20%	.7157	1
Interpersonal interactions and relations	8	8.50%	5	7.80%	.8754	1
Support and relationships	12	12.80%	8	12.50%	.9606	1
Attitudes	7	7.40%	5	7.80%	1	1
General tasks and demands	3	3.20%	2	3.10%	1	1
Services, systems and policies	4	4.30%	3	4.70%	1	1

Table 1. Chi-Square analysis of intervention versus non-intervention studies by ICF domain.

Data Analysis

ICF Domain Distribution: Intervention vs Non-Intervention

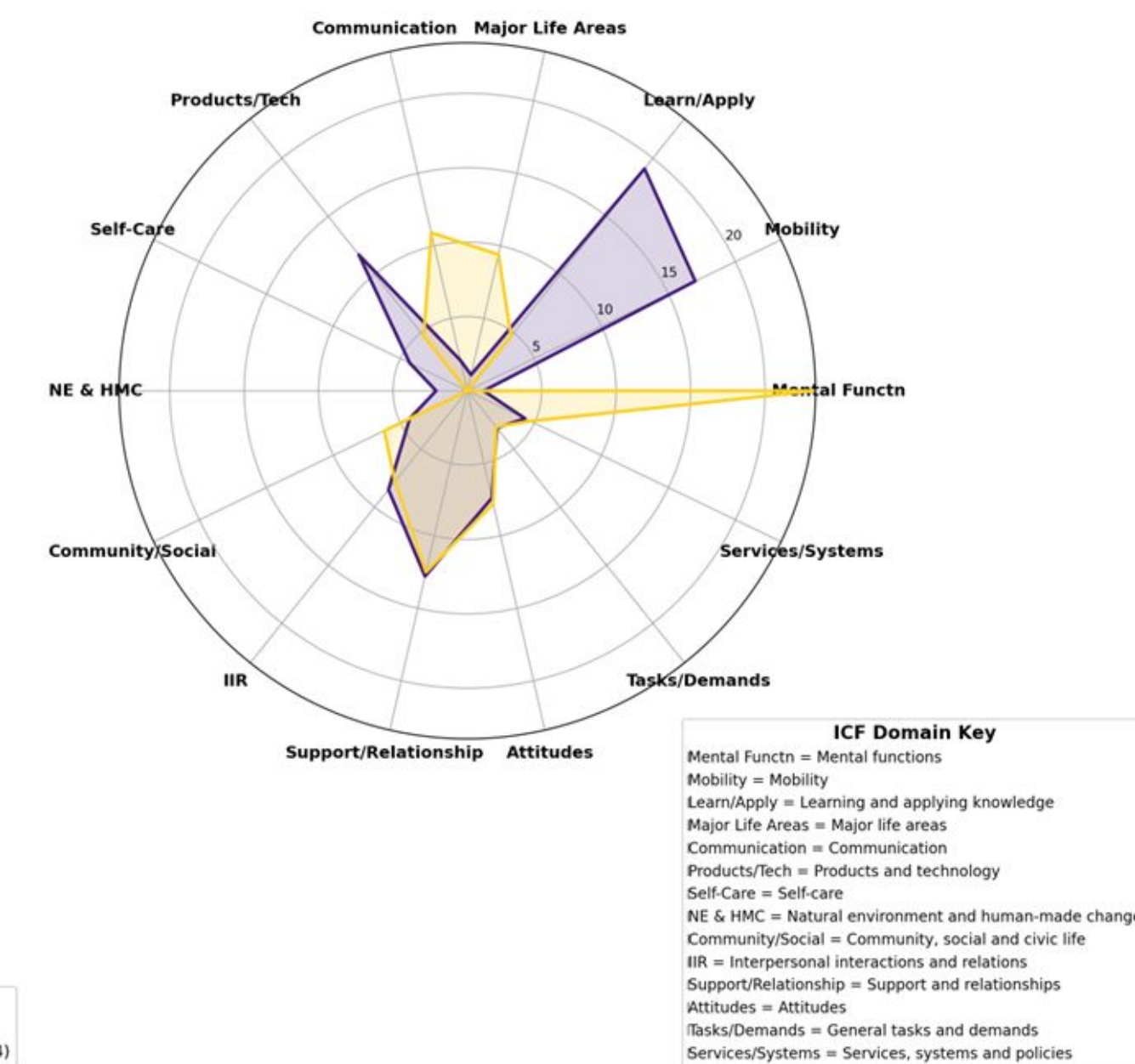


Figure 1: Radar plot showing ICF domains identified in non-intervention studies (gold) and ICF domains addressed in intervention studies (purple).

Results

The Scoping review search yielded 3,619 results and 157 included studies, which were sub-categorized into target audience (people with stroke (n = 78), stroke care partners (n = 36), and people with stroke and stroke care partners together (n = 42)), type of study (quantitative, qualitative), and outcome focus (ICF domains). More than one-third of studies were qualitative (n = 64, 41%), and over half (n = 93, 59%) were quantitative. Table 1 shows the 14 identified ICF domains across included studies. Figure 1 shows the contrast between the nearly one-fourth of non-intervention studies (23.40%) calling for coping supports for the ICF domain of mental functions whereas very few intervention studies (1.10%) addressed mental functions. In contrast, figure 1 also shows nearly one-fifth on intervention studies addressed mobility (17.00%) and learning and applying knowledge (19.00%), whereas non-intervention studies rarely identified learning and applying new knowledge (4.70%) and no non-intervention studies identified mobility (0%). Other domains were proportionally represented in non and intervention studies (Services, Tasks, Attitudes, Support, Interpersonal Interactions,

Community & Social Life). Many other domains were not significantly different in proportion between non and intervention studies (Environment, Self-care, Products & Technology, Communication, and Major Life Areas).

Discussion

The results highlight the importance of addressing mental functions in community-based adaptive coping interventions for people with stroke and stroke care partners. Mental functions mediate community participation poststroke [10-12]. Measures and strategies exist to incorporate mental functions in existing and developing interventions [13, 14]. There is opportunity to study: how outcomes change when mental functions are addressed in adaptive coping interventions poststroke; which people benefit from adaptive coping interventions that address mental functions; and comparative approaches for addressing mental functions in adaptive coping

Citations

