Methods: We conducted a systematic review of randomized controlled trials and quasi experimental studies, using the Joanna Briggs Institute methodology of systematic reviewing and PRISMA-P guidelines.
Results: We identified 23 interventions that showed positive effects on one or more of the following psychosocial outcomes: depression, anxiety, fatigue, (health related) quality of life, hope, and (societal) participation. Interventions shown to be effective on one or more of these outcomes focused at least on the components: prevention of risk factors, self-management, recovery, coping, and mood, and included active information provision and physical activity.
Conclusions: To effectively improve psychosocial well-being after stroke, this review confirms the value of a multicomponent intervention that focusses not only on clustered psychosocial consequences but also on stroke related problems. Such a multicomponent intervention requires further refinement / development and evaluation within the entire stroke care pathway.
Disclosure: No

P0249 / 1378

HEADS: UP APHASIA: CO-CREATING A MINDFULNESS-BASED COURSE FOR STROKE SURVIVORS WITH APHASIA. FINDINGS FROM A PROFESSIONAL STAKEHOLDER SURVEY

M. Pieri[1], M. Grealy[2], M. Lawrence[1], A. Lowit[2], G. Pearl[3]
[1]*Glasgow Caledonian University, Nursing and Community Health Department, Glasgow, United Kingdom*, [2]*University of Strathclyde, School of Psychological Sciences & Health, Glasgow, United Kingdom*, [3]*Speakeasy, Bury, United Kingdom*

Background and aims: One third of stroke survivors lives with aphasia. Although anxiety and depression are common among people with aphasia (pwa), due to their complex communication needs these individuals are frequently excluded from therapeutic interventions with negative consequences on their mental health. HEADS: UP Aphasia is a Stroke Association-funded PHD research study which aims to co-create an aphasia-friendly version of HEADS: UP (Helping Ease Anxiety and Depression following Stroke; https://bit.ly/2QbB0cV), a stroke-specific adaptation of Kabat-Zinn's Mindfulness-based Stress Reduction (MBSR) course.
Methods: The study was conducted online. In stage 3 of the research a social media strategy was used to recruit health professionals (HPs). Participants were invited to complete a 10-min bespoke questionnaire structured around the TIDieR checklist (Hoffmann et al., 2014) and delivered via RedCap. Questions focused on potential adjustments to be considered during subsequent co-creation/adaptation work. Closed questions were supplement by the option to 'comment'. Quantitative questionnaire data were analysed using descriptive statistics e.g. distribution and frequency; qualitative data using thematic analysis.
Results: Twenty-eight HPs were recruited; n=25 professionals completed the survey (n=3 not completed). Key findings: delivery mode: 48% (n=12) 'blended'; setting: 68% (n=17) 'mix of 1:1 and group sessions'; session frequency: 44.4% (n=12) 'once weekly'. Explanatory comments helped identify potential facilitators and barriers e.g. group for peer support.
Conclusions: The results offer a professional perspective of pwa's needs and priorities in the context of a complex psychosocial self-management intervention, and will guide the decision-making during subsequent HEADS: UP Aphasia co-development processes.
Disclosure: No

P0250 / 1184

STROKE IN YOUNG ADULTS: THE INFLUENCE OF AN OUTDOOR-WALKING REHABILITATION PROGRAMME ON WALKING SPEED, ENERGY COST AND QUALITY OF LIFE

R. Clarke[1], N. Reeves[1], K. Tzoulas[2], G. Cavan[2], A. Griffiths[3], L. Walker[4], N. Rees[4], S. Rowland[5], K. Jackson[6], H. Jarvis[1]
[1]*Manchester Metropolitan University, Life Sciences, Manchester, United Kingdom*, [2]*Manchester Metropolitan University, Environmental Sciences, Manchester, United Kingdom*, [3]*NHS Wales, Aneurin Bevan University Health Board, NP20 4SZ, United Kingdom*, [4]*NHS Wales, Cwm Taf University Health Board, CF45 4SN, United Kingdom*, [5]*NHS Wales, Swansea Bay University Health Board, SA12 7BR, United Kingdom*, [6]*NHS Wales, Betsi Cadwaladr University Health Board, LL57 2PW, United Kingdom*

Background and aims: Twenty-six percent of adults who have had a stroke in the United Kingdom are under 65years of age (defined as young adults). Most are unable to return to employment or participate in social/leisure activities due to difficulties walking. No rehabilitation programmes exist using "outdoor natural environments" for young stroke survivors. Previous research reported exercising outdoors improves physical function for other health conditions. The aim of this study is to investigate if an outdoor-walking rehabilitation programme can improve walking speed and energy cost of young adults who have had a stroke.
Methods: Participants who had experienced a stroke (18-65years: n=12) were recruited from three health boards in Wales, UK to participate in a ten-week outdoor-walking and home exercise rehabilitation programme. Walking speed and energy cost (using the physiological cost index) was measured during three minutes of walking in indoor and outdoor environments at baseline and post-rehabilitation. Quality of life was assessed using SAQOL.
Results: Stroke participants walked quicker indoors (pre: 0.82m/s, post: 0.91m/s post-intervention (p=0.01)), outdoors (pre: 0.79m/s, post: 0.89m/s (p=0.005)) and more efficiently (indoor, pre: 0.75 beats/m, post: 0.57 beats/m (p=0.56), outdoor, pre: 0.83 beats/m, post: 0.60 beats/m (p=0.168)). Overall quality of life improved from 2.76 to 3.21 (p=0.024).
Conclusion: This study highlights the positive role of exercising in outdoor natural environments to promote recovery, improve walking ability and quality of life, following stroke in young adults and the need for natural outdoor environments to be used as settings for an alternative form of rehabilitation.
Disclosure: No

P0251 / 241

INDIVIDUAL PEER SUPPORT FOR STROKE SURVIVORS: REPRESENTATIONS OF STROKE REHABILITATION TEAM MEMBERS

S. Corbin[1], E. Damiolini[2], A. Termoz[2,1], L. Huchon[3], G. Rode[3], A.-M. Schott[1,2], J. Haesebaert[1,2]
[1]*Université Lyon 1, RESHAPE Inserm U 1290 Laboratory, Lyon, France*, [2]*Hospices Civils de Lyon, Service de Recherche et d'Épidémiologie Cliniques, Lyon, France*, [3]*Hospices Civils de Lyon, Service de Rééducation Post-AVC Hôpital Henry Gabrielle, Saint Genis Laval, France*

Background and aims: When discharged home after a stroke, patients and caregivers express needs for information and psychosocial support,