

## City Research Online

## City, University of London Institutional Repository

**Citation:** Hilari, K., Behn, N., Marshall, J., Simpson, A., Thomas, S., Flood, C., Northcott, S., Goldsmith, K. & McVicker, S. (2019). Adjustment Post-Stroke and Aphasia: Protocol for the SUpporting Well-Being Through PEeR-Befriending (SUPERB Trial). Brain Injury, 33(Sup 1), p. 167. doi: 10.1080/02699052.2019.1608749

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: https://openaccess.city.ac.uk/id/eprint/22468/

**Link to published version:** https://doi.org/10.1080/02699052.2019.1608749

**Copyright:** City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

**Reuse:** Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

City Research Online: <a href="mailto:http://openaccess.city.ac.uk/">http://openaccess.city.ac.uk/</a> <a href="mailto:publications@city.ac.uk/">publications@city.ac.uk/</a>

Format: Poster

## Adjustment post-stroke and aphasia: protocol for the SUpporting well-being through PEeR-Befriending (SUPERB trial)

Katerina Hilari<sup>1</sup>; Nicholas Behn<sup>1</sup>; Jane Marshall<sup>1</sup>; Alan Simpson<sup>2</sup>; Shirley Thomas<sup>3</sup>; Chris Flood<sup>2</sup>; Sarah Northcott<sup>1</sup>; Kimberley Goldsmith<sup>4</sup> and Sally McVicker.<sup>1</sup>

- <sup>1</sup> Centre for Language and Communication Sciences, School of Health Sciences, City, University of London
- <sup>2</sup> Centre for Mental Health Research School of Health Sciences, City, University of London
- <sup>3</sup> Division of Rehabilitation & Ageing, University of Nottingham, UK
- <sup>4</sup> King's Clinical Trials Unit, Kings College London, UK

**Background and aims:** Stroke and aphasia can have a profound impact on people's lives. There is a need to systematically evaluate interventions that aim to improve psychosocial wellbeing for people with stroke and aphasia, who are often excluded from stroke studies. SUPERB will evaluate the feasibility of a study on the clinical and cost-effectiveness of one-to-one peer befriending for people with aphasia post-stroke and provide the necessary parameters to plan a definitive trial.

**Methods:** Design: Single blind, mixed methods, parallel group phase II RCT comparing peerbefriending vs. usual care, starting at discharge from hospital. The design has been informed by the MRC framework for complex interventions. The study will deliver on four work packages: development phase; RCT; qualitative study; economic evaluation. Participants (n=60) will be assessed three times up to 10 months post-randomisation

**Results:** We will assess feasibility of recruitment to a definitive trial (proportion screened who meet criteria; proportion who consent; rate of consent); participant, significant other, peer befriender views on acceptability of procedures (qualitative study); number of missing/incomplete data on outcome measures; attrition rate at follow-up; potential value of conducting main trial using value of information analysis (economic evaluation); description of usual care; intervention fidelity of peerbefriending. Patient-reported outcomes will include mood, confidence, participation, social support, quality of life.

**Conclusion:** This study will provide evidence for one-to-one peer befriending; and provide the necessary parameters and information to plan a definitive trial. Peer befriending is worth exploring as it has the potential, pending positive outcomes of a definitive trial, to improve service provision for people with stroke and aphasia.