



**Forskarskolan i hälsovetenskap (FiH)**  
Chris Bengtsson, Samordnare

**FORSKNINGSPROJEKT för PRESUMTIVA DOKTORANDER att söka inför  
erbjudande om studieplats i Forskarskolan i hälsovetenskap och  
antagning som doktorand till Karolinska Institutet med kursstart 4  
september, 2023**

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**Projekttitel:** *Make My Day 2.0: Integrating context in the redesign of an  
eHealth-supported stroke-prevention intervention for TIA*

## Sammanfattning doktorandprojekt (max 1 sida)

### Bakgrund

Stroke and a transient Ischemic Attack (TIA), substantially impacts everyday life in multiple ways. Public health research indicates that regular advice to support change in lifestyle habits to prevent disease i.e. stroke, is uneven across regions and not always conducted. There is a need to evaluate interventions that address non-pharmacological and non-surgical aspects of stroke prevention in everyday contexts in order to offer relevant methods and strategies. Preliminary results from our research groups ongoing studies indicate that a) family support impacts participant experiences and b) working life situations impact engagement in the intervention. Based on emerging findings it is important to address these two important aspects within the process of a lifestyle change. The circular design/redesign utilized in this project –is in keeping with methods for developing complex interventions.

### Syfte/Frågeställningar

**The specific aim** of this doctoral student research project is to explore how family and work engagement can be integrated in the *Make My Day* intervention as well as to evaluate the feasibility of a redesigned intervention for persons with own experience of a TIA.

### Metoder

The Medical Research Council (MRC) guidance for developing and evaluating complex interventions will be utilized. Based on already completed or ongoing studies, the current project will expand the MMD intervention with two components and scale the project to include persons having had a previous TIA. Co-creation has been used in the MMD project and will continue to be used in order to enhance usability, delivery, and implementation strategies.

### Planerade studier

Three studies addressing the following questions are planned:

- What characterizes family expectations and experiences of support over time through having a partner with a potential risk for stroke receive the MMD intervention? What is the relationship between family support and health for the person with a risk for stroke (study 1)?
- How can return to work processes be integrated into the MMD intervention for persons with an increased risk for stroke ie having had a TIA?
- What is the feasibility of the MMD intervention for people who have had a TIA regarding 1) stroke risk factors, 2) participation in health promoting engaging everyday activities, 3) self-rated health, 4) work ability, and family support? (Study 3)

### Betydelse

Lifestyle-based prevention is an important part of healthcare interventions that still requires further study. Stroke prevention is highly relevant on several levels: individual, societal, and economic. Each year, about 10 000 persons are diagnosed with a TIA in Sweden, of which 10-15 % percent have a stroke within 3 months. The relevance of this project is grounded in innovatively combining surveys with interview data and co-creation to redesign an intervention while scaling up to include TIA. In keeping with the cyclical process of developing a complex intervention, this project contributes to understanding and improving conditions for future implementation. Engaging multiple stakeholders (providers, consumers, and supporters of healthcare) through co-creation methods has previously proven to be effective and relevant in several settings across healthcare.