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Current Awareness Bulletin – Stroke
March and April 2015

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### Cochrane Systematic Reviews

**New Reviews – March 2015**

- Interventions for improving community ambulation in individuals with stroke

**Updated Reviews – March 2015**

- Anticoagulants for acute ischaemic stroke

**Updated Reviews – February 2015**

- Virtual reality for stroke rehabilitation

**Updated Reviews – January 2015**

- Mailuoning for acute ischaemic stroke

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### New from Up To Date

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**What’s New**

- Mechanical thrombectomy for acute stroke due to large artery occlusion (February 2015)

**Stroke related topics**
Journal Articles

Please click on the blue link at the end of the abstract (where available) to access the full text. You may need an OpenAthens username and password. To register for an OpenAthens account click here.

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Journal Articles:

   Citation: Academic Radiology, April 2015, vol./is. 22/4(413-422), 1076-6332;1878-4046 (01 Apr 2015)
   Author(s): Seeger A., Klose U., Poli S., Kramer U., Ernemann U., Hauser T.-K.
   Language: English
   Abstract: Rationale and Objectives: Magnetic resonance (MR) imaging (MRI) provides information that can be used to estimate the symptom onset in patients with wake-up stroke (WUS). Time-resolved MR angiography (MRA) is the fastest available MR sequence technique for vessel assessment, and the different phases acquired can provide information about cerebral perfusion. The aim of this study was to evaluate the diagnostic performance of time-resolved MRA both for the assessment of vessel morphology and for the feasibility of perfusion. Materials and Methods: Nineteen patients with WUS were included. Image quality and vessel pathologies were evaluated and correlated to time-of-flight-MRA (. n=14), computed tomography-angiography (. n=4), sonography (. n=12), and conventional angiography (. n=6). The temporal delay of signal enhancement in all pixels of the time-resolved MRA measurement after contrast injection was evaluated and compared to dynamic susceptibility contrast-enhanced (DSC) perfusion imaging (. n=13). Results: Time-resolved MRA resulted in the diagnosis of large vessel disease in 14 of 19 patients, involving the internal carotids (. n=4), the vertebral arteries (. n=3), and the circle of Willis (. n=10). All severe vascular pathologies which influence patients' acute stroke therapy were obtained by time-resolved MRA. Overestimation of stenoses in two of 14 patients resulted in sensitivity and specificity of 100% and 71%, respectively. Time-to-peak (TTP) estimations were hampered by movement artifacts in four patients (31%). Compared to DSC, the area of TTP delay was comparable in size and localization without relevant overestimation or underestimation. Conclusions: Time-resolved MRA is a valuable technique in patients with WUS with high sensitivity and high negative predictive value. Cerebral perfusion estimation can be performed in selected cases for therapy decision but can be hampered by patient movement.
   Publication type: Journal: Article
   Source: EMBASE

2. An acceptance and commitment therapy (ACT)-based intervention for an adult experiencing post-stroke anxiety and medically unexplained symptoms
   Citation: Clinical Case Studies, April 2015, vol./is. 14/2(83-97), 1534-6501;1552-3802 (16 Apr 2015)
Barriers to oral fluid intake: beyond thickened liquids

**Citation:** Journal of Neuroscience Nursing, Feb 2015, vol. 47, no. 1, p. 58-63, 0888-0395 (February 2015)

**Author(s):** Mcgrail, Anne, Kelchner, Lisa

**Abstract:** Objectives: Substandard oral fluid intake in poststroke patients receiving thickened liquids has been well documented; however, more recently, it has been reported in poststroke patients receiving thin liquids. Factors contributing to substandard fluid intake have been limited to the altered taste/texture of thickened beverages. The aim of this study was to determine if functional deficits poststroke based on admission Functional Independence Measure (FIM) scores for expression, problem solving, memory, and eating as well as dysphagia severity predict oral fluid intake for poststroke patients regardless of liquid viscosity. A second aim was to determine if there is a significant difference in the amount of oral fluids offered and consumed between patients receiving thin liquids and patients receiving thickened liquids. Methods: Thirty-nine patients with a new diagnosis of ischemic stroke participated. Patients were assigned to one of two groups based on the consistency of liquids they were receiving: group 1, 21 receiving thin liquids, and group 2, 18 receiving nectar or honey consistency. Fluids offered and consumed were monitored for 72 consecutive hours. Admission FIM scores and dysphagia severity ratings were collected. Results: Functional deficits in eating significantly predicted oral fluid intake in the thin-liquid group (p = .0575), whereas functional deficits in cognition (memory and problem solving) significantly predicted oral fluid intake in the thickened-liquid group (p = .0037). Patients receiving thin liquids consumed significantly more than patients receiving thickened liquids (mean =

Aphasia and dysarthria in acute stroke: Recovery and functional outcome

**Citation:** International Journal of Stroke, April 2015, vol. /is. 10/3(400-406), 1747-4930;1747-4949 (01 Apr 2015)

**Author(s):** Ali M., Lyden P., Brady M.

**Abstract:** Aphasia and dysarthria have major implications for activities of daily living and social participation following stroke. Few studies describe recovery in the acute stroke setting. We described the evolution of aphasia and dysarthria by three-months poststroke. Methods: We conducted a retrospective analysis of pooled clinical trial data from the Virtual International Stroke Trials Archive. We defined aphasia and dysarthria at baseline as a score of >1 on the Best Language (Item 9) and Dysarthria (Item 10) domains of the National Institutes of Health Stroke Scale, respectively. We described recovery from these impairments by three-months. Covariate adjusted analyses described the associations between aphasia, dysarthria, and functional outcome using the modified Rankin Scale at three-months following stroke. Results: At baseline, 4039/8904 (454%) people presented with aphasia and 6192 (695%) with dysarthria; 2639 (296%) had both impairments. By three-months, aphasia and dysarthria had resolved in 1292/7219 (179%) and 2892/7219 (401%) survivors, respectively, but persisted in 1713/7219 (237%) and 1940/7219 (27%), respectively. Age and severity of initial stroke were associated with poor recovery, whereas thrombolysis was associated with improved recovery. Aphasia at baseline [P=0049, odds ratio=089, 95% confidence interval (079,100)] and persistent aphasia at three-months [P<00001, odds ratio=031, 95% confidence interval (027, 035)] were each associated with poorer modified Rankin Scale scores at three-months. Conclusion: Aphasia or dysarthria persisted in at least a quarter of people in our dataset at three-months following stroke. The association between persistent aphasia at three-months and poor modified Rankin Scale renders this impairment a major therapeutic target for recovery and restitution.

**Publication type:** Journal: Article

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**Publication type:** Journal: Article

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4. Barriers to oral fluid intake: beyond thickened liquids

**Citation:** Journal of Neuroscience Nursing, Feb 2015, vol. 47, no. 1, p. 58-63, 0888-0395 (February 2015)

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**Abstract:** Objectives: Substandard oral fluid intake in poststroke patients receiving thickened liquids has been well documented; however, more recently, it has been reported in poststroke patients receiving thin liquids. Factors contributing to substandard fluid intake have been limited to the altered taste/texture of thickened beverages. The aim of this study was to determine if functional deficits poststroke based on admission Functional Independence Measure (FIM) scores for expression, problem solving, memory, and eating as well as dysphagia severity predict oral fluid intake for poststroke patients regardless of liquid viscosity. A second aim was to determine if there is a significant difference in the amount of oral fluids offered and consumed between patients receiving thin liquids and patients receiving thickened liquids. Methods: Thirty-nine patients with a new diagnosis of ischemic stroke participated. Patients were assigned to one of two groups based on the consistency of liquids they were receiving: group 1, 21 receiving thin liquids, and group 2, 18 receiving nectar or honey consistency. Fluids offered and consumed were monitored for 72 consecutive hours. Admission FIM scores and dysphagia severity ratings were collected. Results: Functional deficits in eating significantly predicted oral fluid intake in the thin-liquid group (p = .0575), whereas functional deficits in cognition (memory and problem solving) significantly predicted oral fluid intake in the thickened-liquid group (p = .0037). Patients receiving thin liquids consumed significantly more than patients receiving thickened liquids (mean =
Abstract: Background: Atrial fibrillation (AF) is common among people with stroke. Anticoagulation medications can be used to manage the deleterious impact of AF after stroke, however, may not be prescribed due to concerns about post-stroke falls and decreased functioning. Thus, the purpose of this study was to identify, among people with stroke and AF, predictors of anticoagulation prescription at hospital discharge. Methods: This is a secondary analysis of a retrospective cohort study of data retrieved via medical records, including National Institutes of Health Stroke Scale score, Functional Independence Measure (FIM) motor score (motor or physical function), ambulation on second day of hospitalization, Morse Falls Scale (fall risk) and HAS-BLED score (Hypertension; Abnormal renal and liver function; Stroke; Bleeding; Labile INRs; Elderly >65; and Drugs or alcohol). Data analyses included bivariate comparisons between people with and without anticoagulation at discharge. Logistic-regression modeling was used to assess predictors of discharge anticoagulation. Results: There were 334 subjects included in the analyses, whose average age was 75 years old. Anticoagulation was prescribed at discharge for 235 (70%) of patients. In the adjusted regression analyses, only the FIM motor score (adjusted OR= 1.015, 95% CI 1.001-1.028) and the HAS-BLED score (adjusted OR= 0.36, 95% CI 0.22-0.58) were significantly associated with anticoagulation prescription at discharge. Conclusion: It appears that in this sample, poststroke anticoagulation decisions appear to be made based on clinical factors associated with bleed risk and motor deficits or physical functioning. However, opportunities may exist for improving clinician documentation of specific reasoning for non-anticoagulation prescription.

Publication type: Journal: Article
Source: EMBASE

6. Changes to volumetric bone mineral density and bone strength after stroke: A prospective study

Abstract: Stroke survivors experience accelerated bone loss and increased fracture risk, particularly in paretic weight bearing limbs. Understanding how these changes unfold and their relationship to stroke severity and physical activity could help in the development of targeted interventions to prevent or reduce the severity of these outcomes. The primary aim of this study is to investigate the time course and magnitude of changes in volumetric bone mineral density within the first year after stroke, and to examine relationships with physical activity and motor recovery. Design: This is a prospective, observational study of 43 nondiabetic, nonambulant adults with first ever hemispheric stroke. Primary outcome: The primary outcome was the difference in six-month change of total volumetric bone mineral density between paretic and nonparetic distal tibiae, measured at 7% of bone length site using high-resolution peripheral quantitative computed tomography. Secondary outcomes: The secondary outcomes are cortical and trabecular volumetric bone mineral density, cortical thickness, and total and cross-sectional areas of distal tibiae and radii of paretic and nonparetic limbs. Also included are total body and regional bone mineral density derived using dual-energy X-ray absorptiometry, physical activity measured using accelerometry, and motor recovery (Chedoke McMaster Stroke Assessment). Discussion: Measuring the timing and magnitude of changes to volumetric bone mineral density and bone structure from immediately after stroke, and relationships between these changes with physical activity and motor recovery will provide the basis for targeted interventions to reduce fracture risk in stroke survivors.

Publication type: Journal: Article
Source: EMBASE
7. Critical appraisal of network meta-analyses evaluating the efficacy and safety of new oral anticoagulants in atrial fibrillation stroke prevention trials

**Citation:** Value in Health, March 2015, vol./is. 18/2(234-249), 1098-3015;1524-4733 (01 Mar 2015)

**Author(s):** Cope S., Clemens A., Hammes F., Noack H., Jansen J.P.

**Language:** English

**Abstract:** Objectives To critically appraise published network meta-analyses (NMAs) evaluating the efficacy or safety of the new oral anticoagulants (NOACs) dabigatran, rivaroxaban, and apixaban for the prevention of stroke in patients with nonvalvular atrial fibrillation (AF). Methods A systematic literature review was performed to identify the relevant NMAs using MEDLINE, EMBASE, Cochrane Library, Database of Abstracts of Reviews of Effects, and Health Technology Assessment. The synthesis studies were evaluated using the "Questionnaire to assess the relevance and credibility of the NMA." Results Eleven NMAs evaluating NOACs among adults with nonvalvular AF were identified. Most NMAs included three large phase III randomized controlled trials, comparing NOACs to adjusted-dose warfarin (Randomized Evaluation of Long-Term Anticoagulation Therapy [RE-LY], Rivaroxaban Once Daily Oral Direct Factor Xa Inhibition Compared With Vitamin K Antagonism for Prevention of Stroke and Embolism Trial in Atrial Fibrillation [ROCKET-AF], and Apixaban for Reduction of Stroke and Other Thromboembolic Events in Atrial Fibrillation [ARISTOTLE]). The main differences identified related to potential treatment effect modifiers regarding the mean time spent in therapeutic range (TTR) in the warfarin arm, the risk of stroke or systemic embolism across the trials (mean CHADS<sub>2</sub> score: C = congestive heart failure, H = hypertension, A = older than age 75 years, D = diabetes mellitus, S2 = prior stroke or history of transient ischemic attack) or primary versus secondary prevention, and type of populations used in the analysis. Kansal et al. [Kansal AR, Sharma M, Bradley-Kennedy C, et al. Dabigatran versus rivaroxaban for the prevention of stroke and systemic embolism in atrial fibrillation in Canada: comparative efficacy and cost-effectiveness. Thromb Haemost 2012;108:672-82] appropriately adjusted the ROCKET-AF TTR to match the RE-LY population on the basis of individual patient data. Meta-regressions are not expected to minimize confounding bias given limited data, whereas subgroup analyses had some impact on the point estimates for the treatment comparisons. Conclusions Results of the synthesis studies were generally comparable and suggested that the NOACs had similar efficacy, although some differences were identified depending on the outcome. The extent to which differences in the distribution of TTR, CHADS<sub>2</sub> score, or primary versus secondary prevention biased the results remains unclear.

**Publication type:** Journal: Article

**Source:** EMBASE

8. Cryptogenic stroke

**Citation:** European Journal of Neurology, April 2015, vol./is. 22/4(618-623), 1351-5101;1468-1331 (01 Apr 2015)

**Author(s):** Fonseca A.C., Ferro J.M.

**Language:** English

**Abstract:** In about a quarter of ischaemic strokes the cause is undetermined, because the investigation is incomplete or delayed, because there are multiple causes or because the stroke is truly cryptogenic. Cryptogenic stroke can be further classified as non-embolic or embolic. Embolic stroke of undetermined source can be due to paroxysmal atrial fibrillation, minor embolicigenic cardiac conditions, atheroembolism, cancer associated and paradoxical embolism through a patent foramen ovale (PFO) or less often a pulmonary fistula. Currently, risk factor control, statins and antiplatelets are the main therapeutic measures to prevent recurrent stroke. There is no evidence to implement routine closure of PFO in patients with cryptogenic stroke. Direct anticoagulants are being evaluated in randomized controlled trials including embolic stroke of undetermined source patients. Advances in high resolution ultrasound or magnetic resonance imaging of extracranial and intracranial vessels and of the heart and prolonged heart rhythm monitoring will be instrumental techniques to identify arterial and cardiac hidden causes of stroke.

**Publication type:** Journal: Review

**Source:** EMBASE

9. Current evidence in the management of poststroke hemiplegic shoulder pain: a review

**Citation:** Journal of Neuroscience Nursing, Feb 2015, vol. 47, no. 1, p. 10-19, 0888-0395 (February 2015)

**Author(s):** Li, Zheng, Alexander, Sheila A.

**Abstract:** Hemiplegic shoulder pain is a common, complex, and distressing complication, which is related to stroke and occurs in the paralytic side of the patient. It not only presents in the early stage but also can persist into the chronic stage of stroke. The incidence of this complication varies from 12% to 58%, and the most common period of occurrence is at 8-10 weeks poststroke. The multifactorial etiology and underlying mechanisms make it intractable. It is difficult to
get a clear description of the percentage of patients receiving adequate pain relief because of a large number of treatments and different results found in interventional studies performed in subjects in different stages of stroke. This review summarizes the incidence, temporal presentation, and etiology of hemiplegic shoulder pain and the current advances in its management and analyzes the reliability and validity of the studies. It suggests careful and regular assessment, and an integrated care model is necessary in practice. [PUBLICATION]

Source: BNI

10. Development of persistent headache following stroke: A 3-year follow-up
Citation: Cephalalgia, April 2015, vol./is. 35/5(399-409), 0333-1024;1468-2982 (16 Apr 2015)
Author(s): Hansen A.P., Marcussen N.S., Klit H., Kasch H., Jensen T.S., Finnerup N.B.
Language: English
Abstract: Background: Headache following stroke has been described in previous studies with an incidence of 23%-54%, but a clear description of headache developing after stroke onset is still lacking. The aim of this study was to determine the incidence and characteristics of persistent novel headache after stroke and to describe the use of medication, including dipyridamole. Methods: As a follow-up to a prospective study, a standardized questionnaire about characteristics of novel headache and medication use was sent out to surviving patients three years after their stroke. Results: The questionnaire was sent to 256 patients and returned by 222, of whom 12% (26/222) of patients reported persistent novel headache. Dipyridamole had no significant influence on the incidence. Stroke-attributed headache according to predefined criteria was reported in 7.2% (16/222) of patients, with tension-type-like headache in 50.0%, migraine-like in 31.3% and medication overuse in 6.25% of patients. More than half of patients experienced moderate to severe pain and had a score of 55 or above on the Headache Impact Test-6 scale. Conclusion: Novel headache after stroke affects one in 10 patients and seems to be unrelated to dipyridamole use. Persistent headache attributed to stroke is similar to tension-type headache for half of patients.
Publication type: Journal: Article
Source: EMBASE

11. Effect of increased intensity of physiotherapy on patient outcomes after stroke: An evidence-based analysis
Citation: Ontario Health Technology Assessment Series, March 2015, vol./is. 15/6, 1915-7398 (01 Mar 2015)
Author(s): Sehatzadeh S.
Language: English
Abstract: Background: After stroke, impairment of the upper and lower limb can limit patients' motor function and ability to perform activities of daily living (ADL). Physiotherapy (PT) is an established clinical practice for stroke patients, playing an important role in improving limb function. Recently, several randomized trials have evaluated the effect of higher-intensity physiotherapy (increased duration and/or frequency) on patients' functional ability. Objectives: Our objective is to investigate whether an increased intensity of PT after stroke results in better outcomes for patients. Data Sources: A literature search was performed on June 7, 2013, for English-language randomized controlled trials published from January 1, 2003, to June 7, 2013. Ovid MEDLINE, Ovid MEDLINE In-Process and Other Non-Indexed Citations, Ovid Embase, EBSCO Cumulative Index to Nursing & Allied Health Literature (CINAHL), and EBM Reviews were searched. Review Methods: We reviewed the full text of articles that compared 2 or more levels of PT intensity. Outcomes of interest included motor function, ADL, and quality of life (QOL). Results: High-quality evidence showed that higher-intensity upper-limb PT and higher-intensity lower-limb PT both resulted in significantly greater improvements in motor function. Moderate-quality evidence showed that higher-intensity general PT did not. Moderate-quality evidence showed a significant improvement in ADL performance with higher-intensity upper-limb PT, but no improvement with higher-intensity general PT; no studies reported on ADL outcomes on lower-limb PT specifically. According to moderate-quality evidence, patient QOL did not change significantly after increased intensity of upper-limb, lower-limb, or general PT. When considering the results, one difference should be noted: Compared with the studies examining upper- and lower-limb PT, the studies examining general PT looked at a smaller increase-2 hours or less of additional therapy per week. Limitations: This analysis is limited to the earlier post-stroke phase and is not equipped to comment on expected outcomes of later-stage PT. Conclusions: Overall, this analysis found support for the use of more intensive PT to improve motor function and ability to perform ADL after stroke.
Publication type: Journal: Article
Source: EMBASE
12. Effectiveness, usability, and cost-benefit of a virtual reality-based telerehabilitation program for balance recovery after stroke: A randomized controlled trial

Citation: Archives of Physical Medicine and Rehabilitation, March 2015, vol./is. 96/3(418-425.e2), 0003-9993;1532-821X (01 Mar 2015)

Author(s): Llorens R., Noe E., Colomer C., Alcaniz M.

Language: English

Abstract: Objectives First, to evaluate the clinical effectiveness of a virtual reality (VR)-based telerehabilitation program in the balance recovery of individuals with hemiparesis after stroke in comparison with an in-clinic program; second, to compare the subjective experiences; and third, to contrast the costs of both programs. Design Single-blind, randomized, controlled trial. Setting Neurorehabilitation unit. Participants Chronic outpatients with stroke (N=30) with residual hemiparesis. Interventions Twenty 45-minute training sessions with the telerehabilitation system, conducted 3 times a week, in the clinic or in the home. Main Outcome Measures First, Berg Balance Scale for balance assessment. The Performance-Oriented Mobility Assessment balance and gait subscales, and the Brunel Balance Assessment were secondary outcome measures. Clinical assessments were conducted at baseline, 8 weeks (posttreatment), and 12 weeks (follow-up). Second, the System Usability Scale and the Intrinsic Motivation Inventory for subjective experiences. Third, cost (in dollars). Results Significant improvement in both groups (in-clinic group [control] and a home-based telerehabilitation group) from the initial to the final assessment in the Berg Balance Scale (etap2=.68; P=.001), in the balance (etap2=.24; P=.006) and gait (etap2=.57, P=.001) subscales of the Tinetti Performance-Oriented Mobility Assessment, and in the Brunel Balance Assessment (control: chi<sup>2</sup>=15.0; P=.002; experimental: chi<sup>2</sup>sup>2</sup>/sup>=21.9; P=.001). No significant differences were found between the groups in any balance scale or in the feedback questionnaires. With regard to subjective experiences, both groups considered the VR system similarly usable and motivating. The in-clinic intervention resulted in more expenses than did the telerehabilitation intervention ($654.72 per person). Conclusions First, VR-based telerehabilitation interventions can promote the reacquisition of locomotor skills associated with balance in the same way as do in-clinic interventions, both complemented with a conventional therapy program; second, the usability of and motivation to use the 2 interventions can be similar; and third, telerehabilitation interventions can involve savings that vary depending on each scenario.

Publication type: Journal: Article

Source: EMBASE

Full text: Available ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION at Archives of Physical Medicine and Rehabilitation

13. Executive function as a strong predictor of recovery from disability in patients with acute stroke: A preliminary study

Citation: Journal of Stroke and Cerebrovascular Diseases, March 2015, vol./is. 24/3(554-561), 1052-3057;1532-8511 (01 Mar 2015)


Language: English

Abstract: Background Cognitive impairment impedes stroke rehabilitation. However, it is unclear whether cognitive impairment of specific domains or the degree of severity is more critical to functional recovery in patients with poststroke disability. Methods We identified 182 patients who were disabled at 3 months after acute stroke, as defined by a modified Rankin Scale score of 2-5. At a single time point between 3 months and 1 year after onset, the following 4 cognitive domains were assessed: executive function, visuospatial ability, language, and memory. With respect to the severity of cognitive impairment, the patients were classified as having vascular dementia (VD), vascular cognitive impairment no dementia (VCIND), or normal cognition. The primary outcome was functional recovery between 3 months and 1 year after onset. To examine the association between cognitive status and functional recovery, multiple logistic regression with backward stepwise analysis was performed. Results A total of 74 (40.7% of 182) patients demonstrated functional improvement at 1 year compared with 3 months. Patients with executive impairment demonstrated significantly less improvement in functional outcomes, with an adjusted odds ratio (OR) of 4.72 (95% confidence interval [CI], 2.45–9.10). Patients with VD also demonstrated less functional recovery, with an adjusted OR of 2.89 (95% CI, 1.20–7.00). The remaining 3 cognitive domains and VCIND were not significantly associated with functional recovery. Conclusions Executive function is a strong predictor of recovery from disability in patients with acute stroke. In addition, functional recovery is significantly hampered by cognitive impairment due to VD, but not VCIND.

Publication type: Journal: Article
14. Explicit memory and implicit memory in occipital lobe stroke patients

**Citation:** Journal of Stroke and Cerebrovascular Diseases, March 2015, vol./is. 24/3(663-667), 1052-3057;1532-8511 (01 Mar 2015)


**Language:** English

**Abstract:** Background Occipital stroke patients mainly showed cortical blindness and unilateral vision loss; memory is generally reserved. Recent reports from neuroimaging show the occipital lobe may be involved in the processing of implicit memory (IM), especially the perception type of IM processing. In this study, we explored the explicit memory (EM) and IM damage in occipital lobe stroke patients. Methods A total of 25 occipital strokes and 29 years of age, educational level equivalent healthy controls (HCs), evaluated by using immediate recall, delayed recall, recognition for EM tasks, picture identification, and category exemplar generation for IM tasks. Results There was no significant difference between occipital stroke patients and HCs in EM tasks and category exemplar generation task. In the picture identification task, occipital lobe stroke group score was poorer than HC group, the results were statistically significant, but in the pictures identify rate, occipital stroke patients and normal control group had no significant difference. Conclusions The occipital stroke patients may have IM damage, primarily damage the perception type of IM priming effects, which was unrelated with their cortical blindness.

**Publication type:** Journal: Article

**Source:** EMBASE

15. Long-term disability after lacunar stroke

**Citation:** Neurology, March 2015, vol./is. 84/10(1002-1008), 0028-3878;1526-632X (10 Mar 2015)

**Author(s):** Dhamoon M.S., McClure L.A., White C.L., Lakshminarayan K., Benavente O.R., Elkind M.S.V.

**Language:** English

**Abstract:** Objectives: To determine whether vascular and demographic factors predict worsening disability up to 8 years after lacunar stroke. Methods: SPS3 (Secondary Prevention of Small Subcortical Strokes) was a clinical trial in lacunar stroke patients with annual assessment of disability using the Older Americans Resources and Survey Instrumental activities of daily living (IADL) scale (range 0-14). Generalized estimating equations modeled the likelihood of disability (IADL <14) over time, adjusting for demographics, medical risk factors, cognition, mood, stroke location, and geographic region in univariate and multivariable models. IADL assessments after recurrent stroke were censored. We stratified by study region and age quartile. Results: Among 2,820 participants, mean age was 63.4 years (SD 10.8), 63% were male, 36% had diabetes, 90% hypertension, and 10% prior stroke. Mean follow-up was 3.7 years. In multivariable models, female sex, education, diabetes, nonregular alcohol use, prior stroke, Cognitive Abilities Screening Instrument score, depression, mild cognitive impairment, and stroke location were associated with disability. The youngest age quartile had decreased odds of disability over time (odds ratio 0.90 per year, 95% confidence interval 0.85-0.95), whereas the oldest age quartile had increased odds (2.20, 95% confidence interval 1.75-2.75). Americans and Latin Americans had >2-fold greater odds of disability per year compared with Spaniards (p < 0.0001). Conclusions: In lacunar stroke patients, older age was associated with worsening long-term disability, even without recurrence. Worse long-term function was associated with diabetes, cognitive status, and prior stroke, and regional differences may be attributable to variations in health care delivery or scale interpretation.

**Publication type:** Journal: Article

**Source:** EMBASE

**Full text:** Available Ovid at Neurology

16. Prediction factors of recurrent ischemic events in one year after minor stroke

**Citation:** PLoS ONE, March 2015, vol./is. 10/3, 1932-6203 (16 Mar 2015)

**Author(s):** Zhang C., Zhao X., Wang C., Liu L., Ding Y., Akbari F., Pu Y., Zou X., Du W., Jing J., Pan Y., Wong K.S., Wang Y.

**Language:** English

**Abstract:** Background The risk of a subsequent stroke following a minor stroke is high. However, there are no effective rating scales to predict recurrent stroke following a minor one. Therefore, we assessed the risk factors associated with recurrent ischemic stroke or transient ischemic attack (TIA) within one year of minor stroke onset in order to identify possible risk factors. Methods Eight hundred and sixty-three non-cardioembolic ischemic stroke patients in the Chinese IntraCranial AtheroSclerosis Study that presented with minor stroke, defined as an admission National Institutes of Health stroke scale (NIHSS) score of --<3, were consecutively enrolled in our study. Clinical information and imaging
features upon admission, and any recurrent ischemic stroke or TIA within one year was recorded. Cox regression was used to identify risk factors associated with recurrent ischemic stroke or TIA within the year following stroke onset. Results A total of 50 patients (6.1%) experienced recurrent ischemic stroke or TIA within one year of minor stroke onset. Multivariate Cox regression model identified lower admission NIHSS score (HR, 1.75; 95% CI, 1.32 to 2.33; P<0.0001), history of coronary heart disease (HR, 2.62; 95% CI, 1.17 to 5.86; P = 0.02), severe stenosis or occlusion of large cerebral artery (HR, 4.68; 95% CI, 1.87 to 11.7; P = 0.001), and multiple acute cerebral infarcts (HR, 2.61; 95% CI, 1.01 to 6.80; P = 0.05) as independent risk factors for recurrent ischemic stroke or TIA within one year. Conclusions Some minor stroke patients are at higher risk for recurrent ischemic stroke or TIA. Urgent and intensified therapy may be reasonable in these patients.

Publication type: Journal: Article
Source: EMBASE
Full text: Available ProQuest at PLoS ONE

17. Predictors of delayed stroke in patients with cervical artery dissection

Citation: International Journal of Stroke, April 2015, vol./is. 10(360-363), 1747-4930;1747-4949 (01 Apr 2015)

Language: English
Abstract: Background: Stroke in patients with acute cervical artery dissection may be anticipated by initial transient ischemic or nonischemic symptoms. Aim: Identifying risk factors for delayed stroke upon cervical artery dissection. Methods: Cervical artery dissection patients from the multicenter Cervical Artery Dissection and Ischemic Stroke Patients study were classified as patients without stroke (n=339), with stroke preceded by nonstroke symptoms (delayed stroke, n=244), and with stroke at onset (n=382). Demographics, clinical, and vascular findings were compared between the three groups. Results: Patients with delayed stroke were more likely to present with occlusive cervical artery dissection (P<0.001), multiple cervical artery dissection (P=0.0031), and vertebral artery dissection (P<0.001) than patients without stroke. No differences were observed in age, smoking, arterial hypertension, hypercholesterolemia, migraine, body mass index, infections during the last week, and trauma during the last month, but patients with delayed stroke had less often transient ischemic attack (P<0.001) and local signs (Horner syndrome and cranial nerve palsy; P<0.001). Conclusions: Occlusive cervical artery dissection, multiple cervical artery dissection, and vertebral artery dissection were associated with an increased risk for delayed stroke. No other risk factors for delayed stroke were identified. Immediate cervical imaging of cervical artery dissection patients without ischemic stroke is needed to identify patients at increased risk for delayed ischemia.

Publication type: Journal: Article
Source: EMBASE

18. Predictors of poor hospital discharge outcome in acute stroke due to atrial fibrillation

Citation: Journal of Neuroscience Nursing, Feb 2015, vol. 47, no. 1, p. 20-26, 0888-0395 (February 2015)
Author(s): Tian, Melissa J., Tayal, Ashis H., Schlenk, Elizabeth A.

Abstract: Atrial fibrillation (AF) is a frequent cause of acute ischemic stroke that results in severe neurological disability and death despite treatment with intravenous thrombolysis (intravenous recombinant tissue plasminogen activator [rtPA]). We performed a retrospective review of a single-center registry of patients treated with intravenous rtPA for stroke. The purposes of this study were to compare intravenous rtPA treated patients with stroke with and without AF to examine independent predictors of poor hospital discharge outcome (in-hospital death or hospital discharge to a skilled nursing facility, long-term acute care facility, or hospice care). A univariate analysis was performed on 144 patients receiving intravenous rtPA for stroke secondary to AF and 190 patients without AF. Characteristics that were significantly different between the two groups were age, initial National Institutes of Health Stroke Scale score, length of hospital stay, gender, hypertension, hyperlipidemia, smoking status, presence of large cerebral infarct, and hospital discharge outcome. Bivariate logistic regression analysis indicated that patients with stroke secondary to AF with a poor hospital discharge outcome had a greater likelihood of older age, higher initial National Institutes of Health Stroke Scale scores, longer length of hospital stay, intubation, and presence of large cerebral infarct compared with those with good hospital discharge outcome (discharged to home or inpatient rehabilitation or signed oneself out against medical advice). A multivariate logistic regression analysis showed that older age, longer length of hospital stay, and presence of large cerebral infarct were independent predictors of poor hospital discharge outcome. These predictors can guide nursing interventions, aid the multidisciplinary treating team with treatment decisions, and suggest future directions
19. Should minor stroke patients be thrombolysed? A focused review and future directions

**Citation:** International Journal of Stroke, April 2015, vol./is. 10/3(292-297), 1747-4930;1747-4949 (01 Apr 2015)

**Author(s):** Yu A.Y.X., Hill M.D., Coutts S.B.

**Language:** English

**Abstract:** Stroke is a leading cause of morbidity and mortality worldwide. Up to 80% of ischemic stroke patients may initially present with minor symptoms. Minor stroke and transient ischemic attack patients are typically treated conservatively with antiplatelet agents and general vascular prevention strategies. Yet a high proportion develop recurrent stroke or progression of stroke and up to one in four of these patients are disabled or dead at follow-up. Minor or rapidly improving symptoms are the top reasons for withholding thrombolytic therapy to time-eligible stroke patients as they are believed to be 'too good to treat'. The benefits and risks of treating mild ischemic strokes are still unclear. The increasing use of computed tomography angiography and its ability to identify both proximal and distal intracranial occlusions may change this equation. In this review, we discuss the diagnosis and prognosis of mild strokes, the role of neurovascular imaging in treatment decision making, experience with thrombolysis in this patient population, and propose directions for future studies.

**Publication type:** Journal: Review

**Source:** EMBASE

20. Stroke self-management: A focus group study to identify the factors influencing self-management following stroke

**Citation:** International Journal of Nursing Studies, Jan 2015, vol. 52, no. 1, p. 175-187, 0020-7489 (January 2015)

**Author(s):** Boger, Emma J, Demain, Sara H, Latter, Sue M

**Abstract:** Self-management refers to the strategies, decisions and activities individuals take to manage a long-term health condition. Self-management has potential importance for reducing both the personal and health service impact of illness. Stroke represents a significant health and social burden, however there is a lack of clarity about the factors that support successful self-management following stroke. This study sought to investigate the factors which facilitate or hinder stroke self-management from the patients' perspective. Nested qualitative exploratory phase within a mixed-methods paradigm. Data were analysed thematically using Analytic Induction to guide development of themes. Participants had experienced a stroke and were recruited from rural and urban community stroke support groups based in the South of England. Five focus groups (n = 28) using a semi-structured interview guide were conducted. Interviews were digitally recorded and transcribed. The term 'self-management' was unfamiliar to participants. On further exploration, participants described how self-management activities were helped or hindered. Self-management was viewed as an important, unavoidable feature of life after stroke. Three key themes identified from the data affect stroke self-management: Individual capacity; support for self-management and self-management environment. People following stroke reported feeling ill-prepared to self-manage. The self-management support needs of patients following stroke are currently often unmet. Successful stroke self-management consists of features which may be modifiable at the individual level, in addition to the presence of external support and an environment which supports and facilitates people following stroke to self-manage. These findings extend current conceptualisations of stroke self-management. [PUBLICATION] 73 references

**Source:** BNI

21. Study design for the fostering eating after stroke with transcranial direct current stimulation trial: A randomized controlled intervention for improving dysphagia after acute ischemic stroke

**Citation:** Journal of Stroke and Cerebrovascular Diseases, March 2015, vol./is. 24/3(511-520), 1052-3057;1532-8511 (01 Mar 2015)

**Author(s):** Marchina S., Schlaug G., Kumar S.

**Language:** English

**Abstract:** Goal Dysphagia is a major stroke complication but lacks effective therapy that can promote recovery. Noninvasive brain stimulation with and without peripheral sensorimotor activities may be an attractive treatment option for swallowing recovery but has not been systematically investigated in the stroke population. This article describes the study design of the first prospective, single-center, double-blinded trial of anodal versus sham transcranial direct current stimulation (tDCS) used in combination with swallowing exercises in patients with dysphagia from an acute ischemic stroke. The aim of this study is to gather safety data on cumulative sessions of tDCS in acute-
subacute phases of stroke, obtain information about effects of this intervention on important physiologic and clinically relevant swallowing parameters, and examine possible dose effects. Methods Ninety-nine consecutive patients with dysphagia from an acute unilateral hemispheric infarction with a Penetration and Aspiration Scale (PAS) score of 4 or more and without other confounding reasons for dysphagia will be enrolled at a single tertiary care center. Subjects will be randomized to either a high or low dose tDCS or a sham group and will undergo 10 sessions over 5 consecutive days concomitantly with effortful swallowing maneuvers. The main efficacy measures are a change in the PAS score before and after treatment; the main safety measures are mortality, seizures, neurologic, motor, and swallowing deterioration. Conclusions The knowledge gained from this study will help plan a larger confirmatory trial for treating stroke-related dysphagia and advance our understanding of important covariates influencing swallowing recovery and response to the proposed intervention.

Publication type: Journal: Article
Source: EMBASE

22. The stroke 8: A daily checklist for inpatient stroke management
Citation: Critical Pathways in Cardiology, March 2015, vol./is. 14/1(1-6), 1535-282X;1535-2811 (04 Mar 2015)
Author(s): Katzan I., Speck M., Uchino K., Frey J.
Language: English
Abstract: Checklists and disease-specific order sets are increasingly being used in health care to reduce medical errors and improve the quality of patient care. Stroke, which has standardized and well-defined care processes, is an idea/ideal condition for the use of checklists. We describe the Stroke 8 checklist, designed to be part of the daily assessment of patients hospitalized with acute stroke. It consists of 8 items classified into 3 categories as follows: (1) stroke prevention: antithrombotic use, statin use, glucose control, blood pressure control; (2) prevention of complications: deep venous thrombosis prophylaxis, temperature control; and (3) recovery and disposition: fluids and nutrition, mobility and therapy. The Stroke 8 checklist has been implemented in 3 formats over an 8-year period: laminated cards, an electronic documentation template, and an electronic template supplemented with clinical data autopopulated from the electronic health record. We have found the Stroke 8 to be a valuable tool in the daily inpatient management of patients with acute stroke.

Publication type: Journal: Article
Source: EMBASE

23. The stroke 'Act FAST' campaign: Remembered but not understood?
Citation: International Journal of Stroke, April 2015, vol./is. 10/3(324-330), 1747-4930;1747-4949 (01 Apr 2015)
Language: English
Abstract: The stroke awareness raising campaign 'Act FAST' (Face, Arms, Speech: Time to call Emergency Medical Services) has been rolled out in multiple waves in England, but impact on stroke recognition and response remains unclear. Purpose: The purpose of this study was to test whether providing knowledge of the FAST acronym through a standard Act FAST campaign leaflet increases accurate recognition and response in stroke-based scenario measures. Methods: This is a population-based, cross-sectional survey of adults in Newcastle upon Tyne, UK, sampled using the electoral register, with individuals randomized to receive a questionnaire and Act FAST leaflet (n=2500) or a questionnaire only (n=2500) in 2012. Campaign message retention, stroke recognition, and response measured through 16 scenario-based vignettes were assessed. Data were analyzed in 2013. Results: Questionnaire return rate was 323% (n=1615). No differences were found between the leaflet and no-leaflet groups in return rate or demographics. Participants who received a leaflet showed better campaign recall (757% vs. 682%, P=0003) and recalled more FAST mnemonic elements (661% vs. 453% elements named correctly, P<0001). However, there were no between-group differences for stroke recognition and response to stroke-based scenarios (P>005). Conclusions: Despite greater levels of recall of specific 'Act FAST' elements among those receiving the Act FAST leaflet, there was no impact on stroke recognition and response measures.

Publication type: Journal: Article
Source: EMBASE

24. TIA triage in emergency department using acute MRI (TIA-TEAM): A feasibility and safety study
Citation: International Journal of Stroke, April 2015, vol./is. 10/3(343-347), 1747-4930;1747-4949 (01 Apr 2015)
Author(s): Vora N., Tung C.E., Mlynash M., Garcia M., Kemp S., Kleinman J., Zaharchuk G., Albers G., Olivot J.-M.
25. Transcranial direct current stimulation (tDCS): Does it have merit in stroke rehabilitation? A systematic review

**Citation:** International Journal of Stroke, April 2015, vol./is. 10/3(306-316), 1747-4930;1747-4949 (01 Apr 2015)

**Author(s):** Marquez J., van Vliet P., Mcelduff P., Lagopoulos J., Parsons M.

**Abstract:** Transcranial direct current stimulation has been gaining increasing interest as a potential therapeutic treatment in stroke recovery. We performed a systematic review with meta-analysis of randomized controlled trials to collate the available evidence in adults with residual motor impairments as a result of stroke. The primary outcome was change in motor function or impairment as a result of transcranial direct current stimulation, using any reported electrode montage, with or without adjunct physical therapy. The search yielded 15 relevant studies comprising 315 subjects. Compared with sham, cortical stimulation did not produce statistically significant improvements in motor performance when measured immediately after the intervention (anodal stimulation: facilitation of the affected cortex: standardized mean difference=005, P=071; cathodal stimulation: inhibition of the nonaffected cortex: standardized mean difference=039, P=008; bihemispheric stimulation: standardized mean difference=024, P=039).

When the data were analyzed according to stroke characteristics, statistically significant improvements were evident for those with chronic stroke (standardized mean difference=045, P=001) and subjects with mild-to-moderate stroke impairments (standardized mean difference=037, P=002). Transcranial direct current stimulation is likely to be effective in enhancing motor performance in the short term when applied selectively to patients with stroke. Given the range of stimulation variables and heterogeneous nature of stroke, this modality is still experimental and further research is required to determine its clinical merit in stroke rehabilitation.

**Publication type:** Journal: Review

**Source:** EMBASE

26. Young and midlife stroke survivors? experiences with the health services and long-term follow-up needs

**Citation:** Journal of Neuroscience Nursing, Feb 2015, vol. 47, no. 1, p. 27-35, 0888-0395 (February 2015)

**Author(s):** Martinsen, Randi, Kirkevold, Marit, Sveen, Unni

**Abstract:** The aim of this qualitative study was to explore young and midlife stroke survivors’ experiences with the health services and to identify long-term follow-up needs. Sixteen participants from two cohorts were interviewed in-depth. The interviews were analyzed applying a hermeneutic-phenomenological analysis. The participants struggled to gain access to follow-up health services. They felt that whether they were systematically followed up was more coincidental than planned. Young and midlife stroke survivors thus appear vulnerable to falling outside the follow-up system. Those participants who received some follow-up care perceived it as untailored to their specific needs. To be considered supportive, the follow-up programs must be in line with their long-term needs, take into account their particular challenges as young and midlife stroke survivors, and be planned in close collaboration with the individual
patient. To secure systematic and follow-up health services tailored to the individual, knowledgeable and committed healthcare professionals should play a prominent role within the community health services. [PUBLICATION]
Source: BNI

News

British Medical Journal

Heavy drinking in middle age increases stroke risk, study of twins shows
Friday 30th January 2015
Drinking more than two alcoholic drinks each day in middle age is associated with a greater increase in stroke risk than traditional risk factors such as high blood pressure and diabetes, warns a study published in the latest edition of Stroke that followed up twins for more than 40 years.

NHS Choices

Study finds link between air pollution and stroke risk
Wednesday 25th March 2015
"Air pollution is linked to an increased risk of stroke," BBC News reports, prompted by a large global study in The BMJ. Researchers found an association even with brief upsurges in air pollution levels.

HRT review finds increased risk of blood clots and stroke
Tuesday 10th March 2015
"Women on HRT pills should be aware that there is a small chance of an increased risk of blood clots and possibly stroke," BBC News reports. This story is based on an update of a review on the effects of hormone replacement therapy (HRT) on the risk of heart and blood vessel diseases (cardiovascular diseases).

Longer sleep linked to stroke
Thursday 26th February 2015
“Too much sleep could kill you,” is the baseless and needlessly alarmist headline on the front cover of today’s Daily Express. The study it is reporting on actually showed that people who sleep for more than eight hours a night had a 46% increased risk of stroke over the following 10 years, compared with people sleeping six to eight hours.

Public Health England

PHE encourages people to act FAST if they experience stroke symptoms
Monday 2nd February 2015
Annual ‘Act FAST’ campaign launches to highlight the symptoms of stroke.

New Library Resources

A selection of books on the topic of Stroke available from Healthcare Library.
To search the library catalogue visit www.swims.nhs.uk

The Stroke Book
Torbey MT and Selim MH
Barcode: T026913
Shelfmark: WL410

Understanding Stroke for patients, carers, and health professionals
Rosemary Sassoon et al
Training & Networking, Conferences & Events

Stroke Association Resources, Training and Networking Events for Professionals

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