Current Awareness

Stroke

This monthly Current Awareness Bulletin is produced by the Library, Musgrove Park Academy to provide staff with a range of stroke-related resources to support practice. It includes recently published guidelines and research articles, news and policy items.

This guide provides a selection of resources relevant to the subject area and is not intended to be a comprehensive list. All websites have been evaluated and details are correct at the time of publications.

Details correct at time of going to print. Please note that resources are continuously updated.

For further help or guidance, please contact a member of library staff.

This guide has been compiled by:

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December 2016/January 2017
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Title: Stroke severity may predict causes of readmission within one year in patients with first ischemic stroke event.

Citation: Journal of the Neurological Sciences, January 2017, vol/is. 372/(21-27)

Author: Hsieh, Cheng-Yang1; Lin, Huey-Juan2; Hu, Ya-Han3; Sung, Sheng-Feng41 Department of Neurology, Tainan Sin Lau Hospital, Tainan, Taiwan.2 Department of Neurology, Chi Mei Medical Center, Tainan, Taiwan.3 Department of Information Management and Institute of Healthcare Information Management, National Chung Cheng University, Chiayi County, Taiwan.4 Division of Neurology, Department of Internal Medicine, Ditmanson Medical Foundation Chiayi Christian Hospital, Chiayi City, Taiwan. Electronic address: richard.sfsung@gmail.com.

Abstract: Readmissions after stroke are costly. Risk assessment using information available upon admission could identify high-risk patients for potential interventions to reduce readmissions. Baseline stroke severity has been suspected to be a factor in readmission; however, the exact nature of the impact has not been adequately understood. Hospitalized adult patients with first-ever ischemic stroke were identified from a nationwide administrative database. Stroke severity was assessed using a validated claims-based stroke severity index. Cox proportional hazards models were used to investigate the relationship between stroke severity and first readmission within one year. Of the 10,877 patients, 4295 (39.5%) were readmitted in one year. The cumulative risk of readmission was 34.1%, 44.7%, and 62.9% in patients with mild, moderate, and severe stroke, respectively. Patients with greater stroke severity had a significantly higher adjusted risk of first readmission for infection, metabolic disorders, neurological sequelae, and pulmonary diseases, whereas those with lesser stroke severity were prone to first readmission due to accidents. Stroke severity did not affect the risk of first readmission for recurrent stroke/transient ischemic attack, other cardiovascular events, malignancy, ulcers/upper gastrointestinal bleeding, kidney diseases, and others. Stroke severity in patients with first-ever ischemic stroke not only predicts readmission but also relates to the cause of readmission. Our results might provide important information for tailoring discharge planning to prevent readmissions.
Title: Long-Term Risk of Dementia Among Survivors of Ischemic or Hemorrhagic Stroke.
Citation: Stroke, January 2017, vol/is. 48/1(180-186)
Author: Corraini, Priscila1; Henderson, Victor W2; Ording, et al

Abstract: Stroke is a risk factor for dementia, but the risk of dementia after different stroke types is poorly understood. We examined the long-term risk of dementia among survivors of any first-time stroke and of first-time ischemic stroke, intracerebral hemorrhage, and subarachnoid hemorrhage. We conducted a 30-year nationwide population-based cohort study using data from Danish medical databases (1982-2013) covering all Danish hospitals. We identified 84 220 ischemic stroke survivors, 16 723 intracerebral hemorrhage survivors, 9872 subarachnoid hemorrhage survivors, and 104 303 survivors of unspecified stroke types. Patients were aged ≥18 years and survived for at least 3 months after diagnosis. We formed a comparison cohort from the general population (1 075 588 patients without stroke, matched to stroke patients by age and sex). We computed absolute risks and hazard ratios of dementia up to 30 years after stroke. The 30-year absolute risk of dementia among stroke survivors was 11.5% (95% confidence interval, 11.2%-11.7%). Compared with the general population, the hazard ratio (95% confidence interval) for dementia among stroke survivors was 1.80 (1.77-1.84) after any stroke, 1.72 (1.66-1.77) after ischemic stroke, 2.70 (2.53-2.89) after intracerebral hemorrhage, and 2.74 (2.45-3.06) after subarachnoid hemorrhage. Younger patients regardless of stroke type faced higher risks of poststroke dementia than older patients. The pattern of hazard ratios by stroke type did not change during follow-up and was not altered appreciably by age, sex, or preexisting diagnoses of vascular conditions. Stroke increases dementia risk. Survivors of intracerebral hemorrhage and subarachnoid hemorrhage are at particularly high long-term risk of poststroke dementia.

Title: Why do transient ischemic attack patients have higher early stroke recurrence risk than those with ischemic stroke? Influence of patient behavior and other risk factors in the North Dublin Population Stroke Study.
Citation: International Journal of Stroke, January 2017, vol/is. 12/1(96-104)
Author: Akijian, Layan1; Ní Chróinín, Danielle1 et al

Abstract: Background Few studies have directly compared stroke recurrence rates after stroke and transient ischemic attack, and the risk factors underlying early recurrence are poorly understood. We aimed to investigate risk factors for recurrent stroke after first stroke and transient ischemic attack in a population-based study. Methods The North Dublin Population Stroke Study applied multiple overlapping hot and cold pursuit methods, to ascertain hospital- and community-treated stroke and transient ischemic attack patients over a 12-month period. Inclusion criteria were: (1) Stroke-physician confirmed transient ischemic attack/ischemic stroke; (2) first-stroke/transient ischemic attack event within the ascertainment period. Patients were prospectively followed at 72 h, 7, 28 and 90 days. Results A total of 584 patients met eligibility criteria (172 transient ischemic attack, 412 stroke). More transient ischemic attack than stroke patients presented to medical attention with recurrent stroke (8.24% vs. 0.24%, p = 0.0002). Recurrent stroke was more common after transient ischemic attack than index stroke at each time-interval (at 72 h, 4.07% vs. 1.23%, p = 0.03; at 90 days, 13.45% vs. 5.72%, p = 0.002). Stroke recurrence at 90 days was also associated with delay seeking medical attention after the index event (OR 3.2, p = 0.001), delayed anti-platelet (OR 2.8, p = 0.001) and statin (OR 2.4, p = 0.009) treatment, carotid stenosis/occlusion (OR 2.4, p = 0.008). On multivariable analysis, transient ischemic attack as index event (adjusted OR 2.3, p = 0.02), delayed statin treatment (OR 2.5, p = 0.02), and carotid stenosis/occlusion (OR 2.4, p = 0.02) were independent predictors of 90-day recurrent stroke. Conclusion A combination of pathophysiological and behavioral factors was associated with early stroke recurrence risk. Improved public awareness to reduce delays to self-referral for transient ischemic attack symptoms is needed.
Title: The use of virtual reality for balance among individuals with chronic stroke: a systematic review and meta-analysis.

Citation: Topics in stroke rehabilitation, January 2017, vol./is. 24/1(68-79)

Author(s): Iruthayarajah, Jerome1; McIntyre, Amanda1; Cotoi, Andreea1; Macaluso, Steven1; Teasell, Robert11 a Parkwood Institute Research , Parkwood Institute , London , Canada.

Abstract: Virtual reality (VR) is becoming a popular alternative to traditional upper and lower limb rehabilitation following a stroke. To conduct a systematic review and meta-analysis on the effectiveness of VR interventions for improving balance in a chronic stroke (≥6 months) population. A literature search of Pubmed, Scopus, CINAHL, Embase, Psycinfo, and Web of Science databases was conducted. English randomized controlled trials published up to September 2015 assessing balance with VR in chronic stroke participants. Mean and standard deviations from outcome measures were extracted. Pooled standard mean differences ± standard error were calculated for the Berg Balance Scale (BBS) and the Timed Up and Go test (TUG). In total, 20 studies were selected which assessed the Nintendo(®) Wii Fit balance board (n = 7), treadmill training and VR (n = 7), and postural training using VR (n = 6). Significant improvements were found for VR interventions evaluating the BBS (n = 12; MD = 2.94 ± 0.57; p < 0.001) and TUG (n = 13; MD = 2.49 ± 0.57; p < 0.001). Sub-analyses revealed postural VR interventions had a significant effect on BBS (n = 5) and TUG (n = 3) scores (BBS: MD = 3.82 ± 0.79; p < 0.001 and TUG: MD = 3.74 ± 0.97; p < 0.001). VR and treadmill training (n = 5) had a significant effect on TUG scores (MD = 2.15 ± 0.89, p = 0.016). Overall, VR interventions compared to conventional rehabilitation had significant improvements. The meta-analyses also suggest that the Nintendo(®) Wii Fit balance board may not be effective, although further confirmatory studies are necessary. Results should be interpreted with caution due to differences in therapy intensities and effect sizes within the included studies.

Title: Blood Pressure Reduction and Secondary Stroke Prevention

Citation: Hypertension, January 2017, vol./is. 69/1(171-179), 0194-911X;1524-4563 (01 Jan 2017)


Abstract: Current recommendations do not specifically address the optimal blood pressure (BP) reduction for secondary stroke prevention in patients with previous cerebrovascular events. We conducted a systematic review and meta regression analysis on the association of BP reduction with recurrent stroke and cardiovascular events using data from randomized controlled clinical trials of secondary stroke prevention. For all reported events during each eligible study period, we calculated the corresponding risk ratios to express the comparison of event occurrence risk between patients randomized to antihypertensive treatment and those randomized to placebo. On the basis of the reported BP values, we performed univariate metaregression analyses according to the achieved BP values under the random-effects model (Method of Moments) for those adverse events reported in >10 total subgroups of included randomized controlled clinical trials. In pairwise meta-analyses, antihypertensive treatment lowered the risk for recurrent stroke (risk ratio, 0.73; 95% confidence interval, 0.62-0.87; P<0.001), disabling or fatal stroke (risk ratio, 0.71; 95% confidence interval, 0.59-0.85; P<0.001), and cardiovascular death (risk ratio, 0.85; 95% confidence interval, 0.75-0.96; P=0.01). In metaregression analyses, systolic BP reduction was linearly related to the lower risk of recurrent stroke (P=0.049), myocardial infarction (P=0.024), death from any cause (P=0.001), and cardiovascular death (P<0.001). Similarly, diastolic BP reduction was linearly related to a lower risk of recurrent stroke (P=0.026) and all-cause mortality (P=0.009). Funnel plot inspection and Egger statistical test revealed no evidence of publication bias. The extent of BP reduction is linearly associated with the magnitude of risk reduction in recurrent cerebrovascular and cardiovascular events. Strict and aggressive BP control seems to be essential for effective secondary stroke prevention. Copyright © 2016 American Heart Association, Inc.

Full text: Available Highwire Press at Hypertension
Title: Can Neurological Biomarkers of Brain Impairment Be Used to Predict Poststroke Motor Recovery? A Systematic Review

Citation: Neurorehabilitation and Neural Repair, January 2017, vol./is. 31/1(3-24), 1545-9683;1552-6844 (01 Jan 2017)

Author(s): Kim B., Winstein C.

Abstract: Background. There is growing interest to establish recovery biomarkers, especially neurological biomarkers, in order to develop new therapies and prediction models for the promotion of stroke rehabilitation and recovery. However, there is no consensus among the neurorehabilitation community about which biomarker(s) have the highest predictive value for motor recovery. Objective. To review the evidence and determine which neurological biomarker(s) meet the high evidence quality criteria for use in predicting motor recovery. Methods. We searched databases for prognostic neuroimaging/neurophysiological studies. Methodological quality of each study was assessed using a previously employed comprehensive 15-item rating system. Furthermore, we used the GRADE approach and ranked the overall evidence quality for each category of neurologic biomarker. Results. Seventy-one articles met our inclusion criteria; 5 categories of neurologic biomarkers were identified: diffusion tensor imaging (DTI), transcranial magnetic stimulation (TMS), functional magnetic resonance imaging (fMRI), conventional structural MRI (sMRI), and a combination of these biomarkers. Most studies were conducted with individuals after ischemic stroke in the acute and/or subacute stage (~70%). Less than one-third of the studies (21/71) were assessed with satisfactory methodological quality (80% or more of total quality score). Conventional structural MRI and the combination biomarker categories ranked "high" in overall evidence quality. Conclusions. There were 3 prevalent methodological limitations: (a) lack of cross-validation, (b) lack of minimal clinically important difference (MCID) for motor outcomes, and (c) small sample size. More high-quality studies are needed to establish which neurological biomarkers are the best predictors of motor recovery after stroke. Finally, the quarter-century old methodological quality tool used here should be updated by inclusion of more contemporary methods and statistical approaches. Copyright © American Society of Neurorehabilitation.

Title: Predicting Motor Sequence Learning in Individuals with Chronic Stroke

Citation: Neurorehabilitation and Neural Repair, January 2017, vol./is. 31/1(95-104), 1545-9683;1552-6844 (01 Jan 2017)


Abstract: Background. Conventionally, change in motor performance is quantified with discrete measures of behavior taken pre- and postpractice. As a high degree of movement variability exists in motor performance after stroke, pre- and posttesting of motor skill may lack sensitivity to predict potential for motor recovery. Objective. Evaluate the use of predictive models of motor learning based on individual performance curves and clinical characteristics of motor function in individuals with stroke. Methods. Ten healthy and fourteen individuals with chronic stroke performed a continuous joystick-based tracking task over 6 days, and at a 24-hour delayed retention test, to assess implicit motor sequence learning. Results. Individuals with chronic stroke demonstrated significantly slower rates of improvements in implicit sequence-specific motor performance compared with a healthy control (HC) group when root mean squared error performance data were fit to an exponential function. The HC group showed a positive relationship between a faster rate of change in implicit sequence-specific motor performance during practice and superior performance at the delayed retention test. The same relationship was shown for individuals with stroke only after accounting for overall motor function by including Wolf Motor Function Test rate in our model. Conclusion. Nonlinear information extracted from multiple time points across practice, specifically the rate of motor skill acquisition during practice, relates strongly with changes in motor behavior at the retention test following practice and could be used to predict optimal doses of practice on an individual basis.
Title: A community-engaged assessment of barriers and facilitators to rapid stroke treatment
Citation: Research in Nursing & Health; Dec 2016; vol. 39 (no. 6); p. 438-448
Author(s): Nemeth, Lynne S.; Jenkins, Carolyn; Jauch, Edward C.; Conway, Sharon; Pearlman, Adam; (Deceased), Ida J. Spruill; Brown, Lynette J.; Linnen, Joyce; Linnen, Florene; Andrews, Jeannette O.

Abstract: Treatment for acute ischemic stroke must be initiated within hours of stroke symptom onset, and the sooner it is administered, the better. In South Carolina, 76% of the population can access expert stroke care, and rural hospitals may provide specialized treatment using telemedicine, but many stroke sufferers seek care too late to achieve full benefit. Using a community-engaged approach in a southern rural community, we explored barriers and facilitators to early stroke care and implications for improvement. The Community-Engaged Assessment to facilitate Stroke Elimination (CEASE) study was guided by a community advisory group to ensure community centeredness and local relevance. In a qualitative descriptive study, eight focus groups were conducted including 52 individuals: recent stroke survivors, family members, emergency medical personnel, hospital emergency department staff, primary care providers, and community leaders. From analysis of focus group transcripts came six themes: lack of trust in healthcare system and providers; weak relationships fueled by poor communication; low health literacy; financial limitations related to health care; community-based education; and faith as a message of hope. A hierarchy model for improving early community-based stroke care was developed through consensus dialogue by community representatives and the research team. This model can be used to inform a community-partnered, stakeholder-informed intervention to improve stroke care in a rural southern community with the goal of improving stroke education, care, and outcome.

Title: Caregiving immediately after stroke: a study of uncertainty in caregivers of older adults
Citation: Journal of Neuroscience Nursing; Dec 2016; vol. 48 (no. 6); p. 343-351
Author(s): Byun, Eeeseung; Riegel, Barbara; Sommers, Marilyn; Tkacs, Nancy; Evans, Lois

Abstract: Background: Caregivers of stroke survivors experience high rates of mental and physical morbidity. Stroke has sudden onset, and the outcome is not immediately known. Uncertainties surrounding the new caregiving role may not only necessitate major changes in the lives of family caregivers but also contribute to negative health outcomes for the caregiver. Purpose: The purposes of this study were to describe caregiver uncertainty across the early weeks after a family member’s stroke and to explore characteristics of caregivers and stroke survivors associated with that uncertainty. Methods: A prospective, longitudinal exploratory observational study was conducted with a convenience sample of 40 caregivers and older adult (>=65 years) stroke survivors recruited from urban acute care settings in the mid-Atlantic region. Caregivers were enrolled by 2 weeks poststroke (T1) and revisited 4 weeks later (T2). Uncertainty was measured using the Mishel Uncertainty in Illness Scale for Family Members. An unadjusted linear mixed model was computed to examine significant associations between each caregiver or stroke survivor characteristic and repeated measures of uncertainty. Results: Uncertainty at T1 (83.73 ± 23.47) was higher than reported in other caregiver populations and remained high 6 weeks poststroke (T2: 85.23 ± 23.94). Each of the following characteristics was independently associated with greater caregiver uncertainty: caregivers? older age (p = .019), being a spouse (p = .01), higher stress (p < .001), more depressive symptoms (p = .001), more comorbidities (p = .035), and poorer coping capacity (p = .002) and stroke survivors’ recurrent stroke (p = .034), poorer functional status (p = .009), and insurance type (p = .008). Conclusions: Caregivers experienced persistently high uncertainty during the first 6 weeks poststroke. Better understanding of uncertainty, its associated characteristics, and its outcomes may help
clinicians identify caregivers at highest risk who may benefit from targeted interventions.

Title: Implementation of a stroke competency program to improve nurses’ knowledge of and adherence to stroke guidelines
Citation: Journal of Neuroscience Nursing; Dec 2016; vol. 48 (no. 6); p. 328-335
Author(s): Reynolds, Staci Sue; Murray, Laura L.; McLennon, Susan M.; Bakas, Tamilyn

Abstract: Background: Nurses play an integral part in providing evidence-based care to patients with stroke, yet some patients receive unnecessary or even harmful care. The literature supports the use of multifaceted strategies to promote implementation of evidence-based practice; however, there is a gap in knowing which combinations of strategies are most successful. Purpose: The purpose of this study was to determine if a tailored, multifaceted Stroke Competency Program would improve nurses’ knowledge of and adherence to evidence-based practices in the care of patients with stroke. This program bundled implementation strategies of local opinion leaders, printed educational materials, and educational outreach. Methods: This study used a pretest/posttest program design. Nursing adherence was measured via documentation audits with knowledge measured by an author-developed assessment. Findings: Most participating nurses had approximately 10 years of nursing experience and were baccalaureate prepared; participation ranged from 32% to 58% (n = 88). Overall, an improvement in nursing adherence was noted after the program as well as significant improvements in nursing knowledge. Conclusion: Although the Stroke Competency Program improved nursing knowledge of and adherence to stroke guidelines, future research should seek to extend these findings to identify which bundle of strategies are most effective for implementing evidence into nursing practice using psychometrically sound outcome measures.
If you are unable to find a book, or require a book that is not on this list, please ask library staff who will be able to locate the book for you using interlibrary loan.

Please note that some books detailed below may not be available in your local library and would need to be ordered for you.

**Stroke Medicine**  
Markus, H et al  
2017, 2nd revised edition

*From the back of the book:*  
The second edition of Stroke Medicine incorporates considerable advances in the treatment of stroke that have occurred since the first edition published. This provides an up-to-date and easily accessible source of information on all aspects of stroke care, from acute care through to rehabilitation and secondary prevention. The new edition includes some additional updates on cardiac investigation of stroke, due to novel methods for detecting atrial fibrillation, and new trial data has been added to the chapter on Treatment of Stroke. The book includes numerous illustrations and tables presenting information in an easy-to-follow way and is designed to be used by the practising physician as a practical handbook of stroke care.

**Stroke - What do I do now?**  
Caplan, L.R.  
2016, 2nd revised edition

*From the back of the book:*  
Part of the "What Do I Do Now?" series, Stroke uses a case-based approach to cover common and important topics in the diagnosis and treatment of stroke. Each chapter provides an overview of the approach to the problem in question followed by a discussion of the diagnosis, key points to remember, and selected references for further reading. For this edition, all cases have been carefully revised, and new information and references have been added. Stroke is an engaging collection of thought-provoking cases which clinicians can utilize when they encounter difficult patients on the ward or in the clinic. The volume is also a self-assessment tool that tests the reader's ability to answer the question, "What do I do now?"

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Reviews from December 2016

Caregiver-mediated exercises for improving outcomes after stroke

Cerebrolysin for acute ischaemic stroke

*NEW*

Cochrane Clinical Answers

Cochrane Clinical Answers covers 32 Clinical Specialties and provide a readable, digestible, clinically focused entry point to rigorous research from Cochrane systematic reviews. They are designed to be actionable and to inform decision making at the point of care. Each Cochrane Clinical Answer contains a clinical question, a short answer, and an opportunity to ‘drill down’ to the evidence from the Cochrane Review. The evidence is displayed in a user friendly format, mixing narrative, numbers and graphics. The target audience for Cochrane Clinical Answers is healthcare practitioners and professionals, and other informed health care decision-makers. Cochrane Clinical Answers have been developed by Cochrane Innovations Ltd. and Wiley Online Library.

November 2016

What are the effects of self-management programs in people with stroke?

GUIDELINES


This updated guidance calls for all patients to receive an urgent brain scan within one hour of being admitted to hospital. This edition informs healthcare professionals about what should be delivered to stroke patients and how this should be organised, with the aim of improving the quality of care for everyone who has a stroke, regardless of age, gender, type of stroke, or location. The guideline includes a detailed section on the commissioning of stroke care.

Additional link: RCP press release

NICE Guidelines

Current Guidelines

IPG561: Transcervical extracorporeal reverse flow neuroprotection for reducing the risk of stroke during carotid artery stenting- June 2016

IPG548: Mechanical clot retrieval for treating acute ischaemic stroke- February 2016

QS99: Secondary prevention after a myocardial infarction- September 2015
TA355: Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation - September 2015

Updated Guidelines

QS100: Cardiovascular risk assessment and lipid modification - updated September 2016

UPTODATE & DYNAMED PLUS

What’s new from our clinical decision-making tools on the topic of stroke.

UpToDate – Access for Musgrove Staff only

DynaMed Plus – Access for Somerset Partnership Staff only

Please contact library staff for details on how to access these resources; you will need an Athens password if accessing from home.

REPORTS, PUBLICATIONS AND RESOURCES

NICE Pathway on Stroke

Sentinel Stroke National Audit Programme (SSNAP)

UK Stroke Forum - hosted by Stroke Association

Stroke Association website - contains information about support groups, conferences, fundraising, research and professional advice including toolkits and posters.

The Sentinel Stroke National Audit Programme - 3 reports

Post-acute organisational audit
Presents the findings on the organisation of care for stroke survivors once they leave hospital. The audit highlights the number and location of post-acute stroke services across the UK and outlines what a patient might expect in accessing these services.
Mind the Gap- Third Annual SSNAP Report
The Royal College of Physicians has published the third annual Sentinel Stroke National Audit Programme (SSNAP) report Mind the Gap! The report shows that despite stroke care continuing to improve year on year, work is still required to ensure that all patients have access to high quality care regardless of where they live or when they are admitted to hospital. SSNAP has also published 2016 acute organisational audit. This is a snapshot audit that measures the structure of stroke services in acute hospitals.

Thirteenth report from SSNAP- latest quarterly results
The Healthcare Improvement Partnership has published the thirteenth report from the Sentinel Stroke National Audit Programme (SSNAP) which reveals that 25 stroke services scored an overall ‘A’ score for the quality of care they provide for patients, demonstrating that a world class service is achievable. The report relates to patients admitted to or discharged from hospital between January and March 2016. It includes named hospital results for the entire inpatient care pathway.

Raconteur Report- Understanding Stroke
Stroke is one of the biggest health issues people face today, taking a life every 13 minutes and costing the nation an estimated £9 billion a year in health and social costs. Yet the condition ranks low in terms of public perception and research funding, and the UK lags behind some other nations in improving patient outcomes. This report highlights the need to raise research funding, along with awareness of the condition, and identifies key risk factors. It also showcases major technological and medical breakthroughs.

Lost for words- stroke.org.uk VIDEO
Watch stroke survivors coping with the devastation of losing their words after stroke and telling us about learning how to communicate with their loved ones again.

TOPIC ALERTS AND UPDATES

ABSTRACTS AVAILABLE VIA LINKS BELOW - FOR FULL-TEXT PLEASE ASK LIBRARY STAFF

Abstract 13428: The Long-term Therapy With Low-dose Aspirin Did Not Reduce Cardiovascular Events in Patients With Type 2 Diabetes in Primary Prevention Setting: 10-year Follow-up of a Randomized Controlled Trial
*Circulation. 2016;134:A13428
PLEASE NOTE THIS IS AN ABSTRACT ONLY

Dietary magnesium intake and the risk of cardiovascular disease, type 2 diabetes, and all-cause mortality: a dose–response meta-analysis of prospective cohort studies
*BMC Medicine2016:14:210
FREE FULL TEXT

Marital history and survival after stroke
FREE FULL TEXT
Changes in Depressive Symptoms and Subsequent Risk of Stroke in the Cardiovascular Health Study
Stroke. 2017;48:43-48

Causes of Death in Anticoagulated Patients With Atrial Fibrillation

Poststroke Depression: A Scientific Statement for Healthcare Professionals From the American Heart Association/American Stroke Association
Stroke. Originally published December 8, 2016
FREE FULL TEXT

Endovascular therapy for acute ischaemic stroke: the Pragmatic Ischaemic Stroke Thrombectomy Evaluation (PISTE) randomised, controlled trial
J Neurol Neurosurg Psychiatry 2017;88:38–44.

Adherence to a Healthy Nordic Diet and Risk of Stroke
Stroke. 2017; Originally published January 3, 2017

LOOKING FOR THE LATEST EVIDENCE-BASED RESEARCH BUT HAVEN’T GOT TIME TO TRAWL THE DATABASES?

DO YOU NEED A LITERATURE SEARCH CARRIED OUT?

DO YOU NEED TO FIND EVIDENCE TO SUPPORT AN IMPROVEMENT?

DO YOU WANT TO KNOW HOW SOMETHING HAS BEEN DONE ELSEWHERE AND WHETHER IT WORKED?

Library staff provide a literature search service for busy clinicians who are pressed for time.

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Please click here to access a literature search request form. Simply complete and email back to us.
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Please note that registering from home will take longer as it will need to be verified that you are NHS staff/student on placement.

The library offers training on how to access and use Athens resources, as well as an introductory course on critical appraisal. You can book a course through the Learning and Development intranet page, or by contacting the library directly.