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:

Jess Pawley
Senior Library Assistant
Musgrove Park Hospital Library Service

jessica.pawley@tst.nhs.uk

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Library contact details:

Library
Musgrove Park Academy
Musgrove Park Hospital
Taunton
Somerset
TA1 5DA

Tel: 01823 34 (2433)

Email: library@tst.nhs.uk
Blog: http://librarymph.wordpress.com
@musgrovesompar
This is a list of journal articles on the topic of stroke. Some articles are available in the library or online via an OpenAthens password by following the full-text link. If you would like an article which is not available as full-text then please contact library staff.

Please note that abstracts are not always available for all articles.

1. Research-based evidence in stroke rehabilitation: an investigation of its implementation by physiotherapists and occupational therapists.
   **Author(s):** Kristensen, Hanne Kaae; Ytterberg, Charlotte; Jones, Dorrie Lee; Lund, Hans
   **Source:** Disability & Rehabilitation; Dec 2016; vol. 38 (no. 26); p. 2564-2574

   **Author(s):** Eby, Sarah; Kai-Nan An; Heng Zhao; Pengfei Song; Kinnick, Randall; Greenleaf, James F.; Shigao Chen; Vareberg, Barbara J.; Brown, Allen W.
   **Source:** American Journal of Physical Medicine & Rehabilitation; Dec 2016; vol. 95 (no. 12); p. 899-910

3. Profile and Predictors of Five-year Outcome in Extended Activities of Daily Living After Stroke.
   **Author(s):** Verheyden, Geert; Putman, Koen; Dejaeger, Eddy; Gantenbein, Andreas R.; Lincoln, Nadina; Schupp, Wilfried; De Wit, Liesbet
   **Source:** Archives of Physical Medicine & Rehabilitation; Dec 2016; vol. 97 (no. 12)

4. Botulinum toxin as early intervention for spasticity after stroke or non-progressive brain lesion: A meta-analysis.
   **Author(s):** Rosales, Raymond L; Efendy, Fran; Teleg, Ericka Sa; Delos Santos, Mary Md; Rosales, Mary Ce; Ostrea, Marc; Tanglao, Michelle J; Ng, Arlene R
   **Source:** Journal of the neurological sciences; Dec 2016; vol. 371 ; p. 6-14

   **Abstract:** Spasticity is a functionally limiting disorder that commonly occurs following stroke or severe brain injury, and may lead to disability and pain. In tandem with neurorehabilitation, botulinum toxin
type A (BoNT-A) is the recommended first-line treatment for spasticity and, to date, the majority of trials have reported BoNT-A use in patients >6months after ictus. The present meta-analysis aimed to evaluate the effects of early BoNT-A injection for post-stroke spasticity on improvements in hypertonicity, disability, function and associated pain. A literature search yielded six studies reporting the effects of BoNT-A treatment within 3months post-stroke; three in the upper limb and three in the lower limb. All six studies permitted concomitant rehabilitation. Reduction in hypertonicity was compared in all six studies and revealed a significant treatment effect (P=0.0002) on the most affected joints between weeks 4 and 12 following injection. However, no significant effects of treatment were observed for improvement in disability at week 4 or improvement in function at weeks 4 and 20-24. A trend towards reduction in spasticity-related pain at week 4 following BoNT-A treatment (P=0.13) was also observed. These results demonstrate the beneficial effects of BoNT-A treatment on improving hypertonicity within 3 months post-stroke and emphasise the importance of concomitant neurorehabilitation therapy.

5. Trends in the epidemiology of cardiovascular disease in the UK.

Author(s): Bhatnagar, Prachi; Wickramasinghe, Kremlin; Wilkins, Elizabeth; Townsend, Nick
Source: Heart (British Cardiac Society); Dec 2016; vol. 102 (no. 24); p. 1945-1952

Available in full text at Heart - from Highwire Press

Abstract: Cardiovascular disease (CVD) mortality in the UK is declining; however, CVD burden comes not only from deaths, but also from those living with the disease. This review uses national datasets with multiple years of data to present secular trends in mortality, morbidity, and treatment for all CVD and specific subtypes within the UK. We produced all-ages and premature age-standardised mortality rates by gender, standardised to the 2013 European Standard Population, using data from the national statistics agencies of the UK. We obtained data on hospital admissions from the National Health Service records, using the main diagnosis. Prevalence data come from the Quality and Outcome Framework and national surveys. Total CVD mortality declined by 68% between 1980 and 2013 in the UK. Similar decreases were seen for coronary heart disease and stroke. Coronary heart disease prevalence has remained constant at around 3% in England and 4% in Scotland, Wales, and Northern Ireland. Hospital admissions for all CVD increased by over 46 000 between 2010/2011 and 2013/2014, with more than 36 500 of these increased admissions for men. Hospital admission trends vary by country and CVD condition. CVD prescriptions and operations have increased over the last decade. CVD mortality has declined notably for both men and women while hospital admissions have increased. CVD prevalence shows little evidence of change. This review highlights that improvements in the burden of CVD have not occurred equally between the four constituent countries of the UK, or between men and women.


Author(s): Imam, Yahia Z; D'Souza, Atlantic; Malik, Rayaz A; Shuaib, Ashfaq
Source: Translational stroke research; Dec 2016; vol. 7 (no. 6); p. 458-477

Abstract: Treatment of hypertension, diabetes, high cholesterol, smoking cessation, and healthy lifestyle have all contributed to the decline in the incidence of vascular disease over the last several decades. Patients who suffer an acute stroke are at a high risk for recurrence. Introduction of newer technologies and their wider use allows for better identification of patients in whom the risk of recurrence following an acute stroke may be very high. Traditionally, the major focus for diagnosis and management has focused on patient history, examination, imaging for carotid stenosis/occlusion, and detection of AF and paroxysmal AF (PAF) with 24-48 h cardiac monitoring. This review focuses on the usefulness of three newer investigative tools that are becoming widely available and lead to better prevention. Continuous ambulatory blood pressure measurements for 24 h or longer and 3D Doppler measures of the carotid arteries provide key useful information on the state of vascular health.
and enhance our ability to monitor the response to preventive therapies. Furthermore, the detection of PAF can be significantly improved with prolonged cardiac monitoring for 3 weeks or longer, enabling the initiation of appropriate prevention therapy. This review will focus on the potential impact and importance of these emerging technologies on the prevention of recurrent stroke in high-risk patients.

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7. Safety and efficacy of treatment strategies for posterior inferior cerebellar artery aneurysms: a systematic review and meta-analysis

**Author(s):** Petr O.; Sejkora A.; Lanzino G.; Bradac O.; Brinjikji W.

**Source:** Acta Neurochirurgica; Dec 2016; vol. 158 (no. 12); p. 2415-2428

**Abstract:**
Introduction: We conducted a systematic review of the literature to evaluate the safety and efficacy of treatment strategies for PICA aneurysms. Methods: A systematic search of Medline, EMBASE, Scopus, and Web of Science was done for studies published through November 2015. We included studies that described treatment of PICA aneurysms with >10 patients. Random-effects meta-analysis was used to pool the following outcomes: complete occlusion, technical success, periprocedural morbidity/mortality, stroke rates, aneurysm recurrence/rebleed, CN palsies rates, and long-term neurological morbidity/mortality. Results: We included 29 studies with 796 PICA aneurysms. When considering all ruptured PICA aneurysms, complete occlusion rates were 97.1 % (95 % CI = 94.5-99.0 %) in the surgical group and 84.3 % (95 % CI = 73.8-92.6 %) in the endovascular group. Aneurysm recurrence occurred in 1.4 % (95 % CI = 0.3-3.3 %) after surgery and in 6.9 % (95 % CI = 3.6-10.9 %) after endovascular treatment. Overall neurological morbidity and mortality were 14.4 % (95 % CI = 8.7-21.2 %) and 9.8 % (95 % CI = 5.8-14.8 %) after surgery and 15.1 % (95 % CI = 10.5-20.2 %) and 17.1 % (95 % CI = 11.5-23.7 %) after endovascular treatment, respectively. When considering all unruptured PICA aneurysms, complete occlusion rates were 92.9 % (95 % CI = 79.5-100 %) in the surgical group and 75.7 % (95 % CI = 45.4-97.1 %) in the endovascular group. Overall long-term good neurological outcome rates were 91.5 % (95 % CI = 74.4-100 %) in the surgical series and 93.3 % (95 % CI = 82.7-99.5 %) in the endovascular group. Conclusions: Our meta-analysis demonstrated that both treatment modalities are technically feasible with high rates of technical success and effective with sufficient long-term aneurysm occlusion rates. Our data suggest that surgery is associated with superior angiographic outcomes. While endovascular therapy could be a reasonable first-line treatment option for proximal PICA aneurysms, surgery remains a highly effective first-line choice for distal PICA aneurysms. These findings should be considered when deciding the best therapeutic strategy.

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8. Use of smokeless tobacco and risk of cardiovascular disease: A systematic review and meta-analysis

**Author(s):** Vidyasagaran A.L.; Siddiqi K.; Kanaan M.

**Source:** European Journal of Preventive Cardiology; Dec 2016; vol. 23 (no. 18); p. 1970-1981

**Abstract:**
Objective The purpose of this study was to assess the risk of ischaemic heart disease (IHD) and stroke (non-fatal and fatal) among adult ever-users of smokeless tobacco (ST). Design The study design involved a systematic review and meta-analysis of observational studies. Methods Data sources for the review included key electronic databases and reference lists. Studies were included based on design (cohort or case-control), exposure (exclusive use of ST or adjusted for smoking), and outcome (non-fatal and fatal IHD and stroke). Data extraction included reported measures of association (risk ratios (RRs) or odds ratios (ORs)) between ever-use of ST (current or past) and cardiovascular disease (CVD) outcomes among non-smokers, and other study characteristics. The Newcastle-Ottawa scale was used to assess study quality. Summary measures were estimated using random effects models. Results Twenty studies were included in the meta-analyses. Overall, significantly increased risk of IHD deaths (1.15, 95% confidence interval (CI): 1.01-1.30) and stroke deaths (1.39, 95% CI: 1.29-1.49) was found among ever-users of ST. We did not find an overall significant increased risk for IHD (1.14, 95% CI: 0.92-1.42) or stroke (1.01, 95% CI: 0.90-1.13). But geographical variations were marked for IHD, with significant positive association in Asian studies.
(1.40, 95% CI: 1.01-1.95), and the INTERHEART study, where ST data was mainly reported from Asia (2.23, 95% CI: 1.41-3.53). European studies did not show an increased risk for non-fatal CVD. Conclusion An association was found between ever use of ST and risk of fatal IHD and stroke, consistent with previous reviews. ST consumption also appears to significantly increase risk of non-fatal IHD among users in Asia, but not in Europe.

9. Top 10 research priorities relating to stroke nursing: a rigorous approach to establish a national nurse-led research agenda

Author(s): Rowat, Anne; Pollock, Alex; George, Bridget St; Cowey, Eileen; Booth, Joanne; Lawrence, Maggie

Source: Journal of Advanced Nursing; Nov 2016; vol. 72 (no. 11); p. 2831-2843

Abstract: Aim. To determine the top 10 research priorities specific to stroke nursing. Background. It is important that stroke nurses build their research capability and capacity. This project built on a previous James Lind Alliance prioritization project, which established the shared stroke research priorities of stroke survivors, carers and health professionals. Design. Research priority setting project using James Lind methods; a survey for interim prioritization and a consensus meeting for final priority setting. Methods. Between September - November 2014, stroke nurses were invited to select their top 10 priorities from a previously established list of 226 unique unanswered questions. These data were used to generate a list of shared research priorities (interim priority setting stage). A purposefully selected group of stroke nurses attended a final consensus meeting (April 2015) to determine the top 10 research priorities. Results. During the interim prioritization stage, 97 stroke nurses identified 28 shared priority treatment uncertainties. At the final consensus meeting, 27 stroke nurses reached agreement on the top 10 stroke nursing research priorities. Five of the top 10 questions relate to stroke-specific impairments and five relate to rehabilitation and long-term consequences of stroke. Conclusions. The research agenda for stroke nursing has now been clearly defined, facilitating nurses to undertake research, which is of importance to stroke survivors and carers and central to supporting optimal recovery and quality of life after stroke.

10. Systematic review and meta-analysis of the diagnostic accuracy of the water swallow test for screening aspiration in stroke patients

Author(s): Chen, Po-Cheng; Chuang, Ching-Hui; Leong, Chau-Peng; Guo, Su-Er; Hsin, Yi-Jung

Source: Journal of Advanced Nursing; Nov 2016; vol. 72 (no. 11); p. 2575-2586

Abstract: Aim. The aim of this study was to determine the diagnostic accuracy of the water swallow test for screening aspiration in stroke patients. Background. The water swallow test is a simple bedside screening tool for aspiration among stroke patients in nursing practice, but results from different studies have not been combined before. Design. A systematic review and meta-analysis was conducted to provide a synthetic and critical appraisal of the included studies. Data sources. Electronic literature in MEDLINE, EMBASE, CINAHL and other sources were searched systematically in this study. Databases and registers were searched from inception up to 30 April 2015. Review methods. This systematic review was conducted using the recommendations from Cochrane Collaboration for Systematic Reviews of Diagnostic Test Accuracy. Bivariate random-effects models were used to estimate the diagnostic accuracy across those studies. The tool named Quality Assessment of Diagnostic Accuracy Studies (QUADAS-2) was used to evaluate the quality of the studies. Results. There were 770 stroke patients in the 11 studies for the meta-analysis. The water swallow test had sensitivities between 64-79% and specificities between 61-81%. Meta-regression analysis indicated that increasing water volume resulted in higher sensitivity but lower specificity of the water swallow test. Conclusions. This systematic review showed that the water swallow test was a useful screening tool for aspiration among stroke patients. The test accuracy was related to the water volume and a 3-oz water swallow test was recommended for aspiration screening in stroke patients.
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.

**Oxford Textbook of Neurocritical Care**
Smith, M et al
2016

*From the back of the book:*
The critical care management of patients with life-threatening neurological conditions requires the ability to treat neurological injuries, manage medical complications and perform invasive procedures whilst balancing the management of the brain and the body. The Oxford Textbook of Neurocritical Care provides an authoritative and up-to-date summary of the scientific basis, clinical techniques and management guidelines in this exciting clinical discipline. This highly authoritative textbook is conceptually divided into three sections. Section 1 provides an accessible guide to the general principles of neurophysiology and neuropharmacology, cardiorespiratory support, management of fluids and intracranial hypertension. Section 2 outlines the use of multiple monitoring modes which are crucial to diagnosis and management. Section 3 covers the management of the major pathologies encountered during neurointensive care with an emphasis on evidence-based practice or consensus guidelines to provide a cohesive and definitive clinical resource. Authored by an international team of expert practitioners this textbook reflects world-wide practice and guidelines. This volume is published with a concurrent online version, which features access to the full content of the textbook, contains links from the references to primary research journal articles, allows full text searches, and provides access to figures and tables that can be downloaded to PowerPoint®. Designed for consultants and trainees in neurocritical care, The Oxford Textbook of Neurocritical Care is also accessible to the general critical care physician and trainees who need a definite and authoritative resource to meet the unique needs of neurocritically ill patients.

**Treatment-Related Stroke: Including Iatrogenic and In-Hospital Strokes**
Tsiskaridze
2016

*From the back of the book:*
Up to 15% of all strokes occur in hospitalized patients, many of whom are there for surgical procedures or cardiac disorders. Outcomes can be poor, with high mortality - possibly related to co-morbidities and the complexities of hospital care. Risk factors for in-hospital stroke include specific operations and procedures (such as cardiac surgery), previous medical disorders (especially a history of stroke or transient ischemic attack), and certain physiological characteristics (including fever and dehydration). More rapid diagnosis and evaluation for interventional therapies is needed. This major new book examines the causes of treatment-related stroke in most hospital-based situations. Therapeutic approaches – including interventional therapies and intra-arterial thrombolysis – are highlighted, including experimental agents and interventions where other treatment possibilities are limited. Increasing the awareness of such interventions is an important factor in reducing delays in the assessment of patients who have strokes while in hospital, thus decreasing morbidity and reducing costs.

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**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?

**National Clinical Guideline for Stroke: fifth edition.**

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.

STROKE IN THE NEWS

Behind the Headlines

Eating one egg a day may lower risk of stroke

BBC News

Thousands ‘miss out on stroke treatment’
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.
Neighborhood socioeconomic index and stroke incidence in a national cohort of blacks and whites. Neurology, November 29, 2016, 87:22 2340-2347


Early start of DOAC after ischemic stroke- Risk of intracranial hemorrhage and recurrent events Neurology November 1, 2016 vol. 87 no. 18 1856-1862


Differing association of alcohol consumption with different stroke types: a systematic review and meta-analysis BMC Medicine 2016 14: 178

Effectiveness of a pressure-relieving mattress in an acute stroke ward British Journal of Nursing, Published Online: November 11, 2016

Important factors in predicting mortality outcome from stroke: findings from the Anglia Stroke Clinical Network Evaluation Study Age and Ageing. First published online: October 28, 2016

Female- and Male-Specific Risk Factors for Stroke- A Systematic Review and Meta-analysis JAMA Neurol. Published online November 14, 2016.


New perspectives on atrial fibrillation and stroke Heart 2016;102:1788-1792
**TRAINING & NETWORKING OPPORTUNITIES, CONFERENCES, EVENTS**

**Stroke Association - Events for Professionals** - ongoing events throughout the year

**European Stroke Conference** - 24th-26th May 2017, Berlin, Germany

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**LITERATURE SEARCH SERVICE**

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.

To request a search please complete and return the appropriate form, providing as much information as possible. Alternatively if you would like an assisted search training session, where we will sit down with you and go through the steps of a literature search, then please contact the library.

*Please click [here](#) to access a literature search request form. Simply complete and email back to us.*

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**TRAINING AND ATHENS**

Most electronic resources are available via an Athens password. You can register for this via the Library intranet page, or from home [here](#).

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.