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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Issue 14
October 2016
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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.

   **Source:** Archives of Physical Medicine & Rehabilitation; Nov 2016; vol. 97 (no. 11); p. 1979-1993
   **Author(s):** Lawton, Michelle; Haddock, Gillian; Conroy, Paul; Sage, Karen

2. Randomized comparison trial of gait training with and without compelled weight-shift therapy in individuals with chronic stroke.
   **Source:** Clinical Rehabilitation; Nov 2016; vol. 30 (no. 11); p. 1088-1096
   **Author(s):** Sheikh, Mania; Azarpazhooh, Mahmoud Reza; Hosseini, Hossein Asghar

3. A qualitative study of the experience of psychological distress post-stroke.
   **Source:** Journal of Health Psychology; Nov 2016; vol. 21 (no. 11); p. 2572-2579
   **Author(s):** Crowe, Claire; Coen, Robert F.; Kidd, Nick; Hevey, David; Cooney, John; Harbison, Joseph
   Available in full text at Journal of Occupational Health Psychology - from ProQuest
   Available in full text at SIS Journal of Projective Psychology and Mental Health - from ProQuest

4. Embolic stroke and after-admission atrial fibrillation.
   **Source:** International Journal of Cardiology; Nov 2016; vol. 222; p. 576-580
   **Author(s):** Kim, Yerim; Lee, Seung-Hoon
   **Abstract:** Although atrial fibrillation (AF) is a leading cause of recurrent embolic stroke, secondary AF after stroke has been reported frequently. Because of the different treatment each uses, it is important to detect the exact stroke-etioloxy. The aim of this study was to compare the embolic stroke in
patients with known AF and after-admission AF (AAAF). Between October 2002 and July 2009, those who were diagnosed with AF (n=354) were enrolled in our study out of a total of 2026 acute ischemic stroke (IS) patients. The embolic lesion patterns were assessed by two stroke specialists who were blinded to the clinical information. Among 354 IS patients with AF, the number of patients with embolic stroke was 314. Patients with embolic stroke were younger and more likely to have larger left atrial (LA)/Aortic diameter ratio. Approximately 90.4% of those with known AF had embolic stroke, while <60% of patients with AAAF had embolic stroke. Nevertheless, anticoagulants were prescribed similarly in both groups at discharge. The LA/Aortic diameter ratio<1.5 was significantly related to AAAF. After adjusting for multiple co-variables, compared to the patients with known AF, patients with AAAF had reduced risk of embolic stroke (Odds ratio 0.11, 95% Confidence interval 0.03-0.36, p-value<0.001). Compared to AAAF after stroke, known AF was associated with embolic stroke. Therefore, we suggest that stroke etiology and some novel echocardiographic indicators such as LA enlargement might be contemplated before routine using of anticoagulants in IS patients with AF.

5. Problematising risk in stroke rehabilitation.

Source: Disability and rehabilitation; Nov 2016; vol. 38 (no. 23); p. 2334-2344

Author(s): Egan, Mary Y; Kessler, Dorothy; Ceci, Christine; Laliberté-Rudman, Debbie; McGrath, Colleen; Sikora, Lindsey; Gardner, Paula

Abstract: Following stroke, re-engagement in personally valued activities requires some experience of risk. Risk, therefore, must be seen as having positive as well as negative aspects in rehabilitation. Our aim was to identify the dominant understanding of risk in stroke rehabilitation and the assumptions underpinning these understandings, determine how these understandings affect research and practise, and if necessary, propose alternate ways to conceptualise risk in research and practise. Alvesson and Sandberg’s method of problematisation was used. We began with a historical overview of stroke rehabilitation, and proceeded through five steps undertaken in an iterative fashion: literature search and selection; data extraction; syntheses across texts; identification of assumptions informing the literature and; generation of alternatives. Discussion of risk in stroke rehabilitation is largely implicit. However, two prominent conceptualisations of risk underpin both knowledge development and clinical practise: the risk to the individual stroke survivor of remaining dependent in activities of daily living and the risk that the health care system will be overwhelmed by the costs of providing stroke rehabilitation. Conceptualisation of risk in stroke rehabilitation, while implicit, drives both research and practise in ways that reinforce a focus on impairment and a generic, decontextualised approach to rehabilitation. Implications for rehabilitation Much of stroke rehabilitation practise and research seems to centre implicitly on two risks: risk to the patient of remaining dependent in ADL and risk to the health care system of bankruptcy due to the provision of stroke rehabilitation. The implicit focus on ADL dependence limits the ability of clinicians and researchers to address other goals supportive of a good life following stroke. The implicit focus on financial risk to the health care system may limit access to rehabilitation for people who have experienced either milder or more severe stroke. Viewing individuals affected by stroke as possessing a range of independence and diverse personally valued activities that exist within a network of relations offers wider possibilities for action in rehabilitation.


Source: Archives of Physical Medicine & Rehabilitation; Nov 2016; vol. 97 (no. 11); p. 1863-1871

Publisher: W B Saunders

Author(s): Woodbury, Michelle L.; Anderson, Kelly; Finetto, Christian; Fortune, Andrew; Dellenbach, Blair; Grattan, Emily; Hutchison, Scott
Source: Neurorhabilitation & Neural Repair; Nov 2016; vol. 30 (no. 10); p. 978-987
Author(s): Wilson, Richard D.; Page, Stephen J.; Delahanty, Michael; Knutson, Jayme S.; Gunzler, Douglas D.; Sheffler, Lynne R.; Chae, John

8. A review and conceptual model of dopaminergic contributions to poststroke depression
Source: Journal of Neuroscience Nursing; Oct 2016; vol. 48 (no. 5); p. 242-246
Author(s): Stanfill, Ansley; Elijovich, Lucas; Baughman, Brandon; Conley, Yvette
Available in full text at British Journal of Neuroscience Nursing - from Mark Allen Group
Available in full text at Canadian Journal of Neuroscience Nursing - from EBSCOhost
Abstract: About one third of all patients recovering from stroke will experience some degree of poststroke depression (PSD). PSD lengthens recovery times and reduces overall quality of life for these individuals. Although demographic, environmental, and clinical factors may explain some of the variability seen, these factors cannot fully predict the development of PSD. Furthermore, the precise mechanism of action is largely unknown. Recent work has begun to shed light on the influence of the monoamine neurotransmitter dopamine. This article summarizes the current evidence for the involvement of the dopaminergic system for PSD, using both preclinical and clinical models. Finally, a conceptual model is proposed that addresses the contributions of dopamine to the development of PSD.

9. Gender differences in feelings and knowledge about stroke
Source: Journal of Clinical Nursing; Oct 2016; vol. 25 (no. 19-20); p. 2958-2966
Author(s): Itzhaki, Michal; Melnikov, Semyon; Koton, Silvia
Abstract: Aims and objectives To examine gender differences in knowledge and feelings about stroke among 40 years old population. Background Knowledge of stroke is consistently found to be poor among both genders in general populations, however, it has been reported to be better among women than men. Gender differences in feelings about stroke in the general population have not been examined. Design and methods Data were collected from a convenience sample using semi-structured personal interviews. Participants were representative of Israeli sub-populations aged 40 with no history of stroke. Knowledge of stroke was studied with quantitative methods while constant comparative analysis was used for the qualitative data analysis of feelings evoked by stroke. Results One hundred and seventy-seven participants were interviewed, 79/177 (44.6%) men and 98/177 (55.4%) women. Rates of self-reported hypertension [33/79 (41.8%) men, 25/98 (25.5%) women] and current smoking [29/79 (36.7%) men, 18/98 (18.4%) women] were significantly higher in men than women. Over 50% men and women mentioned one-side sudden weakness or paralysis as a stroke symptom, however, other stroke symptoms were not recognised by most participants. Education was associated with the number of identified stroke signs. Knowledge of stroke-warning signs was better in women. The main feelings expressed by both genders were fear of dying and disability, self-concern about survival, blaming fate and self-accusation. Conclusion Stroke knowledge is poor among men and women. Higher level of education is a predictor of stroke knowledge among both genders. Gender-specific differences in stroke risk factors and feelings about stroke in different sub-populations should be taken into account to improve prevention of stroke through education programmes. Relevance to clinical practice Health education on stroke prevention should be tailored to population groups differing in level of education. Health promotion recommendations should be provided by nurses with regard to beliefs of both men and women regarding prevention of stroke.
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.

**Caplan’s stroke: a clinical approach**  
Caplan, L.R.  
2016, 5th ed

*From the back of the book:*  
This updated, revised and expanded fifth edition of the market-leading clinical guide on stroke covers causes, prevention, clinical features, evaluation and management in a comprehensive yet accessible manner. While it retains the uniform organization, accessible style and patient-oriented focus of previous editions, its scope has been extended to cover the most recent research, providing a fully up-to-date account of the features of cerebrovascular disease, stroke syndromes, complications, and recovery and rehabilitation. Joined by an international team of experts in the field, Caplan offers a widened coverage of each chapter topic, illustrated by using a large number of real-world clinical examples. Not previously included, this new edition now also contains a chapter on the genetics of stroke. Generously illustrated by figures of anatomy and pathology and brain and vascular imaging, this is a must-have for medical specialists and consultants, as well as trainees, in neurology, stroke medicine, internal medicine and neurorehabilitation.

**Hypertension and stroke**  
Gorelick, P.B.  
2016

*From the back of the book:*  
The second edition of this work continues to address the intimate pathophysiologic relationship between hypertension and stroke. The editors and authors clearly and concisely synthesize our developing knowledge of this relationship and place epidemiologic and physiologic information into a practical clinical context. Comprehensive chapters present the evidence supporting strategies for stroke prevention and care, including blood pressure lowering therapies, anti-coagulation, and management of other cerebrovascular risk factors. In addition to prescriptive measures for first stroke prevention, the book illuminates current regimens for care immediately after acute stroke and for the prevention of recurrent stroke. This latest edition also features extensively updated chapters from the previous edition, as well as new chapters on the effects of hypertension and stroke on the cerebral vasculature, blood pressure management in subarachnoid hemorrhage, and blood pressure variability, antihypertensive therapy, and stroke risk. Written by experts in the field, Hypertension and Stroke: Pathophysiology and Management, Second Edition is of great utility for specialists in neurology and cardiovascular medicine and a valuable practical resource for all physicians caring for older adults and hypertensive patients.

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Reviews from October 2016

*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.

October 2016

How does transcatheter device closure compare with medical therapy for preventing recurrent stroke in people with cryptogenic stroke and patent foramen ovale?

In people with aphasia following stroke, how does the use of speech and language therapy affect outcomes?

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

QS100: Cardiovascular risk assessment and lipid modification - September 2015

TA355: Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation - September 2015

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

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 - 2 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.
Is stroke care improving? The second SSNAP annual report
The second annual SSNAP report reveals today that despite steady progress in stroke care, further work needs to be done to ensure that patients have access to key interventions and assessments when they are admitted to hospital.

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.

Nuffield Trust: Knowing you’re not alone: Understanding peer support for stroke survivors
Stroke Association Voluntary Groups (SAVGs) are volunteer-led, peer support groups based in local communities across the UK. Through the support they offer, SAVGs aim to improve outcomes for stroke survivors and the people who care for them. The Nuffield Trust was commissioned by the Stroke Association to independently evaluate the impact of the groups.

Researchers find key to stroke survival
The number of trained nurses available to treat patients immediately after a stroke is the most reliable health services predictor of survival according to research from the University of Aberdeen and University of East Anglia.

TOPIC ALERTS AND UPDATES

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

Meta-analysis of Egg Consumption and Risk of Coronary Heart Disease and Stroke.

Cardiovascular Biomarker Score and Clinical Outcomes in Patients With Atrial Fibrillation: A Subanalysis of the ENGAGE AF-TIMI 48 Randomized Clinical Trial
JAMA Cardiol. Published online October 5, 2016

Blood Pressure Reduction and Secondary Stroke Prevention
A Systematic Review and Meta-regression Analysis of Randomized Clinical Trials
Hypertension, Originally published October 31, 2016

Safety and efficacy of intravenous glyburide on brain swelling after large hemispheric infarction (GAMES-RP): a randomised, double-blind, placebo-controlled phase 2 trial
Lancet Neurology, Volume 15, No. 11, p1160–1169, October 2016

Association of Systolic Blood Pressure Variability With Mortality, Coronary Heart Disease, Stroke, and Renal Disease
High- and low-intensity exercise do not improve cognitive function after stroke: A randomized controlled trial.

Patient outcomes up to 15 years after stroke: survival, disability, quality of life, cognition and mental health
J Neurol Neurosurg Psychiatry 2016;87:1091-1098

Validation and comparison of imaging-based scores for prediction of early stroke risk after transient ischaemic attack: a pooled analysis of individual-patient data from cohort studies

Risk of Pregnancy-Associated Stroke Across Age Groups in New York State
JAMA Neurol. Published online October 24, 2016.

Tranexamic Acid in Patients Undergoing Coronary-Artery Surgery
New England Journal of Medicine, October 23, 2016
FREE FULL TEXT

The latest from popular Twitter pages dedicated to stroke:

PLEASE NOTE LINKS WORK BETTER IN CHROME BROWSER

Stroke Association @TheStrokeAssoc
World Stroke Campaign @WStrokeCampaign
Sign Against Stroke in Atrial Fibrillation @signagnststroke
Different Strokes- Support for Younger Stroke Survivors @diffstrokes

Training & Networking Opportunities, Conferences, Events

Stroke Association- Events for Professionals- ongoing events throughout the year
European Stroke Conference- 24th-26th May 2017, Berlin, Germany
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.

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.