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.

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Issue 18
April 2017
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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.

Click here to access full-text-available from 1970 to current using your OpenAthens password

1. Tai chi for upper limb rehabilitation in stroke patients: the patient’s perspective.
   Author(s): Desrochers, Pascal; Kairy, Dahlia; Pan, Shujuan; Corriveau, Hélène; Tousignant, Michel
   Source: Disability & Rehabilitation; Jun 2017; vol. 39 (no. 13); p. 1313-1319
   Publication Date: Jun 2017
   Publication Type(s): Academic Journal
   Database: CINAHL

2. Body composition and physical function after progressive resistance and balance training among older adults after stroke: an exploratory randomized controlled trial.
   Author(s): Vahlberg, Birgit; Lindmark, Birgitta; Zetterberg, Lena; Hellström, Karin; Cederholm, Tommy
   Source: Disability & Rehabilitation; Jun 2017; vol. 39 (no. 12); p. 1207-1214
   Publication Date: Jun 2017
   Publication Type(s): Academic Journal
   Database: CINAHL

   Author(s): de Vries, Neeltje J. (Carolien); Sloot, Petra H.; Achterberg, Wilco P.
   Source: Aphasiology; Jun 2017; vol. 31 (no. 6); p. 703-719
   Publication Date: Jun 2017
   Publication Type(s): Academic Journal
   Database: CINAHL

   Author(s): Hodson, Tenelle; Gustafsson, Louise; Cornwell, Petrea; Love, Amanda
   Source: Topics in stroke rehabilitation; May 2017; vol. 24 (no. 4); p. 288-298
**Publication Date:** May 2017  
**Publication Type(s):** Journal Article  

**Abstract:** **BACKGROUND** People with mild stroke comprise a significant proportion of the overall stroke population. Previously this population has been viewed as having limited impairments, receiving minimal services following hospital discharge. Recent findings demonstrate that the implications of mild stroke are more significant than originally comprehended, warranting further services. **OBJECTIVES** To identify the evidence-base regarding services for people with mild stroke, post-acute hospital discharge, that target secondary prevention and/or changes following stroke. **METHODS** Scoping review utilizing the five-stage framework proposed by Arksey and O'Malley, with revisions by Levac, Colquhuon, and O'Brien. Framework stages included: identification of a research question and relevant studies, study selection, charting of data, and collating, summarizing, and reporting. A critical appraisal using the Downs and Black Checklist was added to determine methodological quality of studies. The search strategy used six databases: Pubmed, Embase, PsycINFO, CINAHL, OTseeker, and Scopus, alongside a hand-search. Three researchers were involved in article selection and two in critical appraisal. **RESULTS** Twelve articles met inclusion criteria from 589 identified. A number of study methodologies were used to assess services, with varying methodological qualities. Studies were located within two major regions in the world. Five main approaches to service provision were identified: telehealth, exercise and education, Comprehensive Cardiac Rehabilitation, one-off visits and care-plan development, and community group programs. The majority of programs focused on secondary prevention and were aimed at an impairment level, with a mix of findings observed. **CONCLUSION** Further development and assessment of services is warranted. Incorporation of the entire transition period, and research that is mild stroke and location-specific is advised. Attention to maximizing participation in daily life, secondary prevention, emotional well-being, and careful reporting is needed.

**Database:** Medline

5. **Determining the potential benefits of yoga in chronic stroke care: a systematic review and meta-analysis.**  
**Author(s):** Thayabaranathan, Tharshanah; Andrew, Nadine E; Immink, Maarten A; Hillier, Susan; Stevens, Philip; Stolwyk, Rene; Kilkenny, Monique; Cadilhac, Dominique A  
**Source:** Topics in stroke rehabilitation; May 2017; vol. 24 (no. 4); p. 279-287  
**Publication Date:** May 2017  
**Publication Type(s):** Journal Article  

**Abstract:** **BACKGROUND** Survivors of stroke have long-term physical and psychological consequences that impact their quality of life. Few interventions are available in the community to address these problems. Yoga, a type of mindfulness-based intervention, is shown to be effective in people with other chronic illnesses and may have the potential to address many of the problems reported by survivors of stroke. **OBJECTIVES** To date only narrative reviews have been published. We sought to perform, the first systematic review with meta-analyses of randomized controlled trials (RCTs) that investigated yoga for its potential benefit for chronic survivors of stroke. **METHODS** Ovid Medline, CINHAL plus, AMED, PubMed, PsychINFO, PeDro, Cochrane database, Sport Discuss, and Google Scholar were searched for papers published between January 1950 and August 2016. Reference lists of included papers, review articles and OpenGrey for Grey literature were also searched. We used a modified Cochrane tool to evaluate risk of bias. The methodological quality of RCTs was assessed using the GRADE approach, results were collated, and random effects meta-analyses performed where appropriate. **RESULTS** The search yielded five eligible papers from four RCTs with small sample sizes (n = 17-47). Quality of RCTs was rated as low to moderate. Yoga is beneficial in reducing state anxiety symptoms and depression in the intervention group compared to the control group (mean differences for state anxiety 6.05, 95% CI: -0.02 to 12.12; p = 0.05 and standardized mean differences for depression: 0.50, 95% CI: -0.01 to 1.02; p = 0.05). Consistent but nonsignificant improvements were demonstrated for balance, trait anxiety, and overall quality of life. **CONCLUSIONS** Yoga may be effective for ameliorating some of the long-term consequences of stroke. Large well-designed RCTs are needed to confirm these findings.  
**Database:** Medline
6. A systematic review of randomized controlled trials of medication adherence interventions in adult stroke survivors
Author(s): Wessol, Jennifer L.; Russell, Cynthia L.; Cheng, An-Lin
Source: Journal of Neuroscience Nursing; Apr 2017; vol. 49 (no. 2); p. 120-133
Publication Date: Apr 2017
Publication Type(s): Article Evidence Based Healthcare Literature Review
Abstract: Background: Stroke survivors are at an increased risk for recurrent stroke. Despite recommendations to avoid recurrence from the American Heart Association/American Stroke Association, medication adherence (MA) in persons with chronic conditions such as stroke is only 50%. Purpose: The aim of this study was to synthesize randomized controlled trial intervention studies designed to increase MA in adult stroke survivors. Search Methods: The Cumulative Index of Nursing and Allied Health Literature, PsycINFO, PubMed, and Excerpta Medica database from January 1, 2009, to December 31, 2015, were searched. Study Selection: This study reviewed randomized controlled trials evaluating MA interventions in stroke survivors. Data Extraction: Two reviewers independently assessed all full-text articles, and those not meeting the inclusion criteria by both researchers were excluded. Results: This review included 18 studies involving 10 292 participants. Overall, the strength of the included studies was strong. Statistically significant results were reported in 5 of the 18 (28%) studies. Of these, 3 used cognitive/behavioral interventions to increase MA, whereas 2 studies used an educational-based intervention. Conclusions: Despite some isolated success, most MA interventions in stroke survivors do not show statistically significant improvement. Future MA research must address the lack of consistent use of objective measurement tools and focus on the long-term benefits of MA interventions. [MEDIUM] References
Database: BNI

7. Risk factors for poststroke depression: an integrative review
Author(s): Babkair, Lisa A.
Source: Journal of Neuroscience Nursing; Apr 2017; vol. 49 (no. 2); p. 73-84
Publication Date: Apr 2017
Publication Type(s): Article Literature Review
Abstract: Background: Poststroke depression (PSD) is the most common stroke-related emotional disorder and affecting one-third of stroke survivors at any time up to 5 years after stroke. Poststroke depression affects rehabilitation after stroke and may delay recovery. The purpose of this integrative review is to analyze the state of the science in regard to risk factors for PSD. Methods: The electronic databases PubMed, Cumulative Index to Nursing and Allied Health Literature, and PsycINFO were searched. Inclusion criteria included (1) peer-reviewed primary observational Western studies, (2) PSD as the primary outcome, (3) included adult stroke survivors, and (4) published after 2004. The integrative review guidelines were used for analysis. Results: From an original of 406 articles identified, 18 met the inclusion criteria and were reviewed: 3 cross-sectional, 14 prospective cohort, and 1 case control. The most common risk factors associated with PSD are stroke severity, cognitive impairment, physical disability, and functional dependency. Others factors including demographic and social factors and medical history were not consistent across studies. Conclusions: Overall, quality of the research was limited by small sample sizes, selection bias, number of selected variables, and lack of multivariate analyses. Nurses should identify patients at risk for PSD through early depression screening and provide interventions to enhance rehabilitation and improve recovery. [MEDIUM] References
Database: BNI

8. Integrated oral health care for stroke patients - a scoping review
Author(s): Ajwani, Shilpi; Jayanti, Sumedh; Burkolter, Nadia; Anderson, Craig; Bhole, Sameer; Itaoui, Rhonda; George, Ajesh
Aims and objectives To identify current evidence on the role of nurses and allied health professionals in the oral health management of stroke patients, detailing their current knowledge, attitudes and practices and the potential benefits of an integrated oral care programme. Background Stroke has disabling oral health effects, such as dysphagia and hindered brushing due to upper limb hemiparesis. Together, these can increase bacterial load, increasing risk of pneumonia. In general management of stroke, nurses play a key role in early identification, assessment and referral, while occupational therapists, dieticians and speech pathologists are important in rehabilitation. While this should logically apply to the oral care of stroke patients, there is currently limited information, especially in Australia. Design Scoping review. Method A literature search was conducted using multiple databases regarding the oral health management of stroke patients by nondental professionals, and 26 articles were reviewed. Results The Australian National Clinical Guidelines for Stroke accentuate the need for oral care following stroke and suggest how hospital staff need to be involved. Currently, there are no Australian studies. However, international literature suggests that lack of oral health knowledge by nurses and poor patient attitude are reflected in infrequent assistance with stroke patient oral hygiene. There is limited information regarding the benefits of nursing-driven oral hygiene programme in reducing pneumonia incidence, and only few studies show that involving nurses in assisted oral care reduces plaque. There are some suggestions that involving nurses and speech pathologists in oral rehabilitation can improve dysphagia outcomes. Conclusion Managing oral health poststroke is vital, and there is a need for an appropriate integrated oral care service in Australia. Relevance to clinical practice Nondental professionals, especially nurses, can play a key role in the poststroke oral health management of stroke patients to reduce complications, especially pneumonia. References

9. How is rehabilitation with and without an integrated self-management approach perceived by UK community-dwelling stroke survivors? A qualitative process evaluation to explore implementation and contextual variations

Objective Self-management programmes could support long-term needs after stroke and using methods integrated into rehabilitation is one option. To explore theoretical assumptions and possible mechanisms of implementation a process evaluation was delivered alongside a cluster trial which has demonstrated feasibility of an integrated self-management programme (Bridges SMP) in community-dwelling stroke survivors. This paper aims to show the extent to which experiences from stroke survivors receiving rehabilitation in control (usual care) and intervention (integrated self-management) sites reflected the differences in rehabilitation received and whether their understandings aligned with the self-management approach employed. Design Semistructured qualitative interviews carried out as part of a process evaluation analysed thematically. Setting Study was based in South London; all interviews were carried out in participants' home setting. Participants 22 stroke participants recruited; 12 from integrated self-management sites and 10 from usual care sites. Results All participants revealed shared appreciation of knowledge and support from therapists but subtle differences emerged between sites in respect to perceptions about responsibility, control and how previous experiences were used. Accounts depicted a variance regarding who had structured and planned their rehabilitation, with greater flexibility about content and involvement perceived by participants from the integrated self-management sites. They also provided accounts and experiences which aligned with principles of the intervention, such as self-discovery and problem-solving. Conclusions The findings reflect our theoretical assumptions and possible mechanisms of implementation that rehabilitation with a focus on supporting self-management is reflected in accounts
and understandings of stroke survivors. Taken together with our previous research this justifies evaluating the effectiveness of Bridges SMP in a larger sample to further contribute to an understanding of the functioning of the intervention, implementation, contextual factors and mechanisms of impact. Trial registration number: ISRCTN42534180; Post-results. Copyright © 2017 Published by the BMJ Publishing Group Limited.

**Database:** EMBASE

10. Charting the perfect storm: emerging biological interfaces between stress and stroke

**Author(s):** Kronenberg G.; Schoner J.; Heinz A.; Nolte C.; Endres M.; Gertz K.

**Source:** European Archives of Psychiatry and Clinical Neuroscience; Apr 2017; p. 1-8

**Publication Date:** Apr 2017

**Publication Type(s):** Journal: Article In Press

**Abstract:** A growing body of evidence demonstrates that psychosocial stress is an important and often underestimated risk factor for cardiovascular disease such as myocardial infarction and stroke. In this article, we map out major biological interfaces between stress, stress-related psychiatric disorders, and stroke, placing special emphasis on the fact that stress and psychiatric disorders may be both cause and consequence of cardiovascular disease. Apart from high-risk lifestyle habits such as smoking and lack of exercise, neuroendocrine dysregulation, alterations of the hemostatic system, increased oxidative stress, and inflammatory changes have been implicated in stress-related endothelial dysfunction. Heart rate provides another useful and easily available measure that reflects the complex interplay of vascular morbidity and psychological distress. Importantly, heart rate is emerging as a valuable predictor of stroke outcome and, possibly, even a target for therapeutic intervention. Furthermore, we review recent findings highlighting the role of FK506-binding protein 51 (FKBP5), a co-chaperone of the glucocorticoid receptor, and of perturbations in telomere maintenance, as potential mediators between stress and vascular morbidity. Finally, psychiatric sequelae of cardiovascular events such as post-stroke depression or posttraumatic stress disorder are highly prevalent and may, in turn, exert far-reaching effects on recovery and outcome, quality of life, recurrent ischemic events, medication adherence, and mortality. Copyright © 2017 The Author(s)

**Database:** EMBASE
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.

**Neurobiological and psychological aspects of brain recovery**

*Petrosini, L*

*2017*

The novelty of this book's approach lies in addressing the impact of neurobiological factors as well as psychological influences on brain recovery. There is growing evidence that emotional, motivational, and cognitive factors along with personality traits play a crucial role in brain plasticity, resilience, and recovery. Topics include synaptic and neuronal plasticity, development of brain reserves, biological markers, environmental factors, psychological profile, emotional resilience, and personality traits. By combining the latest research on neural mechanisms and on psychological resilience the authors hope that this book can lead to the development of better treatment strategies for functional recovery from brain damage.

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Reviews from March/April 2017

Low-molecular-weight heparins or heparinoids versus standard unfractionated heparin for acute ischaemic stroke

Risk scoring for the primary prevention of cardiovascular disease

Protocols from March 2017

Time spent in rehabilitation and effect on measures of activity after stroke

Implementation interventions to promote the uptake of evidence-based practices in stroke rehabilitation

*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.

Latest Clinical Answers:

February 2017

In people with acute deep vein thrombosis, what are the benefits and harms of thrombolysis?

How do routine and selective invasive strategies compare for the treatment of unstable angina and non-ST elevation myocardial infarction?
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

What's new from our clinical decision-making tool on the topic of stroke.

PLEASE NOTE LINK WORKS BEST IN CHROME BROWSER

UpToDate

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

Anticoagulation clinics are helping to reduce stroke
Buckinghamshire Healthcare NHS Trust is leading the way when it comes to the use of anticoagulation drugs.

Anticoagulation drugs are used to treat people with atrial fibrillation (AF) which is a very common condition that makes the heart beat irregularly. The top chambers of the heart “the atria” quiver in a chaotic pattern so blood flow slows down or stagnates, which can result in clots forming. When dislodged, these blood clots can lead to strokes in people with AF.

NIHR Organisation and quality of stroke services- Roads to Recovery
The National Institute for Health Research has published Roads to recovery: organisation and quality of stroke services. This themed review brings together recent evidence relevant to those planning and delivering stroke services, those delivering treatments to people with stroke and to those living with stroke. Together with other evidence, this review may be particularly useful for those developing stroke pathways and care across a system.
NHS launches UK’s first app review website for Stroke and Brain Injury – my-therappy.co.uk
NHS specialists and patients have joined forces to launch the UKs first freely accessible app review website specifically aimed at Stroke and Brain Injury.

The website, which can be accessed at www.my-therappy.co.uk, helps people find the right app for their recovery and rehabilitation.

It offers a database of apps tested and recommended by clinical specialists and expert patients. The apps also come with a star rating and genuine user feedback and reviews.
Proof-of-Concept Randomized Trial of the Monoclonal Antibody GSK249320 Versus Placebo in Stroke Patients
Stroke. 2017;48:692-698
FREE FULL TEXT

Predictors and Outcomes of Dysphagia Screening After Acute Ischemic Stroke
Stroke. 2017; Originally published March 8, 2017

Reduction in time to treatment in prehospital telemedicine evaluation and thrombolysis
Neurology April 4, 2017 vol. 88 no. 14 1305-1312

Perfusion computed tomography in patients with stroke thrombolysis
FREE FULL TEXT

Association Between Dietary Factors and Mortality From Heart Disease, Stroke, and Type 2 Diabetes in the United States
JAMA. 2017;317(9):912-924.

Efficacy and safety of ticagrelor versus aspirin in acute stroke or transient ischaemic attack of atherosclerotic origin: a subgroup analysis of SOCRATES, a randomised, double-blind, controlled trial
Lancet Neurology, Volume 16, No. 4, p301–310, April 2017

Two Paradigms for Endovascular Thrombectomy After IV Thrombolysis for Acute Ischemic Stroke
JAMA Neurol. Published online March 20, 2017.

Safety and efficacy of multipotent adult progenitor cells in acute ischaemic stroke (MASTERS): a randomised, double-blind, placebo-controlled, phase 2 trial

Physical activity, but not body mass index, predicts less disability before and after stroke
Neurology, Published online before print April 5, 2017

Holter-electrocardiogram-monitoring in patients with acute ischaemic stroke (Find-AFRANDOMISED): an open-label randomised controlled trial
Lancet Neurology, Volume 16, No. 4, p282–290, April 2017

Prevalence of Cardiovascular Risk Factors and Strokes in Younger Adults
JAMA Neurol. Published online April 10, 2017.
FREE FULL TEXT

How do stroke survivors and their carers use practitioners’ advice on secondary prevention medications? Qualitative study of an online forum
Family Practice. 2017 Apr 10. [Epub ahead of print]

Potent neuroprotection after stroke afforded by a double-knot spider-venom peptide that inhibits acid-sensing ion channel 1a.
STROKE ASSOCIATION - EVENTS FOR PROFESSIONALS - ONGOING EVENTS THROUGHOUT THE YEAR

EUROPEAN STROKE CONFERENCE - 24TH-26TH MAY 2017, BERLIN, GERMANY

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

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.