[Cognitive problems are common after stroke and their identification and management is important for survivors, carers and clinicians. However, the appropriateness of the screening methods and ways in which results inform community clinical care have not been established. The aim of this phase of the Cognitive Management Pathways in Stroke Services study was to explore key issues to undertaking cognitive assessment, particularly in community settings.]
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Development of a patient reported outcome measures for measuring the impact of visual impairment following stroke.
[Among the available patient-reported outcome measures (PROMs) there is an absence of a PROM with a specific focus on the impact of the wide variety of visual impairments following stroke. Our aim was to develop a patient reported quality of life outcome measure for stroke survivors with visual impairment.]

Duration of Treatment Effect of Extracorporeal Shock Wave on Spasticity and Subgroup-Analysis According to Number of Shocks and Application Site: A Meta-Analysis.
[ESWT effectively reduced spasticity levels measured with MAS regardless of patient group. Its effect maintained for 12 weeks. The number of shocks or site of application had no significant influence on the therapeutic effect of ESWT in reducing spasticity. Ongoing trials with ESWT are needed to address optimal parameters of shock wave to reduce spasticity regarding intensity, frequency, and numbers.]
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Effectiveness of electrical stimulation therapy in improving arm function after stroke: a systematic review and a meta-analysis of randomised controlled trials.
[Electrical stimulation therapy can effectively improve the arm function in stroke patients.]
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[The findings of this review indicate that virtual reality when combined with conventional therapy is moderately more effective in improving balance than conventional therapy alone in individuals’ poststroke.]
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Interventions for visual field defects in people with stroke.
Pollock A. Cochrane Database of Systematic Reviews 2019; 5:CD008388.
[Visual field defects are estimated to affect 20% to 57% of people who have had a stroke. There are many interventions for visual field defects, which are proposed to work by restoring the visual field; compensating for the visual field defect by changing behaviour or activity; substituting for the visual field defect by using a device or extraneous modification; or ensuring appropriate diagnosis, referral and treatment prescription through standardised assessment or screening, or both.]

Stem cell transplantation for ischemic stroke.
Boncoraglio GB. Cochrane Database of Systematic Reviews 2019; 5:CD007231.
[Stroke is a leading cause of morbidity and mortality worldwide, with very large healthcare and social costs, and a strong demand for alternative therapeutic approaches. Preclinical studies have shown that stem cells transplanted into the brain can lead to functional improvement. However, to date, evidence for the benefits of stem cell transplantation in people with ischemic stroke is lacking. This is the first update of the Cochrane review published in 2010.]

The effectiveness of group exercise for improving activity and participation in adult stroke survivors: a systematic review.
Church G. Physiotherapy 2019; doi: 10.1016/j.physio.2019.01.005.
[The review found improvements are short-term and less evident at long-term follow up with little improvements in participation after 6 months. However, this review was limited to the standard of intervention reporting. Further research should consider consistency in measuring underpinning mechanisms of group exercise interventions, which may explain the lack of activity changes in long-term follow-up.]
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The effectiveness of somatosensory retraining for improving sensory function in the arm following stroke: a systematic review.
[Somatosensory retraining may assist people to regain somatosensory discrimination skills in the arm after stroke.]
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Ticagrelor plus aspirin versus clopidogrel plus aspirin for platelet reactivity in patients with minor stroke or transient ischaemic attack: open label, blinded endpoint,
randomised controlled phase II trial.
[To test the hypothesis that ticagrelor plus aspirin is safe and superior to clopidogrel plus aspirin for reducing high platelet reactivity at 90 days and stroke recurrence in patients with minor stroke or transient ischaemic attack, particularly in carriers of the CYP2C19 loss-of-function allele and patients with large artery atherosclerosis.]

Transcranial direct current stimulation (tDCS) for improving aphasia in adults with aphasia after stroke.
Elsner B. Cochrane Database of Systematic Reviews 2019;5:CD009760.
[Stroke is one of the leading causes of disability worldwide and aphasia among survivors is common. Current speech and language therapy (SLT) strategies have only limited effectiveness in improving aphasia. A possible adjunct to SLT for improving SLT outcomes might be non-invasive brain stimulation by transcranial direct current stimulation (tDCS) to modulate cortical excitability and hence to improve aphasia.]

Use of Kinesio taping in lower-extremity rehabilitation of post-stroke patients: A systematic review and meta-analysis.
[KT may have positive effects on lower-extremity, post-stroke rehabilitation. Due to the limited number and quality of the research, additional studies are needed to identify KT benefits.]
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Vitamin D Supplementation and Cardiovascular Disease Risks in More Than 83,000 Individuals in 21 Randomized Clinical Trials: A Meta-analysis.
[Updated meta-analysis of 21 RCTs (n=83,291) found that vitamin D supplementation was not associated with reduced major adverse CV events, individual CVD end points (MI, stroke, CVD mortality), or all-cause mortality, and thus does not support supplementation for CV protection.]
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Guidelines

The following new guidance has recently been published:

Therapeutic hypothermia for acute ischaemic stroke.
National Institute for Health and Care Excellence (NICE);2019.
https://www.nice.org.uk/guidance/ipg647
[1 Recommendations 1.1 Current evidence on the safety of therapeutic hypothermia for acute ischaemic stroke shows that there are serious complications. Evidence on efficacy does not show any meaningful improvement in outcomes. Therefore, this procedure should not be used.]
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