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Jason Ovens
Head of Library & Knowledge Services
Title: Effects of video modelling on emerging speech in an adult with traumatic brain injury: Preliminary findings.

Citation: Brain Injury, 01 October 2013, vol./is. 27/11(1256-1262), 02699052
Author(s): Nikopoulos, Christos K., Nikopoulou-Smyrni, Panagiota, Konstantopoulos, Kostas

Abstract: Primary objective: Research has shown that traumatic brain injury (TBI) can affect a person's ability to perform previously learned skills. Dysexecutive syndrome and inattention, for example, alongside a number of other cognitive and behavioural impairments such as memory loss and lack of motivation, significantly affect day-to-day functioning following TBI. This study examined the efficacy of video modelling in emerging speech in an adult male with TBI caused by an assault. Research design: In an effort to identify functional relations between this novice intervention and the target behaviour, experimental control was achieved by using within-system research methodology, overcoming difficulties of forming groups for such an highly non-homogeneous population. Methods and procedures: Across a number of conditions, the participant watched a videotape in which another adult modelled a selection of 19 spoken words. When this modelled behaviour was performed in vivo, then generalization across 76 other words in the absence of a videotape took place. Main outcomes and results: It was revealed that video modelling can promote the performance of previously learned behaviours related to speech, but more significantly it can facilitate the generalization of this verbal behaviour across untrained words. Conclusions: Video modelling could well be added within the rehabilitation programmes for this population.

Title: Reflections on life: Experiences of individuals with brain injury during the transition from hospital to home.

Citation: Brain Injury, 01 October 2013, vol./is. 27/11(1294-1303), 02699052
Author(s): Nalder, Emily, Fleming, Jennifer, Cornwell, Petrea, Shields, Cassandra, Foster, Michele

Abstract: Background: The transition from hospital to home has been described as a distinct rehabilitation phase for individuals with brain injury. As most research to date has quantitatively measured outcomes or used a sample with mixed brain injury diagnoses, less is known about the experience of transition following traumatic brain injury (TBI). Aims: This study aimed to examine the lived experiences of individuals with TBI during the first 6 months following discharge from hospital. Design: A qualitative investigation was conducted with 16 individuals with TBI using semi-structured interviews. Data analysis: Data were analysed thematically using a Framework approach. Results: Transition experiences were characterized by a desire to return to normality and a changed perspective on life, by accepting change or altering priorities. The process of transition was dynamic as individuals experienced the dominant themes in cyclical patterns. Conclusions: Research has highlighted the significant adjustment for individuals with TBI, particularly in relation to identity change, appraisal and coping. The themes of wanting normality and changing life perspective which were dominant in the current study highlight the significance of the transition phase in the process of adjustment and that transition is characterized by adapting to a new normality.

Title: Housing, community living, and employment issues for people with multiple sclerosis.

Citation: Journal of Vocational Rehabilitation, 01 October 2013, vol./is. 39/2(83-84), 10522263
Author(s): Bishop, Malachy, Rumrill Jr., Phillip D.

Title: Employment and workplace accommodation outcomes among participants in a vocational consultation service for people with multiple sclerosis.

Citation: Journal of Vocational Rehabilitation, 01 October 2013, vol./is. 39/2(85-90), 10522263
Author(s): Rumrill, Phillip D., Fraser, Robert T., Johnson, Kurt L.

Abstract: Unemployment is higher among people with multiple sclerosis (MS) than would be expected and vocational rehabilitation efforts to help people with MS retain or regain employment have been marginally successful. To better understand the role workplace accommodations may play in employment, 41 people
with MS who had contacted the Kent State Employment Assistance Center between 10 and 15 years ago were telephoned as part of a program evaluation follow-up and asked about their experience with the accommodations and short term and long term employment outcomes. Sixty percent reported they were still working, and subjects reported that low cost, low impact accommodations were more likely to be provided. Further research was recommended.

Title: Specialized housing needs of Americans with multiple sclerosis: Descriptive results of a national analysis.

Citation: Journal of Vocational Rehabilitation, 01 October 2013, vol./is. 39/2(111-125), 10522263
Author(s): Bishop, Malachy, Sheppard-Jones, Kathy, Roessler, Richard T., Rumrill, Phillip D., Waletich, Brittany, Umeasiegbu, Veronica

Abstract: BACKGROUND: This article presents the results of a comprehensive national analysis of the specialized and accessible housing situation among Americans with multiple sclerosis (MS). This study represents the first national assessment of specialized housing among Americans with MS. OBJECTIVE: The objective of this study was to comprehensively evaluate the specialized housing situation for US adults with MS, and specifically, to identify the most pressing needs and most frequently identified barriers to achieving safe and accessible housing. METHODS: In order to achieve a representative national survey, a sample of 5082 adults with MS was randomly selected from the membership of the North American Research Committee on Multiple Sclerosis patient registry and selected chapters of the National Multiple Sclerosis Society in states in which the NARCOMS registry had lower representation. The sample represents approximately 1% of the estimated 400,000 Americans with MS, and includes persons with a wide range of geographic, age, racial/ethnic, income, educational, and residential characteristics. RESULTS: Residential accessibility was limited for almost 20% of the participants. A large percentage of people with MS reported that they do not have accessible bathroom/bathing facilities, an accessible kitchen, or a needed wheelchair accessible exterior entrance or ramp to their entrance. Awareness of specialized housing resources was very limited. Particularly at risk for requiring specialized housing were adults over age 50. CONCLUSION: The specialized housing needs of Americans with MS are diverse and extensive. Additional research, policy, and advocacy attention to the housing needs of this population is needed. Specialized housing should be made a larger professional focus among rehabilitation professionals.

Title: Job retention strategies for individuals with multiple sclerosis.

Citation: Journal of Vocational Rehabilitation, 01 October 2013, vol./is. 39/2(127-135), 10522263
Author(s): Rumrill Jr., Phillip D., Koch, Lynn C., Wohlford, Sarah

Abstract: The onset of multiple sclerosis (MS) often occurs during individuals' prime working years. Although the majority of people with MS are employed at the time of diagnosis, premature departure from the workforce is an all too common response to the significant challenges posed by this disease. The purpose of this article is to examine job retention barriers frequently encountered by people with MS and to describe vocational rehabilitation (VR) strategies designed to ameliorate these barriers so that these individuals can continue working. The authors summarize research findings on illness-related, demographic, and work-environmental barriers to job retention and career advancement. The authors then provide examples of job retention strategies and interventions that can be implemented by VR professionals to improve the employment outcomes of people with MS.

Title: Predictors of Depressive Symptoms Among Community-Dwelling Stroke Survivors.

Citation: Journal of Cardiovascular Nursing, 01 September 2013, vol./is. 28/5(460-467), 08894655
Author(s): Taylor-Piliae, Ruth E., Hepworth, Joseph T., Coull, Bruce M.

Abstract: Background: Depression is a common yet often unrecognized consequence of stroke, affecting between 25% and 70% of all survivors. Untreated depression post-stroke leads to a poorer prognosis and increased mortality. However, the pattern and profile of post-stroke depression in chronic stroke are poorly
understood. Objective: The aim of this study was to examine the independent predictors of depressive symptoms in chronic stroke. Methods: Community-dwelling stroke survivors (n = 100) completed the Center for Epidemiological Studies-Depression (CES-D) scale, Multidimensional Scale of Perceived Social Support, Medical Outcomes Study Short Form-36, and the Pittsburgh Sleep Quality Index. Functional disability and cognitive impairment were assessed using standardized procedures. Multiple linear regression was conducted to explore potential independent predictors of depressive symptoms. Results: Subjects were, on average, 70 ± 10 years old and 39 ± 49 months post-stroke. The majority were white/European-American (78%), college educated (79%), and retirees (77%). Annual income was $50 000 or greater for 32%. Hemiparesis was common (right side, 39%; left side, 42%); 35% had a Center for Epidemiological Studies-Depression scale score of 16 or higher, and 21% had a history of major depression. Approximately 64% of the variance in depressive symptoms could be explained by the independent variables in the model: quality of life, sleep quality, social support, cognitive impairment, 2 functional disability, months post-stroke, age, gender, history of major depression, and lesion location (R² = 0.64, = F<sub>12,87</sub> = 12.97, P < .01). Only poor quality of life (t<sub>1,87</sub> = -6.99, P < .01) and low social support (t<sub>1,87</sub> = -2.14, P = .04) contributed uniquely and significantly to the severity of depressive symptoms among these stroke survivors. Conclusion: Depressive symptoms are prevalent in chronic stroke survivors, even among an educated and economically advantaged population. Our findings are similar to reports by others that poor quality of life and low social support are major contributors to depressive symptoms in chronic stroke and should be routinely assessed and monitored to improve long-term rehabilitation efforts and promote wellness and community reintegration.

Title: Serious Adverse Events Experienced by Survivors of Stroke in the First Year Following Discharge from Inpatient Rehabilitation.

Citation: Rehabilitation Nursing, 01 September 2013, vol./is. 38/5(254-263), 02784807
Author(s): Ostwald, Sharon K., Godwin, Kyler M., Ye, Fang, Cron, Stanley G.

Abstract: Purpose To identify the incidence of adverse events (AE) that occurred in stroke survivors during the first year following discharge from inpatient rehabilitation and to determine the type and patterns of AE. Methods Data were collected for 12 months on events resulting in admissions to the emergency department, hospital, long-term care facility, or death. Descriptive statistics were used to depict the patterns of AE and univariate comparisons were made of the differences between survivors who did or did not experience one or more AE. Results Of the 159 participants, 50% reported a total of 163 AE. Most AE (82.2%) were unexpected and the majority occurred during the first 6 months; 12 recurrent strokes and 6 transient ischemic attacks occurred. Conclusions Education on prevention and treatment of common AE is important prior to discharge. Anticipatory guidance may help survivors and caregivers modify their lifestyle and prevent common AE.

Title: Rehabilitation is Initiated Early After Stroke, but Most Motor Rehabilitation Trials Are Not: A Systematic Review.

Citation: Stroke (00392499), 01 July 2013, vol./is. 44/7(2039-2045), 00392499
Author(s): Stinear, Cathy, Ackerley, Suzanne, Byblow, Winston

Full Text: Available from Ovid in Stroke

Title: Correlations among impairment, daily activities and thinking operations after stroke.

Citation: NeuroRehabilitation, 01 September 2013, vol./is. 33/1(153-160), 10538135
Author(s): Akbari, Shadi, Lyden, Patrick D., Kamali, Mohamad, Fahimi, Malahat Akbar

Abstract: OBJECTIVES: We investigated the hypothesis that ADL tests dependent on cortical functions could be used to assess outcome in stroke patients. MATERIALS AND METHOD: 27 right-handed stroke patients were evaluated on National Institute of Health Stroke Scale (NIHSS), Barthel Index (BI), Instrumental Activities of Daily Living (IADL) Scale and thinking process items of Lowenstein Occupational
Therapy Cognitive Assessment (LOTCA). RESULTS: Correlations between thinking process subtests of LOTCA and different items of NIHSS such as consciousness, arm movement, aphasia, ataxia and inattention was significant. Spearman correlation of thinking process and BI tasks showed no relationship, although Structured Riska of thinking process evaluation was correlated to both self-care and mobility areas of the BI. Thinking process was strongly related to IADL total score (p = 0.004). The total NIHSS correlated significantly with BI and IADL total scores. CONCLUSION: Higher-order functions, such as categorization, sorting and reasoning, are related to IADL performance which depends on complicated cognitive abilities. In contrast, the BI depends heavily on motoric function, and does not correlate with higher-order functions. Further confirmation is needed, but our data suggest that commonly used IADL tests could serve to as valid, reliable tests of cognitive impairment and recovery in stroke victims.

Title: Cognitive behaviour therapy for common mental disorders in people with Multiple Sclerosis: A bench marking study.

Citation: Behaviour Research and Therapy, October 2013, vol./is. 51/10(648-655), 0005-7967 (Oct 2013)

Author(s): Askey-Jones, S, David, A. S, Silber, E, Shaw, P, Chalder, T

Abstract: Background: Mental health problems such as depression and anxiety are common in Multiple Sclerosis (MS) and are often under treated. Aims: This paper reports on the clinical effectiveness of a cognitive behaviour therapy service for common mental disorders in people with MS and compares it to previous randomised controlled trials (RCTs) of cognitive behaviour therapy (CBT) in this population. Methods: 49 patients were deemed appropriate for CBT and 29 accepted treatment. Assessments were completed at baseline and end of treatment and included the Hospital Anxiety & Depression Scale. Results in the form of a standardized effect of treatment were compared with five previous RCTs. Results: The results from this clinical service indicated statistically significant outcomes with reductions in depression and anxiety. The uncontrolled effect size was large but inferior to those found in published RCTs. Conclusions: Cognitive behaviour therapy is effective for people with MS in routine clinical practice. Possible limits on effectiveness include more liberal patient selection, lack of specificity in rating scales and heterogeneity of target problems. Given the high rates of distress in this population, routine psychological interventions within neurology services are justifiable. Future research should aim to maximise CBT in such settings. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: JNP special issue on Parkinson’s disease and cognition.

Citation: Journal of Neuropsychology, September 2013, vol./is. 7/2(149-152), 1748-6645;1748-6653 (Sep 2013)

Author(s): Edelstyn, Nicky, Poliakoff, Ellen

Abstract: This editorial introduces the current special issue of Journal of Neuropsychology. This special issue covers several of the different paradigms that have been brought to bear on cognition and Parkinson’s disease including psychiatry and clinical psychology, cognitive neuropsychology and cognitive neuroscience. The issue is organized broadly thematically, but there is no strict organization as interesting new ideas will arise from the convergence of empirical and review articles. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Title: Sunshine and multiple sclerosis.

Citation: Journal of Neurology, Neurosurgery & Psychiatry, October 2013, vol./is. 84/10(1066), 0022-3050 (Oct 2013)

Author(s): Taylor, Bruce V

Abstract: Comments on an article by Robert Zivadinov et al. (see record 2013-32057-007). Zivadinov et al. described a cross-sectional study of the effects of recalled sun exposure on MRI-measured brain volumes, particularly whole-brain volume and grey matter volume. They found that those within the highest quartile of summer sun exposure had the highest brain volume after adjustment for Expanded Disability Status Scale. Adding measured vitamin D levels to the model did not significantly alter the association, indicating that the
effect of sunlight exposure was independent of the measured vitamin D levels. The potential role of sunlight as a protective agent in MS is also now an important co-factor when designing studies of vitamin D and other therapeutic agents and needs to be measured in such studies as it may well confound the results. (PsycINFO Database Record (c) 2013 APA, all rights reserved)

Title: Family conferences in stroke rehabilitation: A literature review

Citation: Journal of Stroke and Cerebrovascular Diseases, August 2013, vol./is. 22/6(883-893), 1052-3057;1532-8511 (August 2013)

Author(s): Loupis Y.M., Faux S.G.

Abstract: Background: Family conferences in hospital settings are acknowledged as being important and beneficial for enhancing communication between patients, family members, and the multidisciplinary team. They provide feedback on progress and therapeutic findings, and facilitate problem solving in cases of complex discharge planning. Methods: A literature review was conducted, with 23 articles highlighting problem areas within current practice and discussing the merits of existing approaches. Results: The articles suggest that stroke survivors and their families have additional education and support needs beyond what is already provided, and that intervention may be enhanced by being more proactive rather than reactive, preventing potentially avoidable crises or disputes. This review provides insight into the ideal methods for communicating and planning and identifies better uses of these opportunities. Conclusions: Much more can be done within the multidisciplinary team to ensure that the information needs of patients and families are catered for during their inpatient admission and on their return to the community. Additional research and trials of interventions by established rehabilitation services will allow for improved and more informed clinical practice (including cost effectiveness), enhanced knowledge of caregiver needs, and essentially more positive outcomes for rehabilitation patients and their families. Research may be able to develop best practice guidelines to ensure reduced caregiver stress and anxiety during admission and discharge. We require additional investigation of the effects of educational and emotional support provided in the hospital setting and as an outpatient on quality of life for caregivers and prevention of readmission to hospital or entrance into residential care for patients. Crown Copyright 2013 Published by Elsevier Inc. on behalf of National Stroke Association. All rights reserved.

Title: Myoelectrically driven functional electrical stimulation may increase motor recovery of upper limb in poststroke subjects: A randomized controlled pilot study.

Citation: Journal of Rehabilitation Research & Development, 01 October 2013, vol./is. 50/6(785-794), 07487711

Author(s): Thorsen, Rune, Cortesi, M., Jonsdottir, J., Carpinella, I., Morelli, D., Casiraghi, A., Puglia, M., Diverio, M., Ferrarin, M.

Abstract: The objective of this randomized controlled pilot study was to assess the feasibility and effectiveness of myoelectrically controlled functional electrical stimulation (MeCFES) for rehabilitation of the upper limb in poststroke subjects. Eleven poststroke hemiparetic subjects with residual proximal control of the arm, but impaired volitional opening of the paretic hand, were enrolled and randomized into a treated and a control group. Subjects received 3 to 5 treatment sessions per week until totaling 25 sessions. In the experimental group, myoelectric activity from wrist and finger extensors was used to control stimulation of the same muscles. Patients treated with MeCFES (n = 5) had a significant (p = 0.04) and clinically important improvement in Action Research Arm Test score (median change 9 points), confirmed by an Individually Prioritized Problem Assessment self-evaluation score. This improvement was maintained at follow-up. The control group did not show a significant improvement (p = 0.13). The reduced sample size of participants, together with confounding factors such as spontaneous recovery, calls for larger studies to draw definite conclusions. However, the large and persistent treatment effect seen in our results indicate that MeCFES could play an important role as a clinical tool for stroke rehabilitation.

Full Text: Available from EBSCOhost in Journal of Rehabilitation Research and Development

Title: Interaction effects between rehabilitation and discharge destination on inpatients’ functional abilities.
Abstract: A patient's functional ability after hospital discharge may be influenced by in-hospital rehabilitation and discharge destination. However, we know very little about how in-hospital rehabilitation intervention interacts with the type of discharge destination or how this interaction influences patients' functional abilities. Thus, how an interaction between in-hospital rehabilitation and discharge destination influences a patient's subsequent functional ability was examined. This was a cross-sectional study whose participants were inpatients who underwent rehabilitation between February 2008 and December 2010 at a hospital in Japan (n = 835). Participants were categorized into three condition groups (i.e., stroke, orthopedic, disuse syndrome). Then, interaction effects between the rehabilitation therapy and the type of discharge destination on a patient's subsequent functional ability were estimated by hierarchical linear regression analysis in each of the three subgroups. In models where the dependent variable was Functional Independence Measure (FIM) score at 3 mo after hospital discharge, a significant interaction between rehabilitation potential (a measure based on the FIM effectiveness measure) and discharge destination (home or other) was observed in the stroke and orthopedic patients (both p < 0.001). These findings may be useful in deciding on discharge destinations for patients.

Full Text: Available from EBSCOhost in Journal of Rehabilitation Research and Development

Title: Selective serotonin reuptake inhibitors for stroke recovery.

Citation: JAMA: Journal of the American Medical Association, 11 September 2013, vol./is. 310/10(1066-1067), 00987484

Author(s): Mead, Gillian Elizabeth, Hsieh, Cheng-Fang, Hackett, Maree

Title: Rehabilitation for patients after stroke.

Citation: Nursing Times, 04 September 2013, vol./is. 109/35(17-17), 09547762

Author(s): Thelwell, Sue

Abstract: NICE has issued guidance on how to support the long-term rehabilitation and care of people living with stroke.

Title: Development and evaluation of the Primary Healthcare-based Physiotherapy Intervention and its effects on selected indices of stroke recovery.

Citation: International Journal of Therapy & Rehabilitation, 01 September 2013, vol./is. 20/9(443-449), 17411645

Author(s): Olaleye, Olubukola A., Hamzat, Talhatu K., Owolabi, Mayowa O.

Abstract: Aim: To develop a Primary Healthcare-Based Physiotherapy Intervention (PHCPI) that requires simple, inexpensive, easy-to-use equipment for stroke rehabilitation and evaluate its effects on selected clinical indices of recovery among post-acute stroke survivors over a 10-week period. Methods: Three databases (Medline, Pubmed and PEDro) were used to identify treatment approaches with proven efficacy. The authors synthesised these treatment approaches to develop the PHCPI, which was used in a repeated measure design involving 25 (mean age=60.6 ± 10.2 years) consenting individuals with first-incidence stroke. These individuals were treated at a primary health centre, twice weekly for 10 consecutive weeks. Outcomes were assessed using the Modified Motor Assessment Scale (MMAS), the Short Form Postural Assessment Scale for Stroke (SF-PASS) and the Reintegration to Normal Living Index (RNLI), before the intervention and fortnightly thereafter. Walking speed and quality of life were also assessed before the intervention and at week 10 of it. Results: Within-subject multivariate analysis, after controlling for gender, showed a significant increase in motor function, postural balance, walking speed and quality of life. Their
community reintegration scores also improved over the period. Conclusion: The PHCPI resulted in improved motor function, community reintegration, walking speed, postural balance and quality of life among community-dwelling stroke survivors. This intervention can be used for stroke rehabilitation at primary health centres.

Full Text:
Available from EBSCOhost in International Journal of Therapy and Rehabilitation

Title: Incorporating Robotic-Assisted Telerehabilitation in a Home Program to Improve Arm Function Following Stroke.

Citation: Journal of Neurologic Physical Therapy, 01 September 2013, vol./is. 37/3(125-132), 15570576
Author(s): Linder, Susan M., Reiss, Aimee, Buchanan, Sharon, Sahu, Komal, Rosenfeldt, Anson B., Clark, Cindy, Wolf, Steven L., Alberts, Jay L.

Title: Stroke Rehabilitation: Insights From Neuroscience and Imaging.

Citation: Journal of Neurologic Physical Therapy, 01 September 2013, vol./is. 37/3(141-141), 15570576
Author(s): Bland, Marghuretta D.

Title: An Interdisciplinary Approach to Fall Prevention in Patients with Brain Injury.

Citation: Rehab Management: The Interdisciplinary Journal of Rehabilitation, 01 September 2013, vol./is. 26/7(12-15), 08996237
Author(s): Biggs, Jennifer, D'Aurio, Lisa

Title: Mild Traumatic Brain Injury: A Place for Social Work.

Citation: Social Work in Health Care, 01 September 2013, vol./is. 52/8(741-751), 00981389
Author(s): Walker Buck, Page, Spencer Sagrati, Jocelyn, Shapiro Kirzner, Rachel

Abstract: Mild traumatic brain injury (mTBI) has emerged as a significant public health issue. Increases in both the prevalence and awareness of this injury have resulted in a greater demand for mTBI-informed care. Our exploratory, qualitative study examines the work lives of front-line mTBI professionals. Findings suggest that mTBI rehabilitation work often requires substantial emotional energy given the impact that injury-related issues have on professionals’ therapeutic work with clients. We suggest that social work, with a focus on the psychosocial implications of injury and recovery, is well-positioned to take a larger role in mTBI care and rehabilitation.

Title: Long-term outcome in stroke survivors after discharge from a convalescent rehabilitation ward.

Citation: Psychiatry and Clinical Neurosciences, September 2013, vol./is. 67/6(434-440), 1323-1316;1440-1819 (Sep 2013)
Author(s): Mutai, Hitoshi, Furukawa, Tomomi, Araki, Kasumi, Misawa, Kousuke, Haniuara, Tokiji

Abstract: Aim: The aim of this study was to investigate the long-term mortality, daily living activities, social activity, and symptoms of depression, in post-stroke patients discharged to their homes from a convalescent rehabilitation ward, and to determine the relationship between demographic variables and long-term outcome. Methods: This study included 252 consecutive stroke patients (140 men; mean age, 72.4 +/- 10.8 years) who had been admitted to a convalescent rehabilitation ward for inpatient rehabilitation. Follow-up assessment was made by postal questionnaire for up to >1 year after discharge, and included the modified Rankin scale, Frenchay activities index (FAI), and Geriatric Depression Scale. Results: Of the 192 respondents (76.2%), 160 (83.3%) were living at home. Eighty-three (51.8%) were
independent. Cumulative post-stroke mortality at 1 and 3 years was 3.7% and 19.4%, respectively. Mean total FAI score was 26.5 +/- 10.9, suggesting that social inactivity was common. The estimated prevalence of depression was 21.6%. Coronary artery disease and motor functional independence measures were significantly associated with mortality, whereas age, recurrent stroke, severity of paralysis, and motor functional independence measures were significant predictors of independence. In the cross-sectional logistic model, depression symptoms were inversely associated with FAI score. Conclusions: The mortality rate of patients discharged to their home following inpatient rehabilitation is relatively low. Social inactivity and depression symptoms, however, remain common during the chronic phase, and the severity of depression and restriction of participation were interrelated. (PsycINFO Database Record (c) 2013 APA, all rights reserved) (journal abstract)

Title: Rehabilitation intervention outcomes for Parkinson's diseases using LSVT big

Citation: Irish Journal of Medical Science, September 2013, vol./is. 182/(S247), 0021-1265 (September 2013)

Author(s): Diamond P.

Abstract: Background: LSVT BIG is a treatment for Parkinson's Disease that can be delivered by a Physiotherapist and/or Occupational Therapist. Treatment is administered in 16 sessions over a single month (four individual 60-min sessions per week). This protocol was developed specifically to address the unique movement impairments for people with Parkinson's Disease. The protocol is both intensive and complex, with many repetitions of core movements that are used in daily living. This type of practice is necessary to optimize learning, and carryover, of better movement into functional activities in everyday life. Methods: This study reviews the outcomes of LSVT Big administered to patients with Parkinson's Disease who were attending a Day Hospital for adults aged over 65 years who have primarily physical needs. Results: All patients treated with LSVT Big improved significantly on standardised outcome measure scores. There were also improvements in confidence, enhanced ADL engagement, reduced falls frequency, and greater quality of life experienced by the participants that were not fully reflected in the outcome measure scores. Conclusions: LSVT Big should be more widely adopted as a treatment strategy available for people with Parkinson's diagnosis. The reduction in falls frequency, falls risks, together with enhanced ADL engagement, greater independence, and quality of life clearly justify the intensive input required. The short term outlay of LSVT Big may well reduce costly interventions further down the line, perhaps being cost neutral, or even reducing the financial burden of patients with Parkinsonian diagnosis on healthcare providers in the longer term.

Sources Used:

The following databases are used in the creation of this bulletin: Amed, Cinahl & Medline.

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