Rehabilitation

Current Awareness Bulletin

July 2016

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Academy Library 824897
ruh-tr.library@nhs.net
Title: Stepped psychological care after stroke.

Citation: Disability & Rehabilitation, 2016, vol./is. 38/18(1836-1843), 09638288
Author(s): Kneebone, Ian I.

Title: When diplomacy fails: difficulty understanding hints following severe traumatic brain injury.

Citation: Aphasiology, 2016, vol./is. 30/7(801-814), 02687038
Author(s): McDonald, Skye, Fisher, Alana, Flanagan, Sharon

Full Text:
Available from Taylor & Francis in Aphasiology

Title: Movement disorders and motor impairments following repeated head trauma: A systematic review of the literature 1990–2015.

Citation: Brain Injury, 2016, vol./is. 30/8(937-947), 02699052
Author(s): Ozolins, Bede, Aimers, Nicole, Parrington, Lucy, Pearce, Alan J.

Title: Group therapy task training versus individual task training during inpatient stroke rehabilitation: a randomised controlled trial.

Citation: Clinical Rehabilitation, 2016, vol./is. 30/7(637-648), 02692155
Author(s): Renner, Caroline I. E., Outermans, Jacqueline, Ludwig, Ricarda, Brendel, Christiane, Kwakkel, Gert, Hummelsheim, Horst

Title: Similar barriers and facilitators to physical activity across different clinical groups experiencing lower limb spasticity.

Citation: Disability & Rehabilitation, 2016, vol./is. 38/14(1370-1381), 09638288
Author(s): Hundza, Sandra, Quartly, Caroline, Kim, Jasmine M., Dunnett, James, Dobrinsky, Jill, Loots, Iris, Choy, Kim, Chow, Brayley, Hampshire, Alexis, Temple, Viviene A.

Title: Couples’ Coping After Stroke-A Pilot Intervention Study.

Citation: Rehabilitation Nursing, 2016, vol./is. 41/4(218-228), 02784807
Author(s): Robinson-Smith, Gale, Harmer, Catherine, Sheeran, Robin, Bellino Vallo, Eileen

Title: Risk Factors for Symptoms of Depression and Anxiety One Year Poststroke: A Longitudinal Study.

Citation: Archives of Physical Medicine & Rehabilitation, 2016, vol./is. 97/6(919-928), 00039993
Author(s): Kootker, Joyce A., van Mierlo, Maria L., Hendriks, Jan C., Sparidans, Judith, Rasquin, Sascha M., de Kort, Paul L., Visser-Meily, Johanna M., Geurts, Alexander C.

Title: Predictors of physical activity levels of individuals following traumatic brain injury remain unclear: A systematic review.

Citation: Brain Injury, 2016, vol./is. 30/7(819-828), 02699052
Author(s): Hamilton, Megan, Khan, Michelle, Clark, Ross, Williams, Gavin, Bryant, Adam

Title: Anxiety and depression in individuals with Parkinson's disease: perspectives of the nurse specialist.
Title: The Nottingham Fatigue After Stroke study: The frequency of fatigue and associated factors in stroke patients without depression...The 35th Scientific Meeting of the Physiotherapy Research Society 16 April 2016, University of Leicester, UK

Citation: International Journal of Therapy & Rehabilitation, 2016, vol./is. 23/6(0-1), 17411645

Title: Unemployment among women with multiple sclerosis: the role of coping and perceived stress and support in the workplace.

Citation: Psychology, Health & Medicine, 2016, vol./is. 21/4(496-504), 13548506
Author(s): Strober, L.B., Arnett, P.A.

Title: Reducing Readmissions After Stroke With a Structured Nurse Practitioner/Registered Nurse Transitional Stroke Program.

Citation: Stroke (00392499), 2016, vol./is. 47/6(1599-1604), 00392499
Author(s): Condon, Christina, Lycan, Sarah, Duncan, Pamela, Bushnell, Cheryl

Abstract: Background and Purpose: Our aim was to determine whether a standardized Transitional Stroke Clinic (TSC) led by nurse practitioners could reduce 30-day and 90-day readmissions for stroke or transient ischemic attack patients discharged home. Methods: Phase I consisted of nurse practitioners calling only high-risk patients discharged home within 7 days and performing an office visit within 2 to 4 weeks of discharge. Phase II consisted of all patients discharged home receiving both a 2-day follow-up phone call by a registered nurse and a follow-up visit with a nurse practitioner within 7 to 14 days. Differences in process metrics and readmissions across the 2 phases and overall were assessed. Increasing complexity with multiple chronic conditions (diabetes mellitus, coronary artery disease, and congestive heart failure) was represented in a continuous variable from 0 to 3. Multivariable logistic regression models for 30-day and 90-day readmissions were performed with adjustment for National Institutes of Health Stroke Scale (NIHSS) and previous hospitalizations. Results: From October 2012 through September 2015, 510 patients were enrolled. From phase I to II, a higher proportion of follow-up calls were made and days from discharge to TSC decreased. Patients readmitted within 30 days were less likely to show for TSC visits (60.85% versus 76.3%; P=0.021). Multivariable modeling showed that TSC visit was associated with a 48% reduction in 30-day readmission (odds ratio, 0.518; 95% confidence interval, 0.272-0.986), whereas multiple chronic conditions and previous stroke/transient ischemic attack increased the risk. TSC visit did not impact 90-day readmissions. Conclusions: Evaluation in a nurse practitioner-led structured clinic is a model that may reduce readmissions at 30 days for stroke patients discharged home.

Title: Key Factors Associated with Major Depression in a National Sample of Stroke Survivors.

Citation: Journal of Stroke & Cerebrovascular Diseases, 2016, vol./is. 25/5(1090-1095), 10523057
Author(s): Hirata, Sarah, Ovbiagele, Bruce, Markovic, Daniela, Towfighi, Amytis

Abstract: Background: Depression, one of the most common complications encountered after stroke, is associated with poorer outcomes. The aim of this study was to determine the factors independently associated with and predictive of poststroke depression (PSD). Methods: We assessed the prevalence of depression (Patient Health Questionnaire [PHQ-8] score >10) among a national sample of adults (≥20 years) with stroke who participated in the National Health and Nutrition Examination Surveys from 2005 to 2010. Logistic regression and random forest models were used to determine the factors associated with and predictive of PSD, after adjusting for sociodemographic and clinical factors. Results: Of the 17,132...
individuals surveyed, 546 stroke survivors were screened for depression, and 17% had depression, corresponding to 872,237 stroke survivors with depression in the United States. In the logistic regression model, after adjustment for sociodemographic variables, poverty (poverty index <200% versus ≥200%, odds ratio [OR] 2.61, 95% confidence interval [CI] 1.23-5.53) and 3 or more medical comorbidities (OR 1.59, 95% CI 1.01-2.49) were associated with higher odds of PSD; increasing age was associated with lower odds of PSD (per year OR .95, 95% CI .94-.97). In the random forest model, the 10 most important factors predictive of PSD were younger age, lower education level, higher body mass index, black race, poverty, smoking, female sex, single marital status, lack of cancer history, and previous myocardial infarction (specificity = 70%, sensitivity = 64%). Conclusion: Although numerous factors were predictive of developing PSD, younger age, poverty, and multiple comorbidities were strong and independent factors. More aggressive screening for depression in these individuals may be warranted.

Title: Effects of Mirror Therapy in Stroke Patients With Complex Regional Pain Syndrome Type 1: A Randomized Controlled Study.

Citation: Archives of Physical Medicine & Rehabilitation, 2016, vol./is. 97/4(575-581), 00039993
Author(s): Pervane Vural, Secil, Nakipoglu Yuzer, Guldal Funda, Sezgin Ozcan, Didem, Demir Ozbudak, Sibel, Ozgirgin, Nese

Title: Depression as a risk factor for cognitive impairment in later life: the Health In Men cohort study.

Citation: International Journal of Geriatric Psychiatry, 2016, vol./is. 31/4(412-420), 08856230
Author(s): Almeida, Osvaldo P., Hankey, Graeme J., Yeap, Bu B., Gollledge, Jonathan, Flicker, Leon

Abstract: Background: Depression is an established risk factor for dementia in later life, but it is unclear if this relationship is causal. This study aimed to determine if clinically significant depressive symptoms are likely to be causally related to cognitive impairment in later life. Methods: Observational cohort study of 4568 men aged 70-89 years living in Perth, Western Australia, who were free of cognitive impairment at the beginning of follow-up. Current clinically significant depressive symptoms were defined by a score of 7 or more on the Geriatric Depression Scale 15 items. Past depression was ascertained via electronic medical records, by self-report or use of antidepressants. A score of 27 or less on the Telephone Interview for Cognitive Status modified or a recorded diagnosis of dementia in electronic medical records established the presence of cognitive impairment. Results: During the 5-year follow-up, 534 men developed cognitive impairment, 811 died and 1455 were lost. The presence of clinically significant depressive symptoms at study entry was associated with increased risk rate (RR) of cognitive impairment (RR = 2.59, 95% confidence interval: 95%CI = 1.57-4.27), death (RR = 5.07, 95%CI = 3.32-7.75) and loss to follow-up (RR = 2.03, 95%CI = 1.32-3.13). These associations remained statistically significant after adjustment for age, country of birth, education, smoking history, and prevalence hypertension, diabetes, coronary heart disease and stroke. History of past clinically significant depressive symptoms was not associated with incident cognitive impairment (RR = 1.09, 95%CI = 0.78-1.52). Conclusions: The lack of association between past depression and cognitive impairment suggests that the link between depression and cognitive impairment is not causal and that the presence of clinically significant depressive symptoms in later life may herald the onset of cognitive impairment in at least some people.

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

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