

Stroke

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July 2026

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1. Exploring experiences of loneliness among stroke survivors living in the community: a secondary qualitative analysis

Authors: Chan, Mimi Wai Man; Sit, Janet Wing Hung and Lo, Suzanne Hoi Shan

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2707712

Abstract: Purpose To explore experiences of loneliness among community-dwelling stroke survivors through a secondary qualitative analysis. Method A secondary analysis of a qualitative dataset was conducted, including 26 transcripts from semi-structured interviews that originally aimed to explore psychosocial experience after stroke. Data relevant to loneliness were finally extracted from 20 transcripts. Thematic analysis was adopted for data analysis. Results Three themes and six subthemes were identified: (1) Disconnection from social belonging, including difficulty in engaging in social activities and perceived sense of difference from others. (2) Lack of closeness to familiar people or loved ones, including decline in meaningful interactions or relationships with friends and family members, and lack of understanding and empathy from social networks. (3) Loss of direction, hope, and meaning, including perceived sense of learned helplessness, and diminished expectations and purposes in life. Conclusion Loneliness after stroke is a complex experience. There is a clear need for designing tailored interventions to address loneliness following stroke. Addressing loneliness should be considered as a core issue of stroke recovery within both policy frameworks and practical guidelines. In

addition, further research is needed to explore the pathways leading to social, emotional, and existential loneliness following stroke.

2. Timing matters: early antiplatelet therapy optimizes alteplase treatment in acute ischemic stroke

Authors: Gao, Yonglei;Wu, Yubin;Guo, Wei and Wang, Guoqing

Publication Date: 2026

Journal: Annals of Medicine 58(1), pp. 2610115

Abstract: Background The optimal timing for initiating antiplatelet therapy (APT) after intravenous alteplase in acute ischemic stroke (AIS) remains unclear, due to concerns about intracranial hemorrhage. This study evaluated the safety and efficacy of early APT (≤ 24 h post-alteplase) versus standard APT (>24 h) in AIS patients. Methods We conducted a retrospective analysis of 154 AIS patients treated with intravenous alteplase between May 2019 and December 2022. Patients were stratified into early APT (E-APT, $n = 77$) and standard APT (S-APT, $n = 77$) groups. Neurological and functional outcomes were assessed using the National Institutes of Health Stroke Scale (NIHSS) and modified Rankin Scale (mRS) at discharge and at 3 months. Coagulation parameters and hemorrhagic events were monitored to evaluate safety. Results Baseline characteristics were comparable between groups. At 3 months, the E-APT group demonstrated significantly greater neurological improvement (Δ NIHSS: 4.31 ± 3.45 vs. 3.25 ± 3.49 ; $p = 0.041$) and better functional outcomes (mRS: 0.98 ± 1.12 vs. 1.35 ± 1.24 ; $p = 0.030$) than the S-APT group. Early APT was not associated with increased cerebral hemorrhage (0% vs. 2.6%, $p = 0.155$) or mortality (2.6% vs. 5.2%, $p = 0.405$). Spearman correlation confirmed that shorter intervals from alteplase to APT were associated with improved outcomes (Δ NIHSS: $\rho = -0.28$, $p = 0.001$; mRS: $\rho = 0.24$, $p = 0.003$). Subgroup analyses indicated that aspirin was the primary contributor to the observed benefits. Conclusions Initiating APT within 24 h after alteplase improves neurological and functional recovery in AIS without increasing hemorrhagic risk. These findings suggest that earlier APT may be considered in post-thrombolysis management, potentially informing revisions to current guideline recommendations.

3. Perspectives of stroke survivors and informal caregivers on home-based mental practice for upper limb recovery after stroke: a qualitative co-design study

Authors: Lin, Dan;Eaves, Daniel Lloyd;Gibbons, Tom;Aquino, Maria Raisa Jessica;Edwards, Martin Gareth;Poliakoff, Ellen;Bek, Judith and Emerson, Jonathan Reyes

Publication Date: 2026

Journal: Neuropsychological Rehabilitation 36(6), pp. 1122–1161

4. Day-of-the-week variation in ischemic stroke admissions in patients with atrial fibrillation

Authors: Nuopponen, Kasper;Langén, Ville;Airaksinen, K. E. J.;Jaakkola, Jussi;Jalli, Eero;Halminen, Olli;Haukka, Jari;Putala, Jukka;Linna, Miika;Mustonen, Pirjo;Hartikainen, Juha;Lehto, Mika and Teppo, Konsta

Publication Date: 2026

Journal: Annals of Medicine 58(1), pp. 2667620

Abstract: Background No data exist on whether ischemic stroke admissions among patients with atrial fibrillation (AF) vary by day of the week. Methods The nationwide registry-linkage FinACAF study includes all patients with incident AF in Finland between 2007 and 2018. This analysis focused on patients who experienced their first-ever ischemic stroke. Hospital stroke admissions were categorized by day of the week, and a weekday-to-weekend ratio was calculated as the ratio of strokes on a

weekday versus a weekend day. Results We identified 13 781 patients (mean age 79.2 years; 57.1% women) with AF admitted for ischemic stroke. Stroke admissions varied significantly by day of the week ($p < 0.001$), with the highest number occurring on Mondays (16.1% of all strokes), followed by a progressive decline over the week. Admission rates were notably higher on Monday and Tuesday, remained relatively stable from Wednesday to Friday, and decreased on Saturday and Sunday (11-12% of all strokes per day). The overall weekday-to-weekend ratio was 1.31 (95% CI 1.26-1.37) and was more pronounced in men than in women, as well as during the first half of the study period (2007-2012) compared to the latter half (2013-2018). Conclusions This nationwide cohort study demonstrates a clear day-of-the-week variation in hospital admissions for ischemic stroke among patients with AF, with fewer admissions on weekends than on weekdays. Promoting awareness of stroke symptoms and the importance of seeking timely care regardless of the day may represent a modifiable target to improve outcomes in patients with AF who experience stroke.

5. Living After Stroke: A Qualitative Study About Loss and Grief of Stroke Survivors

Authors: Pacheco, Ana Luísa Oliveira da Rocha and Barbosa, Miguel

Publication Date: 2026

Journal: *Illness, Crisis & Loss* 34(3), pp. 371–388

Abstract: Introduction: Stroke survivors face significant challenges due to physical and cognitive limitations, leading to various losses that require a grieving process. Objectives: This study aims to (1) identify the specific losses experienced by stroke survivors; (2) describe their perception and experience of these losses; and (3) their adaptation process during the first three months post-hospital discharge. Method: Six stroke survivors were interviewed 3 months after discharge about their perceived losses, the impact on their lives and identity, emotional responses, and sources of support. Thematic analysis was used to interpret the data. Results: Loss of autonomy emerged as the primary concern, leading to secondary losses such as housing, employment, and social engagement. Negative emotions and challenges in identity reconstruction were prevalent, with a predominant focus on recovery. Conclusions: Stroke survivors struggled with accepting their losses within the initial 3 months, highlighting the critical role of healthcare professionals in supporting their adaptation process.

6. Care navigation for older adults after stroke - A systematic review and meta-analyses to guide social prescribing

Authors: Parmar, Tamia; Kelly Dos Santos, Isis; Soh, Sze-Ee; Eng, Janice J. and Ashe, Maureen C.

Publication Date: 2026

Journal: *Archives of Gerontology and Geriatrics* 149, pp. 106267

Abstract: Introduction Stroke affects many older people worldwide, and patient navigation and social prescribing (e.g., care navigation) may help recovery. We aimed to synthesize evidence on the effect of care navigation for people living with the effects of a stroke (PLWS) on anxiety, depression, quality of life, and well-being. Our secondary focus was to explore these models in rural settings. Methods We conducted a systematic review following guidelines, and searched for peer-reviewed randomized controlled trials for older adults (60 years+ or group mean age in this range) who had a stroke and received patient navigation or social prescribing. Two authors independently screened citations at Level 1 (title and abstract) and Level 2 (full text). The date of the last updated search was December 5, 2025. We synthesized data quantitatively using meta-analyses (random effects model and standard mean difference). Results We identified 11 studies using patient navigation, but no social prescribing interventions. The total number of PLWS participants at baseline was 7829 with an average mean age of 68 years (43% women). There were no differences between groups for anxiety or quality of life for PLWS, but there was a difference favouring the intervention for depression, although the findings were no longer significant with sensitivity analyses. Thus, results should be interpreted with caution. Only two studies provided data for caregivers, with mixed findings. No studies focused on well-being or rural

settings. Conclusions Care navigation for PLWS needs more research, including testing social prescribing within stroke rehabilitation in rural and urban locations. Systematic Review Registration PROSPERO 2025 CRD420251077958.

7. The role of physiotherapists in acute post-stroke neurorehabilitation: qualitative perspectives from clinicians and stroke unit managers

Authors: Pérez-De La Cruz, Sagrario

Publication Date: 2026

Journal: International Journal of Qualitative Studies on Health and Well-Being 21(1), pp. 2634880

Abstract: Purpose The aim of this study was to explore and compare the perspectives of both physiotherapists and medical managers regarding the professional role and clinical contributions of physiotherapy within stroke units. Method A qualitative study was conducted involving ten physiotherapists and five medical managers from stroke units. Participants shared their professional experiences concerning work performance and the perceived impact of physiotherapy on patient care. Results Thematic analysis identified four key areas for physiotherapists: specific training, professional functions, treatment modalities, and the relevance of professionalism and empathy. For medical managers, the analysis focused on their perception of physiotherapy work, their understanding of factors that enhance treatment, and assigned functions. The findings reveal a lack of standardized treatment protocols (non-heterogeneity) and emphasize the need for strong interpersonal professional relationships and high standards of professionalism. Conclusions The observed heterogeneity in practices leads to inconsistencies in patient care. Furthermore, there is a notable gap in medical managers' understanding of the specific clinical scope and technical interventions provided by physiotherapists. These findings highlight the need for coordinated rehabilitation programs and a clearer definition of the physiotherapist's role in acute stroke units to ensure equitable and comprehensive care.

8. Task-Dependent Performance of Wearable Multimodal Biofeedback in Physical Rehabilitation: A Longitudinal Post-Stroke Case Study

Authors: Pinheiro, Cristiana;Figueiredo, Joana;Pereira, Tânia;Cruz, Cristina;Cerqueira, João and Santos, Cristina P.

Publication Date: 2026

Journal: Healthcare (2227-9032) 14(13), pp. 1823

9. Development and validation of a risk-stratified prediction model for post-stroke vascular dementia: Clinical management value analysis

Authors: Wei, Bing;Shi, Weimin;Ji, Guangcheng;Jin, Xin;Li, Yunqiang and Fang, Limei

Publication Date: 2026

Journal: Clinical Neurology and Neurosurgery 269, pp. 109534

Abstract: Background Post-stroke vascular dementia (VaD) affects 20-30% of ischemic stroke survivors within the first year, yet existing prediction models lack comprehensive integration of novel blood biomarkers and validated risk stratification strategies. This study aimed to develop and temporally validate a risk-stratified prediction model incorporating clinical, neuroimaging, and serum biomarker variables. Methods This retrospective cohort study comprised a development cohort (n = 998, 2020-2022) and temporal validation cohort (n = 249, 2023-2024). Consecutive acute ischemic stroke patients aged ≥ 18 years with available baseline magnetic resonance imaging (MRI) and 12-month follow-up were included. Candidate predictors encompassed 25 variables: demographics,

vascular risk factors, stroke severity assessed by the National Institutes of Health Stroke Scale (NIHSS), neuroimaging markers (Fazekas white matter hyperintensity score, brain atrophy index BAI), and serum biomarkers including neurofilament light chain (NFL) and glial fibrillary acidic protein (GFAP) measured by single-molecule array (Simoa). The primary outcome was incident VaD diagnosed by NINDS-AIREN criteria at 12 months. Results Of 1247 included patients, 354 (28.4%) developed VaD. Least absolute shrinkage and selection operator (LASSO) selected 8 predictors: age, education level, NIHSS score, Fazekas score ≥ 2 , BAI, previous stroke, plasma NFL, and plasma GFAP. In the development cohort, the model demonstrated excellent discrimination (C-statistic 0.89, 95% CI 0.86-0.92) and good calibration. Bootstrap validation yielded optimism-corrected C-statistic 0.88. In temporal validation, performance remained robust (C-statistic 0.85, 95% CI 0.81-0.89). Risk stratification revealed distinct cognitive trajectories: high-risk patients (25% of cohort) exhibited 67.3% VaD incidence and steep cognitive decline (mean Montreal Cognitive Assessment MoCA] change -6.8 points), capturing 59.3% of all VaD cases. Conclusions This biomarker-enhanced prediction model demonstrates excellent discrimination and calibration for post-stroke VaD. Risk stratification effectively identifies high-risk patients for targeted interventions, providing a practical tool for precision-based clinical management.