Life after Stroke PSP completed November 2011																			
Indicative Uncertainty		**Why is there uncertainty?**	**What is person's age? 1**	**What is person's age? 2**	**Which types of treatments? 1**	**Which types of treatments? 2**	**Which types of treatments? 3**	**Which types of treatments? 4**	**Which types of treatments? 5**	**Which types of treatments? 6**	**Which types of treatments? 7**	**Which types of treatments? 8**	**Which types of treatments? 9**	**Which types of treatments? 10**	**Original uncertainty**	**References to reliable up-to-date systematic reviews**	**Systematic reviews in preparation**	**Systematic reviews that need updating or extending**	**Which outcomes?**
Are alternative therapies (massage, acupuncture) beneficial after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies	Complementary therapies									This uncertainty was submitted by others. This is an indicative uncertainty, and the following questions were included: What are the benefits of natural therapies; massage, acupuncture etc? Does acupuncture have a part to play in recovery after stroke?			Yang X, Zeng X, Wu T. Chuanxiong preparations for preventing stroke. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD006765. DOI: 10.1002/14651858.CD006765.pub2. Cheuk DKL, Yeung J, Chung KF, Wong V. Acupuncture for insomnia. Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD005472. DOI: 10.1002/14651858.CD005472.pub2.	Incidence of fatal or non-fatal stroke, composite clinical cardiovascular outcomes (myocardial infarction, revascularisation, endarterectomy) (primary outcomes); changes in cardiovascular risk factors: blood pressure (systolic, diastolic), lipids (cholesterol, triglycerides, low-density lipoprotein cholesterol (LDL-C), very low-density lipoprotein cholesterol (VLDL-C), high-density lipoprotein cholesterol (HDL-C), blood glucose, changes in cerebrovascular haemodynamic indices (CVDI): cerebrovascular blood flow speed, peripheral resistance, specific resistance, pulse wave speed, dynamic resistance, crisis pressure, and adverse effects or complications (any event that led to death that was life-threatening, required in-patient hospitalisation or prolongation of existing hospitalisation, resulted in persistent or significant disability or any important medical event that might have jeopardised the patient or required an intervention to prevent it. All other adverse events were to be considered as non-serious
Are community-based upper limb movement re-education programme useful one year after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Education and training	Physical therapies								This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:48.4 What is the effectiveness of an upper limb movement re-education programme in the community one year after stroke?	Coupar F, Pollock A, Legg LA, Sackley C, van Vliet P. Home-based therapy programmes for upper limb functional recovery following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD006755. DOI: 10.1002/14651858.CD006755.pub2.		Sirtori V, Corbetta D, Moja L, Gatti R. Constraint-induced movement therapy for upper extremities in stroke patients. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD004433. DOI: 10.1002/14651858.CD004433.pub2.	Long term change in upper limb recovery and function; adverse effects or complications, and cost
Are electromechanical assisted gait training and electromechanical and robot-assisted arm training useful and cost effective following a stroke?	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Physical therapies	Devices								This uncertainty was submitted by guidelines This is an indicative uncertainty, and the following questions were included:96.24 Further research into the cost effectiveness of electromechanical assisted gait training and electromechanical and robot-assisted arm training to improve arm motor function and motor strength is required.	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf			Change in gait symptoms: adverse effects or complications, and cost
Are endurance and strength training effective components of rehabilitation after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Exercise	Physical therapies									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:75.3 How soon after stroke should endurance and strength components of training be incorporated into rehabilitation?			Saunders DH, Greig CA, Mead GE, Young A. Physical fitness training for stroke patients. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD003316. DOI: 10.1002/14651858.CD003316.pub3	Change in endurance and strength; adverse effects or complications, and cost
Are exercise and fitness programmes beneficial at improving function and quality of life and avoiding subsequent stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise										Stroke Ranked 10th This uncertainty was submitted by 1 patient; 3 clinician group; 1 clinician This is an indicative uncertainty, and the following questions were included:75.2 Do community based exersise classes provide evidence based, effective and safe means of maintenance/ improvement of function after stroke? 76.1 Would the outcomes for stroke victims in Scotland not have been significantly improved if everyone had access to physiotherapy and exercise classes after their stroke? 97.11 Is it effective to provide stroke rehabilitation in groups at sports centres?97.14 Community based exercise programmes in the management of stroke. 108.5 Effectiveness of exercise and fitness programmes for stroke survivors, including the long term benefits on function, quality of life and subsequent stroke prevention82.3 Role of exercise in improving quality of life after stroke.	English C, Hillier SL. Circuit class therapy for improving mobility after stroke. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD007513. DOI: 10.1002/14651858.CD007513.pub2.			Change in mobility (primary outcome); lower limb strength; and range of motion, measures of activity limitation such as instrumental activities of daily living and personal care, measures of participation restriction, such as health-related quality of life, length of hospital stay; adverse events or complications; self-reported satisfaction; locus of control; and economic indicators
Are health professionals or the voluntary sector best at helping people achieve independence after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by other This is an indicative uncertainty, and the following questions were included:19.1 Is the journey towards independence best addressed by health professionals or the voluntary sector?			Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2.	Change in subjective health status; extended activities of daily living (*primary); death, place of residence, dependency, mental health (including anxiety and depression), knowledge about stroke, use of services, satisfaction with services, participation; Change in health-related quality of life: change in post-stroke depression levels (onset and duration); adverse effects or complications; and cost
Are home visits helpful after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Service delivery										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:50.3 What is the value of home visits after stroke?			Shepperd S, Doll H, Broad J, Gladman J, Iliffe S, Langhorne P, Richards S, Martin F, Harris R. Hospital at home early discharge. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD000356. DOI: 10.1002/14651858.CD000356.pub3.	Mortality: readmissions; general and disease-specific health status; functional status; psychological well-being; clinical complications; patient satisfaction; carer satisfaction; carer burden; staff views (including general practitioners' satisfaction); discharge destination from hospital at home; length of stay in hospital and hospital at home; cost (this includes the costs to the patient and their family, to general practice, to the hospital and social or voluntary service costs)
Are relaxation techniques beneficia after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies	Psychological therapy									This uncertainty was submitted by 2 clinicians This is an indicative uncertainty, and the following questions were included:35.6 Are relaxation techniques helpful after a stroke? 35.7 Which relaxation techniques are helpful after a stroke? 78 Is there evidence to suggest that relaxation is good for stroke patients?Does anywhere do this maybe using CD's, audio books etc? (Question missed out of original list).				Change in symptoms, adverse effects or complications, and costs

Are secondary prevention drugs effective in preventing subsequent strokes?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Drug										This uncertainty was submitted by 1 patient group, 1 clinician This is an indicative uncertainty, and the following questions were included:4.1 How effective is the secondary prevention drugs in preventing another stroke? 67.1 How can I take all the preventative drugs yet still have a third stroke?	De Schryver ELLM, Algra A, Kappelle LJ, van Gijn J, Koudstaal PJ. Vitamin K antagonists versus antiplatelet therapy after transient ischaemic attack or minor ischaemic stroke of presumed arterial origin. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD001342. DOI: 10.1002/14651858.CD001342.pub3		Vergouwen MDI, de Haan R, van Gool WA, Vermeulen M, Roos YBWEM. Blood-pressure-lowering treatment for preventing recurrent stroke, major vascular events, and dementia in patients with a history of stroke or transient ischaemic attacks (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD007858. DOI: 10.1002/14651858.CD007858.	All-cause death; vascular death, vascular death or non-fatal stroke, vascular death, non-fatal stroke or non-fatal myocardial infarction, recurrent stroke; recurrent ischaemic stroke or intracranial haemorrhage, death or dependency (Primary outcomes: major bleeding complication, fatal intracranial or extracranial haemorrhage, intracranial haemorrhage, major extracranial haemorrhage
Are specialist stroke nurses better than non-specialist nurses at improving recovery after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Education and training	Physical therapies									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:15 What benefits, if any does the role of the stroke nurse have in improving patient outcomes?			Aziz NA, Leonardi-Bee J, Phillips MF, Gladman J, Legg LA, Walker M. Therapy-based rehabilitation services for patients living at home more than one year after stroke. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD005952. DOI: 10.1002/14651858.CD005952.pub2 Shepperd S, Doll H, Broad J, Gladman J, Iliffe S, Langhorne P, Richards S, Martin F, Harris R. Hospital at home early discharge. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD000356. DOI: 10.1002/14651858.CD000356.pub3	Death or poor outcome (deterioration, dependency, institutionalisation), change in ability to perform activities of daily living, *primary outcomes: death, performance in extended activities of daily living (EADL), subjective health status or quality of life, patients and carer's mood, re-admission to hospital and days spent in hospital, and patient and carer satisfaction with services
Are stroke co-ordinators / liason workers beneficial in the management of stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Service delivery										This uncertainty was submitted by 1 patient group, 1 guideline This is an indicative uncertainty, and the following questions were included:94.29 How to evaluate role/value of stroke co-ordinators. 96.3 The impact of stroke liaison worker interventions on patients with mild to moderate disability needs to be explored. Further work should concentrate on establishing if this benefit is a real effect of the intervention or simply reflects the ability of patients with mild to moderate disability to improve with continued health care input.	Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2 Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 3.3.4 Stroke liaison workers.		Stroke Unit Trialists' Collaboration. Organised inpatient (stroke unit) care for stroke. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD000197. DOI: 10.1002/14651858.CD000197.pub2.	Change in subjective health status; extended activities of daily living (*primary); death, place of residence, dependency, mental health (including anxiety and depression), knowledge about stroke, use of services, satisfaction with services, participation; Change in health-related quality of life: change in post-stroke depression levels (onset and duration); adverse effects or complications; and cost
Are stroke groups/clubs helpful at improving the sense of well-being among stroke survivors?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Psychological therapy	Physical therapies	Social care							This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:100.18 What is the effect of stroke groups and social gatherings on the sense of wellbeing of stroke patients?			Salter K, Foley N, Teasell R. Social support interventions and mood status post stroke: a review. International Journal of Nursing Studies 2010 47(5):616-625 Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2	Subjective health status and extended activities of daily living *primary): death, place of residence, activities of daily living, dependency, mental health (including anxiety and depression), knowledge about stroke, use of services, satisfaction with services, participation. Outcomes for carers: Subjective health status (including measures of carer strain); extended activities of daily living, mental health, knowledge about stroke, satisfaction with services
Are vocational and recreational activities better than impairment-based treatments for someone following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Physical therapies										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:58.1 Does help with engaging in vocational and recreational activities provide better outcomes than help with impairments alone?			Turner-Strokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2.(edited 2011 - no change to conclusions).	Changes in level of impairment and activities (disability, residual symptoms (e.g. post-traumatic amnesia (PTA), post-concussion symptoms); functional independence including mobility, cognitive functioning, and ability to perform basic activities of daily living (ADL) carer burden and stress, psychosocial adjustment, quality of life, discharge destination (e.g. home or institution); return to work; social integration or activities; extended activities of daily living (EADL); health-related quality of life for patient and carer; patient and carer mood; and satisfaction with services
Can a goal setting approach help recovery after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Physical therapies										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:34.4 Does using a structural goal setting approach improve effectiveness of rehabilitation and efficiency and outcomes following stroke? 36.1 How to do goal setting.			Turner-Strokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2.	Changes in level of impairment and activities (disability, residual symptoms (e.g. post-traumatic amnesia (PTA), post-concussion symptoms); functional independence including mobility, cognitive functioning, and ability to perform basic activities of daily living (ADL) carer burden and stress, psychosocial adjustment, quality of life, discharge destination (e.g. home or institution); return to work; social integration or activities; extended activities of daily living (EADL); health-related quality of life for patient and carer; patient and carer mood; and satisfaction with services
Can a daily routine help stroke prevention?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:92.1 Preventative care in stroke - what is the effect of a very normal daily routine?				Death or poor outcome (deterioration, dependency, institutionalisation), change in ability to perform activities of daily living, *primary outcomes: death, performance in extended activities of daily living (EADL), subjective health status or quality of life, patients and carer's mood, re-admission to hospital and days spent in hospital, and patient and carer satisfaction with services
Can a neuro-vision technology package improve functional ability and quality of life after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Devices										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:34.2 Does a neuro-vision technology rehabilitation package improve functional ability and quality of life for people with stroke in the longer term?	Bowen A, Hazelton C, Pollock A, Lincoln NB. Cognitive rehabilitation for spatial neglect following stroke. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD003586. DOI: 10.1002/14651858.CD003586.pub3.			Functional disability, activities of daily living (*primary outcomes): performance on standardised neglect assessments: target cancellation (single letter, double letter, line, shape), line bisection, discharge destination, balance, number of reported falls, depression or anxiety, quality of life and social isolation, and adverse events or complications
Can admission of people to hospital with suspected stroke prevent or reduce subsequent stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:62.1 Why is there not a unit to immediately treat people with suspected strokes? I am told if I had had treatment when my symptoms first appeared I may have avoided a stroke altogether but almost certainly would not have required 5 months hospitalisation and full time carers for 18 months thereafter. (contd)		Ferri M, Sacchetti M, De Luca A, Toni D, Gabriele S, Gallo V, Guasticchi G. Pre-hospital emergency pathways for people with suspected stroke (Protocol). Cochrane Database of Systematic Reviews 2006, Issue 1. Art. No.: CD005611. DOI: 10.1002/14651858.CD005611.		Proportion of patients with stroke admitted directly to stroke units rather than non-specialised units

Can Adult Education improve stroke aquired literacy/numeracy problems following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.87 Potential role of Adult Education in helping with stroke-aquired literacy/numeracy problems.				Change in improve stroke aquired literacy/numeracy problems; adverse effects or complications, and cost
Can alternative therapies reduce central post stroke pain?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Complementary therapies										THis uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:104.1 Have any alternative therapies been proven to help central pain syndrome following stroke?				At least 50% pain reduction; proportion below 30/100 mm (no worse than mild pain); patient global impression; functioning; adverse event (AE) withdrawal; serious AE; death
Can arts-based interventions and art therapy improve recovery after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Psychological therapy	Physical therapies									This uncertainty was submitted by 1 clinician, 1 researcher This is an indicative uncertainty, and the following questions were included:10.1 Can people with stroke from art therapy? (in any way) 44.3 Can arts-based interventions help people think about/plan their life following a stroke?			Bradt J, Magee WL, Dileo C, Wheeler BL, McGilloway E. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD006787. DOI: 10.1002/14651858.CD006787.pub2.	Change in gait, upper extremity function, communication, mood and emotions, social skills, pain, behavioural outcomes, activities of daily living and adverse events or complications
Can auditory feedback improve walking, independence and quality of life after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Exercise	Education and training	Physical therapies								This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:78.2 Does metronome therapy help improve walking distance/independence/QOL in stroke patients? Particularly in patients with posterior circulatory signs eg ataxia. I think it should be trialled with all sorts of patient groups, particularly the elderly to increase their focus and mobility.			Barclay-Goddard RE, Stevenson TJ, Poluha W, Moffatt M, Taback SP. Force platform feedback for standing balance training after stroke. Cochrane Database of Systematic Reviews 2004, Issue 4. Art. No.: CD004129. DOI: 10.1002/14651858.CD004129.pub2.	Change in walking, independence and quality of life; adverse effects or complications, and cost
Can bladder training help continence problems following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Education and training	Physical therapies									THis uncertainty was submitted by researcher This is an indicative uncertainty, and the following questions were included:45.1 Continence after stroke and bladder scanning.			Thomas LH, Cross S, Barrett J, French B, Leathley M, Sutton CJ, Watkins C. Treatment of urinary incontinence after stroke in adults. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD004462. DOI: 10.1002/14651858.CD004462.pub3	Change in in/continence (number of participants regaining continence number of incontinent episodes over 24 hours, severity of incontinence, and perception of improvement or cure in continence (as reported by participant or caregiver) (*primary outcomes); pad tests of quantified leakage, volume of urine loss, total and mean number of pads used; symptom scores or participant /carer report of other urinary symptoms including frequency, urgency, dysuria, polyuria, nocturia, discomfort, pain, physical measures e.g. post-void retention of urine, time to voiding onset, void volume, urodynamic measures, health status or measures of psychological health, Impact of incontinence, functional ability, knowledge, satisfaction, quality of life, and economic outcomes Impact of continence promotion interventions on cost or service use
Can buddy systems (volunteers) improve quality of life after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Education and training	Physical therapies	Social care	Psychological therapy							THis uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included: 97.9 Evaluation of buddy systems (volunteers) to improve quality of life?			Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2 Brady MC, Kelly H, Godwin J, Enderby P. Speech and language therapy for aphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub3.	Change in subjective health status; extended activities of daily living (*primary); death, place of residence, dependency, mental health (including anxiety and depression), knowledge about stroke, use of services, satisfaction with services, participation
Can cognitive behavioural therapy (CBT) help attainment of goals after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Psychological therapy										This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:42.5 What is the effect of CBT on attaining goals?			Chung CSY, Pollock A, Campbell T, Durward BR, Hagen S. Cognitive rehabilitation for executive dysfunction in adults with stroke or other adult non-progressive acquired brain damage. Cochrane Database of Systematic Reviews 2013, Issue 4. Art. No.: CD008391. DOI: 10.1002/14651858.CD008391.pub2.	Change in global executive function (primary outcome); functional ability in activities of daily living (ADL), functional ability in extended ADL, participation in vocational activities, quality of life and social isolation, adverse events and death
Can cognitive behavioural therapy (CBT) help recovery of speech following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Psychological therapy										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:67.9 What is the effect of Cognitive Behavioural Therapy on recovering speech?				Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Can counselling help couples address relationship difficulties after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Psychological therapy	Social care									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:71.6 What are the benefits of counselling for couples to help deal with the changes in relationships after stroke?			Salter K, Foley N, Teasell R. Social support interventions and mood status post stroke: a review. International Journal of Nursing Studies 2010 47(5):616-625	Change in symptoms, adverse effects or complications, and costs
Can counselling prevent depression following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age		Psychological therapy										This uncertainty was submitted by carer THis is an indicative uncertainty, and the following questions were included:105.13 How can counselling help to prevent depression after stroke?	Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2.		Hackett ML, Anderson CS, House A, Xia J. Interventions for treating depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD003437. DOI: 10.1002/14651858.CD003437.pub3	Change in depression: adverse effects or complications, and cost
Can early psychological support increasing confidence and awareness of choices following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Psychological therapy										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.31 How to ensure patients get psychological support at an early stage to increase confidence and awareness of choices.			Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2.	Change in subjective health status; extended activities of daily living (*primary); death, place of residence, dependency, mental health (including anxiety and depression), knowledge about stroke, use of services, satisfaction with services, participation

Can electrical stimulation improve arm function following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Exercise	Physical therapies	Devices								This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:92.3 Elecrical upper arm stimulation post-stroke; evaluating the effectiveness.			Price CIM, Pandyan AD. Electrical stimulation for preventing and treating post-stroke shoulder pain. Cochrane Database of Systematic Reviews 2000, Issue 4. Art. No.: CD001698. DOI: 10.1002/14651858.CD001698.	Change in recovery of arm use and function; adverse effects or complications, and cost
Can electrofacial stimulation improve facial muscle weakness after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies	Devices									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:64.1 Electrofacial stimulation - what is the evidence for effectiveness, timing of intervention, duration of intervention and which muscles is it most effective with?				Change in facial muscle symptoms, adverse effects or complications, and costs
Can emotional support improve ability for self-help following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Psychological therapy	Social care									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.44 Can emotional support after stroke increase ability for self-help?				Change in self-management and self-help: adverse effects or complications, and cost
Can imagery improve outcomes after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Physical therapies	Psychological therapy									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:49 Does imagery work to improve recovery after stroke?			das Nair R, Lincoln N. Cognitive rehabilitation for memory deficits following stroke. Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD002293. DOI: 10.1002/14651858.CD002293.pub2.	Change in functional measures, including quality of life (primary outcome); memory; adverse effects or complications and costs
Can information technology (IT) improve information given about preventative lifestyles?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Devices									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.16 Investigate use of IT to improve communication about evidence/ guidance on preventive lifestyles.				Change in self-management and self-help: adverse effects or complications, and cost
Can leg splints improve balance and walking after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Physical therapies	Devices								This uncertainty was submitted by 2 patient group; 3 clinician TNis is an indicative uncertainty, and the following questions were included:8.2 Does wearing an AFO contribute to increased tone, associated reactions eg. Flexor withdrawal & therefore pain. 1.1 Should all patients given AFOs for gait, be taught calf stretches routinely? And who should be doing this? Orthotists or PTs? 60.3 Do splints (leg) cause damage? 60.4 Can shoes to wear with splints be made more comfortable and light? 78.1 In patients with no gastric contracture do rigid AFO's (+/- heel wedging) produce better results than non-rigid AFO's (+/-) heel wedging)? I'm convinced it does but this is not standard practice in the NHS by orthotists and I think you would be hard pushed to find literature that has proven this but it could help us physio's/orthotists change our practice by knowing for certain.	Katalinic OM, Harvey LA, Herbert RD, Moseley AM, Lannin NA, Schurr K. Stretch for the treatment and prevention of contractures. Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD007455. DOI: 10.1002/14651858.CD007455.pub2.			Change in balance and walking; adverse effects or complications, and cost
Can music or art therapy help people with aphasia following stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies	Psychological therapy									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:7.1 How can music therapy / art therapy along with speech & language therapy help moderate-severely aphasic patients?	Bradt J, Magee WL, Dileo C, Wheeler BL, McGilloway E. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD006787. DOI: 10.1002/14651858.CD006787.pub2.			Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Can music therapy help recovery after stroke?	Uncertainties identified from carers' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Physical therapies	Psychological therapy									This uncertainty was submitted by carer TNis is an indicative uncertainty, and the following questions were included:105.1 How can music therapy help with recovery after stroke?	Bradt J, Magee WL, Dileo C, Wheeler BL, McGilloway E. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD006787. DOI: 10.1002/14651858.CD006787.pub2.			Change in gait, upper extremity function, communication, mood and emotions, social skills, pain, behavioural outcomes, activities of daily living and adverse events or complications
Can non-drug treatments improve insomnia after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Education and training	Psychological therapy	Physical therapies							This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:28.3 Can insomia following stroke be treated effectively without medication? I only get about 4 hours sleep per night and then I struggle during the day.	Cheuk DKL, Yeung WF, Chung KF, Wong V. Acupuncture for insomnia. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD005472. DOI: 10.1002/14651858.CD005472.pub3.			Sleep parameters, as measured by sleep diary or other objective measurements, such as actigraphy, electroencephalography or polysomnography, sleep onset latency, total sleep duration, total wake-time, wake after sleep onset (WASO), nocturnal and early morning wakening (defined by the trialist), sleep efficiency (ratio of time asleep to time in bed), sleep scores, daytime functioning, quality of life, and frequency of adverse effects
Can nurses assess swallowing in patients after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Diagnostic										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:6.6 Can nursing staff assess patients swallow?			Bours GJ, Speyer R, Lemmens J, Limburg M, de Wit R. Bedside screening tests vs. videofluoroscopy or fibreoptic endoscopic evaluation of swallowing to detect dysphagia in patients with neurological disorders: systematic review. Journal of Advanced Nursing 2009 65(3):477-493	Diagnostic; adverse effects or complications, and cost

Can nurses decide whether and when to insert a nasogastric (feeding) tube for people following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.13 When should it be the nurses' decision to pass NG tubes and how can nurses be best guided in their decision making?				Provision of services for services for dysphagia: Impact on patient outcomes for dysphagia; adverse effects or complications; and cost
Can nursing treatments prevent depression following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Drug	Psychological therapy									This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.8 How can nurses prevent the complication of depression?			Smith J, Forster A, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub2.	Change in depression: adverse effects or complications, and cost
Can physiotherapy improve mood disorders after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Exercise	Physical therapies									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:36.2 What are the psychological benefits of physiotherapy?				Change in moods: adverse effects or complications, and cost
Can playing an instrument help improve communication problems following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by carer This is an indicative uncertainty, and the following questions were included:25.3 Listeing to music is known to improve stroke language problems. What is the effect of playing an instrument?	Bradt J, Magee WL, Dileo C, Wheeler BL, McGilloway E. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD006787. DOI: 10.1002/14651858.CD006787.pub2.			Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Can psychological support help increase participation in physical activity after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Exercise	Psychological therapy									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:3.2 Is there evidence of increased participation in physical activity among those who have had psychological support after stroke?			Saunders DH, Greig CA, Mead GE, Young A. Physical fitness training for stroke patients. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD003316. DOI: 10.1002/14651858.CD003316.pub3.	Change in death rates, dependence, and disability (primary outcomes); change in physical fitness, mobility, physical function, quality of life, mood, and incidence of adverse events or complications
Can screening programmes reduce the risk of subsequent stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Diagnostic										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.12 Investigate improved screening programmes to identify those at risk of secondary strokes.			Johansson T, Wild C. Telemedicine in acute stroke management: systematic review. International Journal of Technology Assessment in Health Care 2010 26(2):149-155	Incidence and prevalence of subsequent stroke
Can self-monitoring of blood pressure help stroke prevention?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies	Devices									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:55.5 Self monitoring of blood pressure would be a good idea I think.				Incidence of stroke; change in symptoms; adverse effects or complications; and costs
Can supported communication training for carers of someoen following a stroke help prevent relationship breakdown?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Mixed or complex	Education and training	Physical therapies	Psychological therapy	Social care	Service delivery					This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:58.2 In people with aphasia does training the person's main carer in supported communication help to prevent relationship breakdown? Should we be offering to train more social contacts to enable the maintenance of relationships?				Relationship between patient and carer, adverse effects or complications, and costs
Can talking books help people relearn social skills after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies	Social care									This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:29.5 Talking books to be used more in trying to relearn social skills.				Change in social skills: adverse effects or complications; and costs
Can therapeutic positioning improving outcome after stroke?	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Physical therapies										This uncertainty was submitted by guidelines This is an indicative uncertainty, and the following questions were included:96.6 Therapeutic positioning.	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 4.1.3 Therapeutic positioning.			Change in symptoms; adverse effects or complications ; and costs
Can trained volunteers and carers help improve communication after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Mixed or complex	Education and training	Psychological therapy	Physical therapies	Social care	Service delivery					This uncertainty was submitted by 2 patient groups This is an indicative uncertainty, and the following questions were included:94.58 Investigate ways of involving /educating families in different communication skills. 94.59 Investigate ways of using trained volunteers to help with communication practice.	Brady MC, Kelly H, Godwin J, Enderby P. Speech and language therapy for aphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub3.			Functional communication via spoken, written or non-verbal modalities, or a combination of these channels, formal measures of receptive language (oral, written and gestural), expressive language (oral, written and gestural) or overall level of severity of aphasia where receptive and expressive language are measured using language batteries, psychosocial impact including depression, anxiety and distress, patient satisfaction, compliance with treatment and economic outcomes, and carer and family satisfaction
Can transcranial magnetic stimulation (TMS) help recovery after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Physical therapies	Devices									This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:90.2 Can TMS (trans-cortical magnetic stimulation) be used in stroke recovery?	Hao Z, Wang D, Zeng Y, Liu M. Repetitive transcranial magnetic stimulation for improving function after stroke. Cochrane Database of Systematic Reviews 2013, Issue 5. Art. No.: CD008862. DOI: 10.1002/14651858.CD008862.pub2		Richards LG, Stewart KC, Woodbury ML, Senesac C, Cauraugh JH. Movement-dependent stroke recovery: a systematic review and meta-analysis of TMS and fMRI evidence. Neuropsychologia 2008 46(1):3-11	Change in activities of daily living (primary outcome); motor function: upper limb function; lower limb function or speed; global motor function; death or disability; any other impairment improvement (e.g. visual, perceptual, depression, cognition, etc); and adverse outcomes or complications (e.g. seizure, headache, dizziness, etc)

Can transcranial magnetic stimulation help people with aphasia following stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies	Devices									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:58.4 Is there a role for transcranial magnetic stimulation in aphasia therapy and how acceptable is this to patients?				Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Can treatments arising from social and environmental psychology improve recovery after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Social care										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:64.4 What information from social and environmental psychology can we utilise to improve the effectiveness of therapy?	Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2. Salter K, Foley N, Teasell R. Social support interventions and mood status post stroke: a review. International Journal of Nursing Studies 2010 47(5):616-625		Smith J, Forster A, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub2.	Change in subjective health status; extended activities of daily living (*primary); death, place of residence, dependency, mental health (including anxiety and depression), knowledge about stroke, use of services, satisfaction with services, participation; Change in health-related quality of life: change in post-stroke depression levels (onset and duration); adverse effects or complications; and cost
Can upper limb splints improve arm function and prevent complications after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Exercise	Physical therapies	Devices								This uncertainty was submitted by 3 clinicians This is an indicative uncertainty, and the following questions were included:48.3 Splinting of the upper limb has been evaluated in good recent RCT'S. A cohort study would be valuable in determining consequences of splinting. 2.1 What is the functional advantage of a hand/wrist splint - can it become functional? 3.4 Is there evidence of benefit from use ofupper limb splintring in preventing contractures & types of splints used?			Ada L, Foongchomcheay A, Canning CG. Supportive devices for preventing and treating subluxation of the shoulder after stroke. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD003863. DOI: 10.1002/14651858.CD003863.pub2.	Change in recovery of arm use and function; adverse effects or complications, and cost
Can volunteers help the process of information provision following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Psychological therapy	Physical therapies	Social care							This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.24 How to reinforce the information-giving process (eg. By use of volunteers.			Forster A, Brown L, Smith J, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub3.	Change in knowledge and patients' or carers' mood state (anxiety and depression) or both (*Primary outcomes); activities of daily living; participation; social activities; perceived health status; quality of life; satisfaction with information; hospital admissions, service contacts or health professional contacts; compliance with treatment/rehabilitation; death or institutionalisation or both; and cost to health and social services.
Do ace inhibitors cause weight gain following stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Drug										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:20 Does ace inhibitors ie perindopril cause weight gain following stroke (high dose)?				Change in weight
Do commercially available gaming devices (e.g Wii), in addition to routine therapy, improve exercise and mobility after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Physical therapies	Devices								This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.42 Wii: do virtual games help reinforce therapy? Can use of games console increase exercise/mobility?				Change in mobility after exercise and amount of exercise
Do communication aids and software packages improve communication in patients with aphasia following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Physical therapies	Devices								This uncertainty was submitted by 2 patient groups; 1 patient; 1 clinician This is an indicative uncertainty, and the following questions were included:56.3 Are software packages such as REACT and Lexion effective tools in the treatment of communication impairments post stroke? 57.1 How effective is the provision of different forms of alternative/augmentative communication aids for people with communication difficulties after stroke - whether these are hi-tech or lo-tech (e.g communication books, passports, folders). It may take a considerable amount of time/effort/expense to develop or purchase these resources for patients - are they then used effectively, and if not, what are the barriers? 69.1 What is the long-term likilhood of clients continuing to use an alternative means of communication e.g. a communication book, an alphabet chart or any mechanical communication aid once speech and language				Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Do prisms improve visual field loss after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Devices										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:83.1 Do yoke incorporated prisms or Pelli prisms really help stroke patients with hemianopic visual field loss?	Bowen A, Hazelton C, Pollock A, Lincoln NB. Cognitive rehabilitation for spatial neglect following stroke. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD003586. DOI: 10.1002/14651858.CD003586.pub3.			Functional disability, activities of daily living (*primary outcomes): performance on standardised neglect assessments: target cancellation (single letter, double letter, line, shape), line bisection, discharge destination, balance, number of reported falls, depression or anxiety, quality of life and social isolation, and adverse events or complications

Do slowing down, providing written material, allowing time for questions and using conversation partners help improve communication with people with aphasia following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.113 People with aphasia: slow down, do better literature, allow time for questions, use 'conversation partners'.	Brady MC, Kelly H, Godwin J, Enderby P. Speech and language therapy for aphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub3.			Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Do social communication groups improve confidence in people with communication problems after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Education and training	Physical therapies									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:22 Do social communication groups (ie not therapy) improve communication confidence for individuals with communication support needs?				Change in confidence: adverse effects or complications; and costs
Do thickened fluids cause dehydration after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Diet										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:11.3 Do thickened fluids lead to pt dehydration	Geeganage C, Beavan J, Ellender S, Bath PMW. Interventions for dysphagia and nutritional support in acute and subacute stroke. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD000323. DOI: 10.1002/14651858.CD000323.pub2			Dehydration; adverse effects or complications, and costs
Does a 'day diary' to record activities etc., completed by visitors, help people with communication problems share what has been happening for people with stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Physical therapies	Devices								This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.61 Investigate the use of a 'day diary' recording activities etc. to be completed by visitors to help people with communication problems to share what has been happening.				Change in communication problems: adverse effects or complications; and costs
Does acupuncture help central pain or provide a holistic'well-being' effect for peoplel following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Complementary therapies	Physical therapies									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:8.1 Is there any evidence that acupuncture is effective in stroke care a) after central pain b) a holistic 'well-being' effect.			Wu HM, Tang JL, Lin XP, Lau JTF, Leung PC, Woo J, Li Y. Acupuncture for stroke rehabilitation. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD004131. DOI: 10.1002/14651858.CD004131.pub2.	At least 50% pain reduction; proportion below 30/100 mm (no worse than mild pain); patient global impression; functioning; adverse event (AE) withdrawal; serious AE; death
Does Botox improve function in activities of daily living following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Drug										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.38 Botox: does it really improve function (eg. Easier to dress, do things for yourself)?				Change in function of activities of daily living
Does direct access to a multidisciplinary team (MDT) by stroke patients in the community improve recovery?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by 2 clinician This is an indicative uncertainty, and the following questions were included:38.4 Does direct access by post-stroke patients to an MDT work? 38.41 Does direct access via a GP to an MDT work?			Outpatient Service Trialists. Therapy-based rehabilitation services for stroke patients at home. Cochrane Database of Systematic Reviews 2003, Issue 1. Art. No.: CD002925. DOI: 10.1002/14651858.CD002925.	Death or a poor outcome (deterioration, dependency, institutionalisation), dependent, requiring institutional care, performance in personal activities of daily living (feeding, dressing, bathing, toileting, simple mobility and transfers) Primary outcomes: subjective health status/quality of life, patient mood; carer quality of life and mood, and patient and carer satisfaction with services
Does exercise improve mood after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Exercise										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:3.1 Is there clear evidence of a direct link between mood & participation in exercise after stroke?			Saunders DH, Greig CA, Mead GE, Young A. Physical fitness training for stroke patients. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD003316. DOI: 10.1002/14651858.CD003316.pub3 Yeh GY, Wang C, Wayne PM, Phillips R. Tai chi exercise for patients with cardiovascular conditions and risk factors: a systematic review. Journal of Cardiopulmonary Rehabilitation and Prevention 2009 29(3):152-160	Change in death rates, dependence, and disability (primary outcomes); change in physical fitness, mobility, physical function, quality of life, mood, and incidence of adverse events or complications
Does functional electrical stimulation improve outcome after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Exercise	Physical therapies	Devices								This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.37 Benefits/best timing of Functional Electrical Stimulation of different limbs. How long are effects likely to last?			Price CIM, Pandyan AD. Electrical stimulation for preventing and treating post-stroke shoulder pain. Cochrane Database of Systematic Reviews 2000, Issue 4. Art. No.: CD001698. DOI: 10.1002/14651858.CD001698. Mehrholz J, Werner C, Kugler J, Pohl M. Electromechanical-assisted training for walking after stroke. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD006185. DOI: 10.1002/14651858.CD006185.pub2. Pomeroy VM, King LM, Pollock A, Baily-Hallam A, Langhorne P. Electrostimulation for promoting recovery of movement or functional ability after stroke. Cochrane Database of Systematic Reviews 2006, Issue 2. Art. No.: CD003241. DOI: 10.1002/14651858.CD003241.pub2.	Change in symptoms: adverse effects or complications, and cost
Does high morale within the stroke team service improve stroke recovery?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:9.4 What is the level of morale within the stroke team service & does this impact on patient care?				Change in symptoms, adverse effects or complications, and costs

Does hydrotherapy improve physical fitness, mood, fatigue and spasticity for people following a stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Physical therapies									This uncertainty was submitted by researcher This is an indicative uncertainty, and the following questions were included:10.2 What are the effects of hydrotherapy on physical fitness, mood, fatigue and spasticity?	Mehrholz J, Kugler J, Pohl M. Water-based exercises for improving activities of daily living after stroke. Cochrane Database of Systematic Reviews 2011, Issue 1. Art. No.: CD008186. DOI: 10.1002/14651858.CD008186.pub2.			Change in fitness; mood and spasticity
Does intensive physiotherapy (e.g. stroking/moving limbs - maybe using volunteers) early after stroke help recovery?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Physical therapies	Service delivery									THis uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.25 Can the value of intensive physiotherapy (eg. Stroking/moving limbs - maybe using volunteers) from earliest days in hospital be demonstrated?			Bernhardt J, Thuy MNT, Collier JM, Legg LA. Very early versus delayed mobilisation after stroke. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD006187. DOI: 10.1002/14651858.CD006187.pub2 Cooke EV, Tallis RC, Clark A, Pomeroy VM. 2010 Jan, Efficacy of functional strength training on restoration of lower-limb motor function early after stroke: phase I randomized controlled trial. Neurorehabilitation and neural repair, Vol 24:1, pp88-96	Death or a poor outcome (number of patients who died or remained dependent or admission to institutional care (primary outcomes), performance in activities of daily living or in extended activities of daily living, health status/quality of life, and patient mood
Does involvement of the GP (General Practitioner) during stroke admission help improve medium and long term outcomes?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										THis uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:38.1 Does involving the GP during a stroke admission (e.g via a teleconference about the patient) improve medium and long term outcomes?			Mitchell GK, Brown RM, Eriksson L, Tieman JJ. Multidisciplinary care planning in the primary care management of completed stroke: a systematic review. BMC Family Practice 2008 9:44	Change in symptoms, adverse effects or complications, and costs
Does outdoor walking (in groups) improve physical fitness, mood and fatigue after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by researcher This is an indicative uncertainty, and the following questions were included:10.3 What are the effects of outdoor walking (in groups) on physical fitness, mood, fatigue in stroke?				Change in physical fitness, mood, and fatigue, adverse effects or complications, and costs
Does reduction in stress reduce risk of stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Drug	Education and training	Devices	Physical therapies	Complementary therapies					This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:100.13 There should be more research into the link between stress and stroke.			Dickinson HO, Beyer FR, Ford GA, Nicolson D, Campbell F, Cook JV, Mason J. Relaxation therapies for the management of primary hypertension in adults. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD004935. DOI: 10.1002/14651858.CD004935.pub2.	Death from all causes; coronary heart disease events (fatal or non-fatal myocardial infarction, excluding heart failure and if possible angina); cerebrovascular events (fatal or non-fatal strokes, excluding transient ischaemic attacks if possible); change in systolic and diastolic blood pressure
Does thrombolysis have an adverse effect on cognitive abilities?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Drug										THis uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:42.3 Does thrombolysis worsen my cognitive abilities?				Change in thrombolysis; adverse effects or complications, and cost
Does visual feedback improving movement during rehabiliation exercises following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Exercise	Physical therapies									THis uncertainty was submitted by researcher This is an indicative uncertainty, and the following questions were included:85.1 Would it benefit stroke survivors to see how they move during rehabilitation exercises?			Barclay-Goddard RE, Stevenson TJ, Poluha W, Moffatt M, Taback SP. Force platform feedback for standing balance training after stroke. Cochrane Database of Systematic Reviews 2004, Issue 4. Art. No.: CD004129. DOI: 10.1002/14651858.CD004129.pub2.	Change in movement
Has the FAST (Face-Arm-Speech-Time to call) campaign improved stroke management?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training										THis uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:37.6 Has the 'FAST' campaign been effective in dealing with stroke?			Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 3.1 Referral to stroke services. All patients should receive information...eg. FAST	Time to treatment, change in symptoms, adverse effects or complications, and costs
Has the National Stroke Strategy impacted on the provision of services for patients with dysphagia?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										THis uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:103.1 What is the provision of services (covering access, intensity and duration) available within the UK for the treatment of long-term dysphagia following stroke after discharge from hospital? Has this changed since the launch of the National Stroke strategy?				Provision of services for services for dysphagia: Impact on patient outcomes for dysphagia; adverse effects or complications; and cost
Has the National Stroke Strategy impacted on the provision of services for patients with long term communication problems following stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:103.11 What is the provision of services (covering access, intensity and duration) available within the UK for the treatment of long-term communication impairments (aphasia, dysarthria, apraxia of speech)following stroke after discharge from hospital? Has this changed since the launch of the National Stroke strategy?				Change in provision of services; adverse effects or complications, and cost
How can a sense of male identify be restored following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Physical therapies	Psychological therapy								This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:100.19 Men need male company but I feel I have lost some of my male identity? How can this be resolved?				Change in psychosocial symptoms, adverse effects or complications: and cost

How can behaviour changes best be addressed after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Psychological therapy									This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:52.2 Changes in behaviour	Hackett ML, Yang M, Anderson CS, Horrocks JA, House A. Pharmaceutical interventions for emotionalism after stroke. Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD003690. DOI: 10.1002/14651858.CD003690.pub3			Change in management of behaviour; adverse effects or complications, and cost
How can carers be helped to communicate with someone with aphasia following a stroke?	Uncertainties identified from carers' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Mixed or complex	Education and training	Physical therapies	Service delivery	Psychological therapy	Social care					This uncertainty was submitted by carer This is an indicative uncertainty, and the following questions were included:101 How best to deal with trying to understand what the stroke victim is trying to tell you but can't find the right words which is very frustrating for all concerned.	Brady MC, Kelly H, Godwin J, Enderby P. Speech and language therapy for aphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub3.			Functional communication via spoken, written or non-verbal modalities, or a combination of these channels, formal measures of receptive language (oral, written and gestural), expressive language (oral, written and gestural) or overall level of severity of aphasia where receptive and expressive language are measured using language batteries, psychosocial impact including depression, anxiety and distress, patient satisfaction, compliance with treatment and economic outcomes, and carer and family satisfaction
How can computer programmes be used to identify specific patient problems following stroke and strategies to deal with these problems?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Devices	Diagnostic	Service delivery							This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.69 Investigate the use of computer programmes to identify specific limitations and stralegies to deal with them.				Change in symptoms, adverse effects or complications, and costs
How can memory problems after stroke be improved?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Drug	Education and training	Physical therapies	Psychological therapy						This uncertainty was submitted by 3 patients, 1 patient group THis is an indicative uncertainty, and the following questions were included:61.3 Short term memory problems. 24.1 Can there be more research carried out into short term meory loss? I had my stroke 35 years ago and have seen no improvement. 31.3 More research into memory problems. 94.47 Memory loss: how to prevent/deal with it.	Chung CSY, Pollock A, Campbell T, Durward BR, Hagen S. Cognitive rehabilitation for executive dysfunction in adults with stroke or other adult non-progressive acquired brain damage. Cochrane Database of Systematic Reviews 2013, Issue 4. Art. No.: CD008391. DOI: 10.1002/14651858.CD008391.pub2.		das Nair R, Lincoln N. Cognitive rehabilitation for memory deficits following stroke. Cochrane Database of Systematic Reviews 2007, Issue 3. Art. No.: CD002293. DOI: 10.1002/14651858.CD002293.pub2. Jo JM, Kim YH, Ko MH, Ohn SH, Joen B, Lee KH. Enhancing the working memory of stroke patients using tDCS. American Journal of Physical Medicine and Rehabilitation. 2009 May;88(5):404-9. doi: 10.1097/PHM.0b013e3181a0e4cb	Change in memory; adverse effects or complications, and cost
How can nurses help prevent urinary incontinence following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Education and training	Physical therapies	Psychological therapy								THis uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.8 How can nurses prevent the complication of urinary incontinence?			Thomas LH, Cross S, Barrett J, French B, Leathley M, Sutton CJ, Watkins C. Treatment of urinary incontinence after stroke in adults. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD004462. DOI: 10.1002/14651858.CD004462.pub3	For faecal incontinence: Change in symptoms; adverse effects or complications ; and costs For urinary incontinence: Change in in/continence (number of participants regaining continence number of incontinent episodes over 24 hours, severity of incontinence, and perception of improvement or cure in continence (as reported by participant or caregiver) (*primary outcomes); pad tests of quantified leakage, volume of urine loss, total and mean number of pads used; symptom scores or participant /carer report of other urinary symptoms including frequency, urgency, dysuria, polyuria, nocturia, discomfort, pain, physical measures e.g. post-void retention of urine, time to voiding onset, void volume, urodynamic measures, health status or measures of psychological health, Impact of incontinence, functional ability, knowledge, satisfaction, quality of life, and economic outcomes Impact of continence promotion interventions on cost or service use
How can overuse of the affected arm following a stroke best be addressed?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Education and training	Physical therapies								This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:53.2 Research into overuse of the affected limb (particularly the arm) and methods of addressing this				Change in recovery of arm use and function; adverse effects or complications, and cost
How can stroke survivors and families be helped to cope with speech problems?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies										Stroke Ranked 8th This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.73i How to teach stroke survivors and families better strategies to cope with memory loss, speech problems.	Brady MC, Kelly H, Godwin J, Enderby P. Speech and language therapy for aphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub3. Bowen A, Knapp P, Gillespie D, Nicolson DJ, Vail A. Non-pharmacological interventions for perceptual disorders following stroke and other adult-acquired, non-progressive brain injury. Cochrane Database of Systematic Reviews 2011, Issue 4. Art. No.: CD007039. DOI: 10.1002/14651858.CD007039.pub2. Bradt J, Magee WL, Dileo C, Wheeler BL, McGilloway E. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD006787. DOI: 10.1002/14651858.CD006787.pub2.			Change in functional communication (*primary); change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
How can the delivery of thrombolysis be improved?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Drug										THis uncertainty was submitted by 2 patients, 1 clinician This is an indicative uncertainty, and the following questions were included:29.7 Keep redeveloping thrombolitic drugs. 76.2 Would the outcomes for stroke victims in Scotland not have been significantly improved if thrombolysis treatment were available in all areas on a 24/7 basis? 92.4 Work around thrombolysis - extending the window of efficiency.			Wardlaw JM, Murray V, Berge E, del Zoppo GJ. Thrombolysis for acute ischaemic stroke. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD000213. DOI: 10.1002/14651858.CD000213.pub2.	Change in functional outcomes ((deaths or dependency) primary outcome); symptomatic intracranial haemorrhage (SICH): either symptomatic (that is, temporally associated with a deterioration in the patient's neurological state), or fatal (that is, leading directly to death), and occurring within the first seven to 10 days; adverse effects or complications; and cost

How can the risk of anaesthetic induced strokes be reduced?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Drug	Surgery									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.11 Is there much research on anaesthetic induced strokes? How to reduce this risk.				Incidence of anaesthetic induced stroke; adverse effects or complications; and costs
How often should General Practitioners check drugs and blood pressure (BP) for someone following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:26.2 How often should doctors check drugs and BP?				Incidence of BP being checked
Is training for carers and 'be-frienders' useful at promoting/supporting cognitive or occupational therapy activities for someone following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Mixed or complex	Education and training	Psychological therapy	Physical therapies	Social care	Service delivery					This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.88 Investigate training for carers and 'be-frienders' to support brain stimulation with informal OT activities eg. Scrabble, crosswords...			Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2.	Change in subjective health status; extended activities of daily living (*primary); death, place of residence, dependency, mental health (including anxiety and depression), knowledge about stroke, use of services, satisfaction with services, participation; Change in health-related quality of life: change in post-stroke depression levels (onset and duration); adverse effects or complications; and cost
Is a 'young stroke environment' better than a geriatric/ stroke rehabilitation environment at improving recovery of young people after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:51.4 Do young strokes do better when mixing with other young stroke patients compared to being in a geriatric/stroke rehabilitation environment?				Change in symptoms, adverse effects or complications, and costs
Is botox effective after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Drug										This uncertainty was submitted by 1 patient, 1 clinician This is an indicative uncertainty, and the following questions were included:8.3 Which stroke patients benefit the most from botox injection? I.e. Do patients with severe impairment benefit. 29.4 Could botox not be used earlier in stroke rehabilitation?			Elia AE, Filippini G, Calandrella D, Albanese A. Botulinum neurotoxins for post-stroke spasticity in adults: a systematic review. Movement Disorders 2009 24(6):801-812	Change in spasticity, adverse effects or complications, and costs
Is community-based stroke care clinically and cost-effective?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by 3 patient groups, 3 clinician, 1 clinican group, 1 guideline This is an indicative uncertainty, and the following questions were included:9.1 Do patients feel community stroke team is a valuable service? 94.102 Should RCT's be used for community based research or do we need different methods to analyse the experiences of people living with stroke? 98.8 Evaluation of the principle of extending specialist stroke care into the community. For example, a Medical Research Council Framework approach to identifying the building blocks is required. 5.3 Does having rehab in the patient's own home have any benefits? 38.5 Should outpatient rehabilitation occur in the hospital or in the community? 94.35 Need evidenc-based stroke care pathway to provide follow-up/after-care for people living in the community. 94.71 Investigate potential for specialist community-based stroke clinics, properly funded	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf 4.6.2 Aphasia. Section 5, Transfer from hospital to home.			Change in symptoms; adverse effects or complications, and cost
Is conversation partner training useful in the management of aphasia after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:73.1 What is the scientific rigour of conversation partner training in the management of aphasia post-stroke?				Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Is counselling better than anti-depressants for treating depression following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age		Drug	Psychological therapy									This uncertainty was submitted by carer This is an indicative uncertainty, and the following questions were included:105.14 Is counselling/psychotherapy more or less effective than antidepressants for trearing depression after stroke? Is it more or less cost effective?	Turner-Strokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2		Hackett ML, Anderson CS, House A, Xia J. Interventions for treating depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD003437. DOI: 10.1002/14651858.CD003437.pub3	Change in depression: adverse effects or complications, and cost
Is early mobilisation (within 48 hours) beneficial after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Physical therapies	Service delivery									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:1.4 Should all stroke patients, if medically stable, be mobilised out of bed within 48 hours of initial event?			Bernhardt J, Thuy MNT, Collier JM, Legg LA. Very early versus delayed mobilisation after stroke. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD006187. DOI: 10.1002/14651858.CD006187.pub2.	Death or a poor outcome (number of patients who died or remained dependent or admission to institutional care (primary outcomes), performance in activities of daily living or in extended activities of daily living, health status/quality of life, and patient mood
Is early psychological support helpful after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Psychological therapy	Social care									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.26 Is there value in providing psychological input at early stage?			Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2.	Change in subjective health status; extended activities of daily living (*primary); death, place of residence, dependency, mental health (including anxiety and depression), knowledge about stroke, use of services, satisfaction with services, participation

Is early support discharge clinically and cost-effective for someone following a stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Service delivery										This uncertainty was submitted by 1 clinician, 1 clinician group This is an indicative uncertainty, and the following questions were included:48.2 How is the issue of increasingly rapid discharge from acute hospitals affecting people with stroke when they return home? 97.6 Early supported discharge from stroke units ? given the need to contain secondary care costs, length of stay is becoming an issue for secondary care (and PCTs). If integrated care and rehab could be delivered in the home environment with primary care offering medical input, this may reduce costs and be preferred by patients, particularly if outcomes were equivalent	Fearon P, Langhorne P, Early Supported Discharge Trialists. Services for reducing duration of hospital care for acute stroke patients. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD000443. DOI: 10.1002/14651858.CD000443.pub3			Death; physical dependency (dependent on help for transfers, mobility, washing, dressing or toileting); and place of residence *Primary outcomes; activities of daily living (ADL) score; extended ADL score; subjective health status; mood (mood or depression score); carer outcomes (carer mood and subjective health status); patient and carer satisfaction and/or service preference
Is group speech and language therapy better and does it cost less than individual speech and language therapy following stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:6.4 Is group speech & language therapy a) a better use of resources? b) more effective?	Brady MC, Kelly H, Godwin J, Enderby P. Speech and language therapy for aphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub3.			Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Is information provision about swallowing problems adequate after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Education and training										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:9.3 Do dysphagic patients receive adequate information regarding their swallowing recommendations?				Change in symptoms; adverse effects or complications; and costs
Is intensive inpatient rehabilitation beneficial late (5-10 years) after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies	Service delivery									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:54.3 Is intensive inpatient rehabilitation late after stroke e.g 5 - 10 years) successful?				Change in symptoms, adverse effects or complications, and costs
Is lifestyle advice useful at promoting lifestyle improvements and reducing risk of stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by 1 patient, 3 patient groups, 1 clinician group This is an indicative uncertainty, and the following questions were included:94.15 Investigate more individually taiored lifestyle advice, especially diet and exercise (how much, how often?). 55.1 What lifestyle improvements would best improve the likelihood of not suffering a repeat stroke? 94.17 Is 'lifestyle advice' (diet/exercise etc) to prevent secondary strokes better given in primary or secondary care? 95.1 Are there any interventions for modifiable risk factors (such as smoking, blood pressure) that are best for my patients? Is it worth the cost and effort involved? 97.8 How to implement evidence into practice?wrt vascular risk reduction after stroke and rehabilitation42.2 What can a patient do to reduce their risk of a second stroke?		Lager KE, Wilson AD, Mistri AK, Khunti K. Stroke services for risk reduction in the secondary prevention of stroke (Protocol). Cochrane Database of Systematic Reviews 2011, Issue 6. Art. No.: CD009103. DOI: 10.1002/14651858.CD009103.	Hooper L, Summerbell CD, Thompson R, Sills D, Roberts FG, Moore H, Davey Smith G. Reduced or modified dietary fat for preventing cardiovascular disease. Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD002137. DOI: 10.1002/14651858.CD002137.pub2	Mortality (all and cardiovascular) morbidity (non-fatal myocardial infarction, angina, stroke, heart failure, peripheral vascular events, atrial fibrillation) and unplanned cardiovascular interventions (coronary artery bypass surgery or angioplasty) (*primary outcomes; types of cardiovascular events (myocardial infarction, stroke (fatal and non-fatal), diabetes diagnosis, cancer deaths and cancer diagnoses, and quality of life measures (including informal outcomes such as feelings of health, time off work), process outcomes: changes in saturated and total fat intakes, and classic cardiovascular risk factors (weight, body mass index, systolic or diastolic blood pressure, serum total, LDL or HDL cholesterol and triglyceride)
Is long term aspirin therapy beneficial for stroke caused by clot?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Drug										This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:30.5 Do the benefits of long-term aspirin therapy for strokecaused by clot outweigh the disadvantages?			Berge E, Sandercock PAG. Anticoagulants versus antiplatelet agents for acute ischaemic stroke. Cochrane Database of Systematic Reviews 2002, Issue 4. Art. No.: CD003242. DOI: 10.1002/14651858.CD003242.	Incidence of death or dependent; incidence of deep vein thrombosis (DVT), symptomatic pulmonary embolism (PE), change in symptoms (?progressive stroke/neurological deterioration), recurrence of stroke, symptomatic intracranial haemorrhage, any major extracranial haemorrhage
Is long term physiotherapy review of exercise programmes benefical after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:77.1 What are the benefits of exercise programmes being given to the patient but under long term review by a physiotherapist so that they can be 'retailored' to the patient's ability and any progress capitalised on?		Monaghan K, Horgan F, Blake C, Cornall C, Hickey PPM, Lyons BE, Langhorne P. Physical treatment interventions for managing spasticity after stroke (Protocol). Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD009188. DOI: 10.1002/14651858.CD009188		Activity; impairment; passive/active range of movement; pain; muscle strength; balance; skin integrity; burden of care outcomes; patient reported outcomes; subjective health status; quality of life; agreement for further treatment; economic outcomes: e.g. duration of inpatient stay; and adverse effects or complications
Is mental-health self-help literature useful for preventing or treating depression after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Education and training										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:35.4 Does 'mental health' self-help literature for depression work effectively for those who have had a stroke?	van Straten A, Geraedts A, Verdonck-de Leeuw I, Andersson G, Cuijpers P. Psychological treatment of depressive symptoms in patients with medical disorders: a meta-analysis. Journal of Psychosomatic Research 2010 69(1):23-32		Hackett ML, Anderson CS, House A, Xia J. Interventions for treating depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD003437. DOI: 10.1002/14651858.CD003437.pub3	Change in depression: adverse effects or complications, and cost
Is non-linguistic cognitive training effective for aphasia following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:73.3 What is the impact on non-linguistic cognitive training on aphasia?				Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status

Is participation in activities (e.g. Stroke clubs, ongoing therapy) beneficial at achieving later improvement after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Social care	Service delivery									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:54.2 Is later improvement related to the number of activities/opportunities accessed by the individual e.g attendance at stroke clubs, ongoing therapy?	Salter K, Foley N, Teasell R. Social support interventions and mood status post stroke: a review. International Journal of Nursing Studies 2010 47(5):616-625			Change in symptoms, adverse effects or complications, and costs
Is peer-support useful following hospital discharge following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Physical therapies	Psychological therapy	Social care							This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:53.1 Value of peer support groups on immediate discharge from hospital			Shepperd S, Doll H, Broad J, Gladman J, Iliffe S, Langhorne P, Richards S, Martin F, Harris R. Hospital at home early discharge. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD000356. DOI: 10.1002/14651858.CD000356.pub3.	Mortality: readmissions; general and disease-specific health status; functional status; psychological well-being; clinical complications; patient satisfaction; carer satisfaction; carer burden; staff views (including general practitioners' satisfaction); discharge destination from hospital at home; length of stay in hospital and hospital at home; cost (this includes the costs to the patient and their family, to general practice, to the hospital and social or voluntary service costs)
Is PEG insertion (feeding tube directly into the tummy) better than naso-gastric tubes (feeding tube via the nose) at helping people move from being 'nil-by-mouth' to being able to eat/drink following a stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Diet	Devices									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:57.2 Can naso-gastric tubes actually inhibit the swallow process leading to an inability to progress from nil-by-mouth to trials of oral intake? If so, is this and argument for early PEG insertion?	Gomes Jr CAR, Lustosa SAS, Matos D, Andriolo RB, Waisberg DR, Waisberg J. Percutaneous endoscopic gastrostomy versus nasogastric tube feeding for adults with swallowing disturbances. Cochrane Database of Systematic Reviews 2010, Issue 11. Art. No.: CD008096. DOI: 10.1002/14651858.CD008096.pub2		Bath PMW, Bath-Hextall FJ, Smithard D. Interventions for dysphagia in acute stroke. Cochrane Database of Systematic Reviews 1999, Issue 4. Art. No.: CD000323. DOI: 10.1002/14651858.CD000323.	Intervention failures as defined by any event leading to failure to introduce the tube, recurrent displacement and treatment interruption (feeding interruption, blocking or leakage of the tube, no adherence to treatment) *primary outcomes: nutritional status, , mortality, complications and adverse events, time on enteral nutrition, quality of life, length of hospital stay, and costs and economic issues.
Is physiotherapy early after stroke beneficial?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Physical therapies	Service delivery									This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:26.1 How important is physiotherapy in the initial stages of recovery? 108.6 The efficacy of therapy interventions for patients early after stroke onset			Bernhardt J, Thuy MNT, Collier JM, Legg LA. Very early versus delayed mobilisation after stroke. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD006187. DOI: 10.1002/14651858.CD006187.pub2 Cooke EV, Tallis RC, Clark A, Pomeroy VM. 2010 Jan, Efficacy of functional strength training on restoration of lower-limb motor function early after stroke: phase I randomized controlled trial. Neurorehabilitation and neural repair, Vol 24:1. pp88-96	Change in symptoms, adverse effects or complications, and costs
Is regular monitoring (for example; of blood pressure) by a stroke specialist nurse helpful after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies	Service delivery									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.85 Investigate potential for ongoing monitoring (eg. BP) by specialist stroke nurse in primary care.				Change in symptoms; adverse effects or complications ; and costs
Is self-practice of repetitive, high intensity, task-specific activities beneficial to motor recovery following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Exercise	Physical therapies									This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:108.4 Is self-practice of repetitive, high intensity, task-specific activities beneficial to the motor recovery of patients with stroke?108.9 Implementing intensive repetitive practice for patients with stroke				Change in motor recovery; adverse effects or complications, and cost
Is speech and language therapy helpful for patients more than 1 year after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by 4 patient groups; 1 patient; 2 clinicians This is an indicative uncertainty, and the following questions were included:67.12 SLT - why is it not managed long-term and how could it be managed? 56.2 How long post-stroke is SLT indicated for people with dysphasia, i.e is there demonstrable continuing effectiveness of intervention on impairments/ client's perception of impact over a period of months/years? 70.3 I had speech therapy at the beginning of my stroke but wish it had gone on for longer than the first year. 71.5 It has taken me a year to start to get my speech back - why did my speech therapy stop then? 58.3 Would people with aphasia respond well to later stage intervention, e.g. 6/12/18 months post-stroke (as opposed to all the intervention taking place early on)? 54.1 Is there any improvement (particularly in communication skills) in the long term after stroke (e.g 5 - 10 years later)? 94.63 Evaluate				Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Is stem cell therapy beneficial for recovery after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Vaccines and biologicals										This uncertainty was submitted by patient &carer This is an indicative uncertainty, and the following questions were included:107.12 Can stem cell research help to "grow" a damaged part of the brain? 90.1 Relevance and opportunities of adult stem cell research in stroke recovery, especially in brain areas related to language processing	Bath PMW, Sprigg N, England T. Colony stimulating factors (including erythropoietin, granulocyte colony stimulating factor and analogues) for stroke. Cochrane Database of Systematic Reviews 2013, Issue 6. Art. No.: CD005207. DOI: 10.1002/14651858.CD005207.pub4.			Change in functional outcomes such as death or dependency/disability (primary outcome), extension or recurrence, serious adverse event or complications, number of people with an infection and stroke lesion volume, lab tests (haematology measures (during or soon after treatment): CD34+ count; red cell count (RCC); white cell count (WCC); platelet count (PC))

Is stimulation provided by relatives during open visiting effective at improving recovery after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Social care										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:51.5 What are the best stimuli for recovering stroke patients and should thes be provided by staff or relatives with open visiting?				Change in symptoms, adverse effects or complications, and costs
Is stroke-specific counseling helpful after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Psychological therapy	Social care									This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:37.5 Is there a special type of 'stroke counselling' available for people following stroke?			Salter K, Foley N, Teasell R. Social support interventions and mood status post stroke: a review. International Journal of Nursing Studies 2010 47(5):616-625 Turner-Strokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2	Change in health-related quality of life: change in post-stroke depression levels (onset and duration); adverse effects or complications; and cost
Is telemedicine useful in the prevention, treatment and rehabilitation of stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Service delivery										This uncertainty was submitted by other This is an indicative uncertainty, and the following questions were included:43.2 How can telemedicine be used to prevent, treat and rehabilitate stroke? 103.1 Has a study been done in the Uk on the effectiveness of telehealthcare for post-stroke patients?	Johansson T, Wild C. Telemedicine in acute stroke management: systematic review. International Journal of Technology Assessment in Health Care.2010;26(2):149-155 Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 3.1 Referral to stroke services			Change and management of symptoms; adverse effects or complications, and cost
Is the water swallow test or puree swallow test best in the assessment of swallow in acute stroke patients?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Diagnostic										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:6.5 Should patients on the acute stroke unit have their swallow assessed with the water swallow test or puree swallow test?				Diagnostic; adverse effects or complications, and cost
Is thickened fluid or plain water best at stopping aspiration (choking) following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Diet										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:11.1 More research around thickened fluids - do they reduce aspiration - would plain water be better.			Geeganage C, Beavan J, Ellender S, Bath PMW. Interventions for dysphagia and nutritional support in acute and subacute stroke. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD000323. DOI: 10.1002/14651858.CD000323.pub2	Incidence of aspiration; adverse effects or complications, and costs
Is tissue plasminogen activator (TPA) helpful in the long-term recovery of stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Drug	Vaccines and biologicals									This uncertainty was submitted by other This is an indicative uncertainty, and the following questions were included:43.3 What is the recovery rate for those who receive TPA vs those who do not receive TPA (tissue plasminogen activator)?			Wardlaw JM, Murray V, Berge E, del Zoppo GJ. Thrombolysis for acute ischaemic stroke. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD000213. DOI: 10.1002/14651858.CD000213.pub2.	Change in functional outcomes ((deaths or dependency) primary outcome); symptomatic intracranial haemorrhage (SICH): either symptomatic (that is, temporally associated with a deterioration in the patient's neurological state), or fatal (that is, leading directly to death), and occurring within the first seven to 10 days; adverse effects or complications; and cost
What are the best drug treatments to manage seizures for someone following a stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Mixed or complex	Drug	Education and training	Psychological therapy	Physical therapies	Service delivery	Social care				This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:29.3 Why do you have to have 2 seizures before going on medicaion?	Kwan J, Wood E. Antiepileptic drugs for the primary and secondary prevention of seizures after stroke. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD005398. DOI: 10.1002/14651858.CD005398.pub2.			Proportion of patients who experienced seizures (primary outcome), proportion of patients who achieved remission for a pre-defined period of time (e.g. 12 or 24 months), adverse events or complications, compliance with treatment, and effectiveness, proportion of patients who died or were dependent (did not require regular physical assistance from another person for activities of daily living, such as mobility, dressing, transfers, and feeding, quality of life, duration of institutional stay for the acute phase of stroke recovery, and optimal' duration of treatment (i.e. length of time that the intervention should be continued)
What are the best motor relearning strategies for patients with cognitive or language deficits following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Exercise	Physical therapies									This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:108.13 Exploring the best strategies for motor relearning in patients with cognitive or language deficits				Change in cognitive or language deficits; adverse effects or complications, and cost
What are the best services to support young stroke survivors in occupational rehabilitation within a work-place environment?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:103.12 What is the provision of services (coverng access, intensity and duration) available within the UK for the support of younger stroke survivors in occupational rehabilitation within a work-place environment?				Change in symptoms, adverse effects or complications, and costs
What are the best treatments for arm recovery and function following a stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Physical therapies									Stroke Ranked 4th This uncertainty was submitted by 1 patient; 1 researcher; 1 guideline This is an indicative uncertainty, and the following questions were included:30.1 How can arm function best be improved after major stroke? 86.1 Does visual feedback help upper limb recovery in stroke survivors? 96.9 Virtual reality, bilateral training, repetitive tasks training, imagery/mental practice, splinting,electromechanical and robot-assisted arm training to improve upper limb function	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf 4.6.2 Aphasia. Section 4.3 Upper limb function			Change in recovery of arm use and function; adverse effects or complications, and cost

What are the best treatments for dysarthria following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by 1 clinician; 1 guideline This is an indicative uncertainty, and the following questions were included:6.3 Does dysarthria therapy work? 96.15 Interventions for dysarthria			Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf Section 4.6. Sellars C, Hughes T, Langhorne P. Speech and language therapy for dysarthria due to non-progressive brain damage. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD002088. DOI: 10.1002/14651858.CD002088.pub2.	Change in symptoms of dysarthia; adverse effects or complications; and costs
What are the best treatments for for visual inattention (neglect) following a stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Education and training	Diet	Drug	Physical therapies	Psychological therapy	Complementary therapies				This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:83.4 Can any quality of life improvements be made by any form of treatment/coping strategy interventions for visual inattention?	Bowen A, Hazelton C, Pollock A, Lincoln NB. Cognitive rehabilitation for spatial neglect following stroke. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD003586. DOI: 10.1002/14651858.CD003586.pub3.			Functional disability, activities of daily living (*primary outcomes): performance on standardised neglect assessments: target cancellation (single letter, double letter, line, shape), line bisection, discharge destination, balance, number of reported falls, depression or anxiety, quality of life and social isolation, and adverse events or complications
What are the best treatments for spasticity following a stoke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Drug	Education and training	Psychological therapy	Physical therapies						This uncertainty was submitted by 1 patient group; 1 carer; 1 clinician; 1 guideline This is an indicative uncertainty, and the following questions were included:23 Management of spasticity. 25.4 Does the reduction of spasticity (use of medications and physio) ais recovery of movement in affected limbs e.g arms and hands? 28.4 What is the best treatment for spasticity of the hand? 96.7 Robot-mediated passive therapy, oral antispasticity agents, Clostridium botulinum toxin typeA, alcohol neurolysis and tibial nerve neurotomys for post-stroke spasticity.	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. 4.6.2 Aphasia. Section 4.9 Post-stroke spasticity.			Change in symptoms of spasticity; adverse effects or complications, and cost
What are the best treatments for speech dyspraxia following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:7.7 What is the best approach for treating speech dyspraxia? What works and what does not work?				Change in symptoms of dyspraxia; adverse effects or complications; and costs
What are the best treatments for swallowing difficulties?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Education and training	Diet	Drug	Physical therapies	Psychological therapy					This uncertainty was submitted by 2 clinicians, 1 guidelines This is an indicative uncertainty, and the following questions were included:11.2 Swallowing therapy - is it effective in improving swallow - what exercises work (SIGN 119 touches on this but need more research) 84.4 Research into new treatments for difficulty in swallowing after stroke 96.16 Compensatory approaches for dysphagia in terms of improved research design and with more defined treatment protocols	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 4.7.1, Nutrition and swallowing, & 4.7.4 Dysphagia. Also refer to SIGN 119 5.2. Texture modification and 5.1 Diet modification and use of compensatory techniques.			Change in symptoms; adverse effects or complications ; and costs
What are the best treatments for tinnitus following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Drug	Devices									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:100.12 There should be more research into tinnitus following stroke			Phillips JS, McFerran D. Tinnitus Retraining Therapy (TRT) for tinnitus. Cochrane Database of Systematic Reviews 2010, Issue 3. Art. No.: CD007330. DOI: 10.1002/14651858.CD007330.pub2.	Change in in tinnitus severity and disability, (Primary outcome); change in tinnitus perception, loudness or intensity, change in depressive symptoms, and change in global wellbeing
What are the best treatments to improve balance, gait and mobility following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Education and training	Physical therapies								Stroke Ranked 7th This uncertainty was submitted by 1 patient; 1 patient group; 1 guideline This is an indicative uncertainty, and the following questions were included:30.3 Which physical therapies are most successful in improving gait after a stroke? 60.13 What could make my limp better? 96.8 Visual and auditory feedback, electrical stimulation, different types of ankle foot orthosesand electromechanical assisted gait training to improve balance, gait or mobility 108.15 Effectiveness of gait rehabilitation for patients with stroke	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf Section 4.2 Gait Balance and Mobility			Change in balance, gait and mobility; adverse effects or complications, and cost
What are the best ways for nurses to prevent complications after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Drug	Education and training	Physical therapies	Social care							This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.4 How can nurses prevent post-stroke complications?			Lager KE, Wilson AD, Mistri AK, Khunti K. Stroke services for risk reduction in the secondary prevention of stroke (Protocol). Cochrane Database of Systematic Reviews 2011, Issue 6. Art. No.: CD009103. DOI: 10.1002/14651858.CD009103.	Quantitative changes (or target achievement) in blood pressure, lipid profile (total cholesterol, high density lipoprotein (HDL), low density lipoprotein (LDL), triglycerides), glycaemic control in diabetes mellitus (HbA1Ac), body mass index (BMI) or validated cardiovascular risk score, any indicator of patient adherence to secondary prevention medications (*primary outcomes); secondary cardiovascular events: stroke, myocardial infarction or vascular death

What are the best ways of helping people come to terms with the long term consequences of stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Drug	Psychological therapy	Social care							Stroke Ranked 2nd This uncertainty was submitted by 2 patient groups, 1 clinician This is an indicative uncertainty, and the following questions were included:34.5 What are the most effective methods of supporting people in the longer term? 94.56 How to help people come to terms with the lasting effects of stroke. 94.67 How to develop and support perseverance after a stroke - 'The longer road'. 108.14 Effectiveness of long-term stroke support services for stroke survivors and their carers			Smith J, Forster A, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub2.	Management of long term consequences: adverse effects or complications, and cost
What are the best ways to manage and/or prevent fatigue following a stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Drug	Physical therapies	Psychological therapy							Stroke Ranked 6th This uncertainty was submitted by 1 patient, 2 clinicians, 1 patient group, 1 clinician groups, 1 guideline This is an indicative uncertainty, and the following questions were included: Research into fatigue after stroke - it affects 40% of stroke survivors. More research into chronic fatigue. Can post-stroke fatigue be treated? How do I manage fatigue and tiredness after my stroke? How can nurses prevent the complication of fatigue? Pharmacological and exercise interventions for post-stroke fatigue	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 4.14 Post-stroke Fatigue			Change in symptoms, adverse effects or complications, and costs
What are the best ways to manage urinary and faecal incontinence following a stroke?	Uncertainties identified in research recommendations	No relevant systematic reviews identified	Any age		Education and training	Psychological therapy	Drug	Physical therapies							THs uncertainty was submitted by 1 guidelines, 1 patient This is an indicative uncertainty, and the following questions were included:96.17 Management of urinary and faecal continence 88.2 Incontinence - how is the bladder damaged during a stroke and how can the damaged bladder be repaired?			Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Sections 4.8.2 Urinary incontinence, 4.8.3 Urinary catheterisation, 4.8.4 Faecal incontinence.	Change in urinary and faecal coninence: adverse effects or complications, and cost
What are the best ways to reduce or prevent shoulder subluxation, decrease pain and increasing function after stroke?	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Education and training	Drug	Physical therapies	Psychological therapy						THs uncertainty was submitted by guidelines This is an indicative uncertainty, and the following questions were included:96.11 Strapping, taping, slings and wheelchair attachments for reducing or preventing shoulder subluxation, decreasing pain and increasing function	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf . Section 4.12 1-8, Prevention of post-stroke shoulder pain. SIGN 4.13 1-14 Treatment of post-stroke soulder pain.			Change in symptoms; at least 50% pain reduction; proportion below 30/100 mm (no worse than mild pain); patient global impression; functioning; adverse event (AE) withdrawal; serious AE; death
What are the effects of religious beliefs on recovery after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Psychological therapy	Social care									THs uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:42.6 What is the effect of a positive belief in God/prayer in recovery?				Change in stroke symptoms: adverse effects or complications; and cost
What are the key components of an effective stroke unit?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Education and training	Drug	Devices	Physical therapies	Service delivery					This uncertainty was submitted by 1 patient, 1 guideline This is an indicative uncertainty, and the following questions were included:30.6 What are the major considerations in designing effective stroke units? 96.1 Key components of the Stroke Unit: Further research is required into which components of the multidisciplinary team stroke unit care are effective, cost effective and the most beneficial to patient outcome.	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf 4.6.2 Aphasia. Section 3.2 Organisation of hospital care			Change in symptoms; adverse effects or complications, and cost
What are the relative risks and benefits of statins after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Drug										This uncertainty was submitted by 2 patient groups This is an indicative uncertainty, and the following questions were included:94.3 More research needed on statins - anecdotal evidence of severe vomiting etc - need to be better targeted and effects monitored. 71.1 What percentage of people get side effects from statins - peripheral neuropathy has been a big problem for me?	Taylor F, Ward K, Moore THM, Burke M, Davey Smith G, Casas JP, Ebrahim S. Statins for the primary prevention of cardiovascular disease. Cochrane Database of Systematic Reviews 2011, Issue 1. Art. No.: CD004816. DOI: 10.1002/14651858.CD004816	Squizzato A, Romualdi E, Dentali F, Ageno W. Statins for acute ischemic stroke (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD007551. DOI: 10.1002/14651858.CD007551.		Death; fatal and non-fatal CHD, CVD and stroke events; combined endpoint (fatal and non-fatal CHD, CHD and stroke events); change in blood total and low density lipoprotein (LDL) cholesterol concentration; revascularisation; adverse events; quality of life; and costs
What can carers do to help prevent further strokes?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Exercise	Education and training	Drug	Devices	Complementary therapies	Physical therapies					THs uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:93.4 What steps should carers take to try and prevent further strokes or can nothing be done?			Aziz NA, Leonardi-Bee J, Phillips MF, Gladman J, Legg LA, Walker M. Therapy-based rehabilitation services for patients living at home more than one year after stroke. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD005952. DOI: 10.1002/14651858.CD005952.pub2.	Death or poor outcome (deterioration, dependency, institutionalisation), change in ability to perform activities of daily living, *primary outcomes: death, performance in extended activities of daily living (EADL), subjective health status or quality of life, patients and carer's mood, re-admission to hospital and days spent in hospital, and patient and carer satisfaction with services

What determines adherence and what is the effect of non-adherence of drugs by somone following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Drug										This uncertainty was submitted by 2 clinician groups This is an indicative uncertainty, and the following questions were included:95.3 What are the determinants of adherence of medications/therapies? 95.2What are the effect of non-adherence of medications/therapy on clinical outcomes?				Adherence to treatment, change in symptoms, adverse effects or complications, and costs
What is the best amount and intensity of speech and language therapy for aphasia following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Physical therapies										THis uncertainty was submitted by 3 clinician; 1 guideline This is an indicative uncertainty, and the following questions were included:6.1 How often should people with aphasia receive speech & language therapy? 9.2 Do patients feel they receive enough speech therapy input in the acute setting? 96.14 The effectiveness of different theoretical approaches for the treatment of aphasia and different service delivery such as, intensity of treatment, computer assisted approaches and telerehabilitation 7.6 What intensity of treatment for aphasia is best and does it matter if there is a delay prior to treatment starting? 102.11 The possibility of giving speech therapists a longer time with their patients.	Brady MC, Kelly H, Godwin J, Enderby P. Speech and language therapy for aphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub3. Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning. A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf 4.6.2 Aphasia			Change in functional communication (*primary); change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
What is the best amount of arm treatment after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Exercise	Physical therapies									THis uncertainty was submitted by 2 clinicians This is an indicative uncertainty, and the following questions were included:1.2 How much upper limb treatment should I be receiving? 4.2 How long post stroke is upper limb rehabilitation effective?	Doyle S, Bennett S, Fasoli SE, McKenna KT. Interventions for sensory impairment in the upper limb after stroke. Cochrane Database of Systematic Reviews 2010, Issue 6. Art. No.: CD006331. DOI: 10.1002/14651858.CD006331.pub2 Harris JE, Eng JJ. Strength training improves upper-limb function in individuals with stroke: a meta-analysis. Stroke 2010 41(1):136-140.		French B, Thomas LH, Leathley MJ, Sutton CJ, McAdam J, Forster A, Langhorne P, Price CIM, Walker A, Watkins CL. Repetitive task training for improving functional ability after stroke. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD006073. DOI: 10.1002/14651858.CD006073.pub2.	Change in recovery of arm use and function; adverse effects or complications, and cost
What is the best physiotherapy regime for recovery after stroke?	Uncertainties identified from carers' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Physical therapies									This uncertainty was submitted by carer This is an indicative uncertainty, and the following questions were included:105.12 Which physiotherapy regime is the most effective for recovery after stroke?	Winter J, Hunter S, Sim J, Crome P. Hands-on therapy interventions for upper limb motor dysfunction following stroke. Cochrane Database of Systematic Reviews 2011, Issue 6. Art. No.: CD006609. DOI: 10.1002/14651858.CD006609.pub2.		Pollock A, Baer G, Pomeroy VM, Langhorne P. Physiotherapy treatment approaches for the recovery of postural control and lower limb function following stroke. Cochrane Database of Systematic Reviews 2007, Issue 1. Art. No.: CD001920. DOI: 10.1002/14651858.CD001920.pub2.	Change in symptoms of stroke; adverse effects or complications; and costs
What is the best timing, content and dosage for upper limb rehabilitation following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Exercise	Physical therapies									This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:108.1 What is best practice in the rehabilitation of the upper limb in patients with stroke with respect to timing, content and dosage?				Change in upper limb recovery and function; adverse effects or complications, and cost
What is the best way for carers to manage depression in people with aphasia following stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Mixed or complex	Education and training	Physical therapies	Psychological therapy	Service delivery	Social care					This uncertainty was submitted by patient & carer This is an indicative uncertainty, and the following questions were included:106.12 How carers can best manage depression post stroke in people with aphasia.			Hackett ML, Anderson CS, House A, Xia J. Interventions for treating depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD003437. DOI: 10.1002/14651858.CD003437.pub3	Symptoms of depression or dysthymia, change in symptoms, (Primary symptoms; psychological distress, anxiety, cognition, activities of daily living, disability, adverse events or complications, general health, ability to perform social activities, mood of principal caregiver, quality of life and stress.
What is the best way for emergency management of stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by 1 patient group, 1 clinician group, 2 researchers This is an indicative uncertainty, and the following questions were included:45.3 What is the perception of stroke at onset and factors which influence emergency treatment? 45.4 What are the healthcare professionals' perceptions of urgency of stroke symptoms? 94.19 How to improve Stroke Management in Accident and Emergency. 98.2 Identification of the key components of acute care, including key competencies of staff that lead to improved outcomes and subsequent piloting of systems to see how these can be most effectively implemented in routine clinical practice. If new models of care such as specialist hyperacute stroke centres are developed the impact on the rest of the stroke pathway will need to be developed.			Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf 4.6.2 Aphasia. Section 3.1 Referral to stroke services (ie patients have better outcomes when managed in a stroke unit.	Change in symptoms, adverse effects or complications, and costs
What is the best way for nurses to prevent malnutrition after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Diet	Physical therapies									This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.7i How can nurses prevent the complication of manutrition?				Change in nutrition levels; adverse effects or complications ; and costs

What is the best way for nurses to preventing post-stroke nausea?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Diet	Drug	Physical therapies								This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.7ii How can nurses prevent the complication of post-stroke nausea?				Incidence of post stroke nausea: Change in symptoms; adverse effects or complications ; and costs
What is the best way of delivering stroke care in a primary care setting?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Service delivery										This uncertainty was submitted by 2 patient groups, 2 clinician groups This is an indicative uncertainty, and the following questions were included:94.84 What about a national research project to improve primary stroke care management? 94.33 How to improve primary care follow-up/after-care when people leave hospital. 97.12 Primary care based follow up of stroke? (e.g. the annual review mentioned in the stroke strategy)? what is the right model to deliver this? What is the evidence for this? What components should it include (vascular check, disability)? 97.17 research to look at developing appropriate outcome measures to monitor effectiveness of delivering of stroke care in the primary care setting. Look at what patients and professionals are really looking for in terms of satisfactory outcomes.	Fearon P, Langhorne P, Early Supported Discharge Trialists. Services for reducing duration of hospital care for acute stroke patients. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD000443. DOI: 10.1002/14651858.CD000443.pub3			Death; physical dependency (dependent on help for transfers, mobility, washing, dressing or toileting); and place of residence *Primary outcomes; activities of daily living (ADL) score; extended ADL score; subjective health status; mood (mood or depression score); carer outcomes (carer mood and subjective health status); patient and carer satisfaction and/or service preference
What is the best way of giving information about stroke to someone with aphasia?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Physical therapies									THis uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:72 Information about stroke in non-verbal format.				Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
What is the best way of helping patients understand their rehabilitation programme following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Education and training										This uncertainty was submitted by researcher This is an indicative uncertainty, and the following questions were included:81.1 How can we get patients to better understand their rehabilitation programme?	Bowen A, Knapp P, Gillespie D, Nicolson DJ, Vail A. Non-pharmacological interventions for perceptual disorders following stroke and other adult-acquired, non-progressive brain injury. Cochrane Database of Systematic Reviews 2011, Issue 4. Art. No.: CD007039. DOI: 10.1002/14651858.CD007039.pub2.		Smith J, Forster A, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub2. Legg L, Drummond A, Langhorne P. Occupational therapy for patients with problems in activities of daily living after stroke. Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD003585. DOI: 10.1002/14651858.CD003585.pub2.	Change in knowledge and patients' or carers' mood state (anxiety and depression) or both (*Primary outcomes); activities of daily living; participation; social activities; perceived health status; quality of life; satisfaction with information; hospital admissions, service contacts or health professional contacts; compliance with treatment/rehabilitation; death or institutionalisation or both; and cost to health and social services
What is the best way of implementing research findings to improve patient outcomes following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Service delivery									THis uncertainty was submitted by 2 patient groups, 1 clinician This is an indicative uncertainty, and the following questions were included:84.2 How research findings can actually be implemented in a consistent way across the board for all stroke patients. 94.104 Is there a correlation between increased research and improved patient outcomes? 94.84 How to translate research into pracice : eg. Increase the availibility of scanning within 3 hours.			Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 8 Implementing guidelines.	Time from research reporting and implemented, adverse effects or complications and cost
What is the best way of managing people who have Transient Ischaemic Attack (TIA) (e.g. General Practitioner or hospital consultant clinics; direct access or onward referral)?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:98.4 Evaluation of different models of access to Transient Ischaemic Attack (TIA) services in different settings e.g. direct access to daily clinics in secondary care versus immediate assessment and management in primary care with onward referral to secondary care.				Change in symptoms; adverse effects or complications, and cost
What is the best way of managing the long term needs of stroke survivors? (including the roles of primary care health practitioners and consultants)	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Service delivery										This uncertainty was submitted by 1 patient group, 2 clinician groups This is an indicative uncertainty, and the following questions were included:94.34 Should there be long term follow-up by consultants, especially medication? 97.2 Longer term management of stroke in the community?the role of primary care97.3 How to address the needs of stroke patients in the longer?term (2 years after stroke),	Turner-Strokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2.			Changes in level of impairment and activities (disability, residual symptoms (e.g. post-traumatic amnesia (PTA), post-concussion symptoms); functional independence including mobility, cognitive functioning, and ability to perform basic activities of daily living (ADL) carer burden and stress, psychosocial adjustment, quality of life, discharge destination (e.g. home or institution); return to work; social integration or activities; extended activities of daily living (EADL); health-related quality of life for patient and carer; patient and carer mood; and satisfaction with services

What is the best way of providing information in the long term following a stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Education and training	Physical therapies	Psychological therapy	Social care							This uncertainty was submitted by 1 patient, 2 patient groups This is an indicative uncertainty, and the following questions were included:88.3 Can a website be constructed with one thread comprising a matrix giving all of that information possible to include which can be amended similar to a 'wiki' entry to subsequent entries? 94.22 How best to provide better information about aftercare/community support while still in hospital? People with stroke can be 'lost' to health services after discharge. 94.77 Disabilities can change over time: how best to ensure good signposting so people get information when they need it.	Forster A, Brown L, Smith J, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub3		Smith J, Forster A, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub2	Change in knowledge and patients' or carers' mood state (anxiety and depression) or both (*Primary outcomes); activities of daily living; participation; social activities; perceived health status; quality of life: satisfaction with information; hospital admissions, service contacts or health professional contacts; compliance with treatment/rehabilitation; death or institutionalisation or both; and cost to health and social services.
What is the best way of supporting families when someone dies or is likely to die following stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Mixed or complex	Education and training	Physical therapies	Service delivery	Psychological therapy	Social care					THis uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:33.3 When the families of stroke patients are told that their relative will die - and they don't - how can we impact on this?	Chan R, Webster J. End-of-life care pathways for improving outcomes in caring for the dying. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD008006. DOI: 10.1002/14651858.CD008006.pub2.			Physical symptom severity, psychological symptom severity, quality of life, adverse effects or complications, adverse effects or complications (primary outcomes): advanced care plan, communication between healthcare teams and families, caregivers wellbeing, levels of grief and bereavement, patient/staff/caregivers? satisfaction, staff confidence, cost of intervention and care, medication/treatment use and spiritual needs
What is the best way of supporting family members of stroke survivors?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Mixed or complex	Education and training	Psychological therapy	Physical therapies	Social care	Service delivery					This uncertainty was submitted by 1 patient, 1 clinician This is an indicative uncertainty, and the following questions were included:63.1 Where is the support for family of stroke survivors, especially children and teenagers? What is being done to help them manage the care of their parent/loved one who has been their carer previously? 58.5 How can we best support young people whose parent has had a stroke? 100.14 How can close family members be supported when a parent has a stroke? Young adults with parents who have had a stroke struggle to cope.	Hartmann M, Bazner E, Wild B, Eisler I, Herzog W. Effects of interventions involving the family in the treatment of adult patients with chronic physical diseases: a meta-analysis. Psychotherapy and Psychosomatics 2010 79(3):136-148		Smith J, Forster A, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub2.	Change in symptoms, adverse effects or complications, and costs
What is the best way to address 'false beliefs' (impaired perception) after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Drug	Education and training	Psychological therapy	Physical therapies						This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:35.5 What can be done to treat 'false beliefs' after a right hemisphere stroke?	Bowen A, Knapp P, Gillespie D, Nicolson DJ, Vail A. Non-pharmacological interventions for perceptual disorders following stroke and other adult-acquired, non-progressive brain injury. Cochrane Database of Systematic Reviews 2011, Issue 4. Art. No.: CD007039. DOI: 10.1002/14651858.CD007039.pub2.			Change in perception; adverse effects or complications, and cost
What is the best way to address participation restrictions for someone following a stroke?	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Mixed or complex	Education and training	Physical therapies	Psychological therapy	Service delivery	Social care					THis uncertainty was submitted by guidelines This is an indicative uncertainty, and the following questions were included:96.23 Social work orientated or other interventions aimed at addressing participation restrictions.	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 5.6.1-7 Moving on after stroke.			Change in symptoms, adverse effects or complications, and costs
What is the best way to address relationship difficulties after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Psychological therapy	Social care									This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:52.4 Difficulty in relationships	Hartmann M, Bazner E, Wild B, Eisler I, Herzog W. Effects of interventions involving the family in the treatment of adult patients with chronic physical diseases: a meta-analysis. Psychotherapy and Psychosomatics 2010 79(3):136-148 Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf 4.6.2 Aphasia. Section 4.15.&4.16			Change in symptoms, adverse effects or complications, and costs
What is the best way to address social isolation after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Education and training	Psychological therapy	Physical therapies	Social care							This uncertainty was submitted by 2 clinicians This is an indicative uncertainty, and the following questions were included:38.6 How can we avoid patients becoming socially isolated? 18.1 What percentage of stroke patients become socially isolated following stroke?			Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2.	Change in subjective health status; extended activities of daily living (*primary); death, place of residence, dependency, mental health (including anxiety and depression), knowledge about stroke, use of services, satisfaction with services, participation

What is the best way to assess, address and support the needs of carers of someone who has had a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Mixed or complex	Education and training	Psychological therapy	Physical therapies	Diagnostic	Service delivery	Social care				This uncertainty was submitted by 2 patients, 2 patient groups, 2 clinicians This is an indicative uncertainty, and the following questions were included:51.2 How are carers needs assessed and addressed? 93.5 How much time and research has been put into the needs of carers? 7.3 How can spouses of people who had had a stroke best be supported by healthcare professionals? 61.5 Information on dealing with stroke for carers as they don't understand the effect of stroke. 68.3 Carers could do with more support. 94.43 How to help carers help with psychological as well as physical disabilities.			Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2 Smith J, Forster A, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub2.	Death or a poor outcome (deterioration, dependency, institutionalisation), dependent, requiring institutional care, performance in personal activities of daily living (feeding, dressing, bathing, toileting, simple mobility and transfers) Primary outcomes: subjective health status/quality of life, patient mood; carer quality of life and mood, and patient and carer satisfaction with services
What is the best way to avoid delayed diagnosis of stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Diagnostic										THis uncertainty was submitted by 2 clinician groups This is an indicative uncertainty, and the following questions were included:97.13 Avoiding delayed diagnosis of stroke (establishing and using a case register of delayed diagnosis to identify any patterns in delayed diagnosis 98.1 Identification of the key components needed for an effective campaign aimed at reducing the delay in diagnosing and managing stroke. The campaign should then be piloted in different groups of the population.			Brazzelli M, Sandercock PAG, Chappell FM, Celani MG, Righetti E, Arestis N, Wardlaw JM, Deeks JJ. Magnetic resonance imaging versus computed tomography for detection of acute vascular lesions in patients presenting with stroke symptoms. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD007424. DOI: 10.1002/14651858.CD007424.pub2.	Diagnostic accuracy; time to diagnosis, adverse effects or complications, and costs
What is the best way to deal with cramp, spasms and/or restless legs following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Drug	Physical therapies								THis uncertainty was submitted by 3 patient group; 1 patient THis is an indicative uncertainty, and the following questions were included:60.11 What causes cramp in my leg when I walk? 29.1 Is there any research into muscle cramp on the leg (stroke side)? 60.9 What can make restless legs and cramp better? 71.7 Can we have more research into physiotherpay to help involuntary leg spasms?			Singh JA, Fitzgerald PM. Botulinum toxin for shoulder pain. Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD008271. DOI: 10.1002/14651858.CD008271.pub2.	Management of cramp, spasm and or restless legs; adverse effects or complications, and cost
What is the best way to deliver rehabilitation and manage stroke patients within nursing homes?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Service delivery										This uncertainty was submitted by 4 patient group This is an indicative uncertainty, and the following questions were included:94.92 How to improve primary care support to stroke patients in nursing homes. 94.93 How to increase access to rehabilitation to enable people in nursing homes to fulfill their potential and go home if possible. 94.94 How to ensure patients (in nusing homes) and carers are involved in planning/monitoring care thoroughout their stay. 94.95 How to improve communication, power sharing, socialisation for patients in nursing care homes. 108.8 Stroke rehabilitation for residents of care homes			Crocker T, Forster A, Young J, Brown L, Ozer S, Smith J, Green J, Hardy J, Burns E, Gildewell E, Greenwood DC. Physical rehabilitation for older people in long-term care. Cochrane Database of Systematic Reviews 2013, Issue 2. Art. No.: CD004294. DOI: 10.1002/14651858.CD004294.pub3	Function in activities of daily living (ADL) such as mobility or transfers, eating, bathing, dressing, continence, personal care, mobility, and transfers primary outcomes; exercise tolerance, muscle power, flexibility (joint range of movement), balance, perceived health status, mood, cognitive status, fear of falling, economic analyses; adverse outcomes such as deaths, morbidity, and falls and other serious adverse events
What is the best way to deliver stroke care in remote and rural settings?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Service delivery										THis uncertainty was submitted by 1 patient, 2 patient group THis is an indicative uncertainty, and the following questions were included:47.4 What are the particular problems for those living in remote, rural areas face in returning to work after having had a stroke?73.2 How are national guidelines (e.g SIGN) for stroke rehabilitation implemented between urban and rural healthcare settings? 94.91Do rural and urban environments need different types of support systems?				Access to stroke care; change in symptoms; adverse effects or complications, and cost
What is the best way to diagnose and assess depression in people with aphasia following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age		Diagnostic										THis uncertainty was submitted by patient & carer This is an indicative uncertainty, and the following questions were included:106.1 How best to recognise/assess depression in people with aphasia post stroke.				Identification and treatment of depression; adverse effects or complications; and costs

What is the best way to ensure continuity of care for someone following a stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Service delivery										This uncertainty was submitted by 2 patient groups, 2 clinicians This is an indicative uncertainty, and the following questions were included:38.2 Does continuity of care (e.g of consultant, physio and GP)a difference? 38.21 How can continuity of care be improved? 94.32 How to maximise benefits of joined up services/ improve disjointed communication between hospitals and GPs/primary care. 94.86 Investigate potential for named nurse/link person to follow case from start to finish, co-ordinating information, providing continuity and follow up.	Turner-Stokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2 Fearon P, Langhorne P, Early Supported Discharge Trialists. Services for reducing duration of hospital care for acute stroke patients. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD000443. DOI: 10.1002/14651858.CD000443.pub3			Continuity of care, change in symptoms; adverse effects or complications, and cost
What is the best way to help people address the long term emotional effects of stress following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Social care	Psychological therapy								This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:71.2 How can people be helped to address the long term emotional effects of stress?	Hofmann SG, Sawyer AT, Witt AA, Oh D. The effect of mindfulness-based therapy on anxiety and depression: a meta-analytic review. Journal of Consulting and Clinical Psychology 2010 78(2):169-183			Management of long term emaotional effects: adverse effects or complications, and cost
What is the best way to help people deal constructively with the uncertainty of prognosis?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training	Psychological therapy	Social care								This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.57 How to help people deal constructively with the uncertainty of prognosis.				Managment of uncertian prognosis: adverse effects or complications, and cost
What is the best way to help people recover from aphasia following a stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Physical therapies										Stroke Ranked 3rd This uncertainty was submitted by 1 patient; 1 carer This is an indicative uncertainty, and the following questions were included:25.2 What treatments exist to diminish the effects of aphasia/dysphasia or lessen aphasia itself? 31.2 More research needed into aphasia.	Brady MC, Kelly H, Godwin J, Enderby P. Speech and language therapy for aphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub3.			Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
What is the best way to help people with aphasia following stroke return to work?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:54.5 What would help people with aphasia return to work after stroke?				Return to work
What is the best way to help people with aphasia to return to driving after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:100.11 There is a lack of research into people with aphasia and driving				Return to driving
What is the best way to help stroke survivors and families cope with memory loss?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Education and training	Drug	Psychological therapy	Physical therapies						This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.73ii How to teach stroke survivors and families better strategies to cope with memory loss, speech problems.			Brady MC, Kelly H, Godwin J, Enderby P. Speech and language therapy for aphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CD000425. DOI: 10.1002/14651858.CD000425.pub3. Bowen A, Knapp P, Gillespie D, Nicolson DJ, Vail A. Non-pharmacological interventions for perceptual disorders following stroke and other adult-acquired, non-progressive brain injury. Cochrane Database of Systematic Reviews 2011, Issue 4. Art. No.: CD007039. DOI: 10.1002/14651858.CD007039.pub2. Bradt J, Magee WL, Dileo C, Wheeler BL, McGilloway E. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD006787. DOI: 10.1002/14651858.CD006787.pub2.	Change in memory: family function; adverse effects or complications, and cost
What is the best way to improve confidence after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Drug	Education and training	Psychological therapy								Stroke Ranked 9th This uncertainty was submitted by 3 patient groups, 1 clinician This is an indicative uncertainty, and the following questions were included:44.5 How can we support somebody to be confident? 94.55 How to help people build confidence: shift from 'victim' to 'survivor'. 94.72 How effective is one-to-one input when re-building confidence post-stroke? 94.75 Explore better ways of re-skilling people which focus on confidence building as well.	Bowen A, Knapp P, Gillespie D, Nicolson DJ, Vail A. Non-pharmacological interventions for perceptual disorders following stroke and other adult-acquired, non-progressive brain injury. Cochrane Database of Systematic Reviews 2011, Issue 4. Art. No.: CD007039. DOI: 10.1002/14651858.CD007039.pub2		Legg L, Drummond A, Langhorne P. Occupational therapy for patients with problems in activities of daily living after stroke. Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD003585. DOI: 10.1002/14651858.CD003585.pub2	Change in confidence: adverse effects or complications, and cost
What is the best way to improve oral care after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Education and training	Physical therapies									This uncertainty was submitted by 2 clinician This is an indicative uncertainty, and the following questions were included:14.1 Post stroke oral care has poor guidance and no research-based evidence. 17 Oral health - what is best practice?	Brady MC, Furlanetto D, Hunter R, Lewis SC, Milne V. Staff-led interventions for improving oral hygiene in patients following stroke. Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD003864. DOI: 10.1002/14651858.CD003864.pub2			Dental plaque: denture plaque: denture cleanliness scale (primary outcomes); patient satisfaction, oral comfort and appearance, presence of oral disease, staff oral health knowledge and attitudes

What is the best way to improve recognition of unusual symptoms of stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Diagnostic										This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.83 How to improve recognition of unusual symptoms.				Change in symptoms, adverse effects or complications, and costs
What is the best way to improve the production of structured sentences in people with aphasia following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by patient & carer This is an indicative uncertainty, and the following questions were included:106.13 How best to to improve the production of structured sentences in people with aphasia.				Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
What is the best way to improve understanding (cognition) after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Education and training	Drug	Psychological therapy	Physical therapies						Stroke Ranked 1st This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:31.6 More research into impaired understanding.			Hoffmann T, Bennett S, Koh CL, McKenna KT. Occupational therapy for cognitive impairment in stroke patients. Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD006430. DOI: 10.1002/14651858.CD006430.pub2.	Change in cognition; adverse effects or complications, and cost
What is the best way to increase awareness of risk of stroke amongst general public and health professionals?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Education and training										This uncertainty was submitted by 1 patient group, 1 clinician group This is an indicative uncertainty, and the following questions were included: 97.5 Increased awareness of risk of stroke in the population and more effective means of increasing it in primary care94.1 How to increase awareness of TIA and Sstroke in the general public and in health care professionals.	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 3.1 Referral to stroke services.			Awareness of risk of stroke among professional and the general public
What is the best way to keep feeding tubes in place following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Diet	Devices									This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.11 What are the best methods for keeping feeding tubes in place?				Incidence of disturbed feeding tubes; adveres effects or complications; and cost
What is the best way to manage altered mood and emotion after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Drug	Education and training	Physical therapies	Psychological therapy						This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.46 How best to help people manage mood and emotion post stroke.	Bradt J, Magee WL, Dileo C, Wheeler BL, McGilloway E. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD006787. DOI: 10.1002/14651858.CD006787.pub2. Early Supported Discharge Trialists. Services for reducing duration of hospital care for acute stroke patients. Cochrane Database of Systematic Reviews 2005, Issue 2. Art. No.: CD000443.DOI: 10.1002/14651858.CD000443.pub2.		Smith J, Forster A, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub2. ML, Anderson CS, House A, Halteh C. Interventions for preventing depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD003689. DOI: 10.1002/14651858.CD003689.pub3.	Change in management of altered moods and emotion: family function; adverse effects or complications, and cost
What is the best way to manage and prevent shoulder pain after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Drug	Education and training	Psychological therapy	Physical therapies						This uncertainty was submitted by 1 patient group, 1 clinician group, 1 guidelines This is an indicative uncertainty, and the following questions were included:95.5 How can nurses prevent the complication of shoulder pain? 96.18 Treatment for central post-stroke pain, strapping to prevent post-stroke shoulder pain, TENS,neuromuscular electrical stimulation, massage and acupuncture to treat post-stroke shoulderpain, development of management algorithms for the assessment, prevention and treatment of post-stroke shoulder pain 94.41 How best to to treat a painful shoulder?	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 'Prevention of post-stroke shoulder pain 4.12 1-8. Treatment of post-stroke shoulder pain 4.13 1-14.			At least 50% pain reduction; proportion below 30/100 mm (no worse than mild pain); patient global impression; functioning; adverse event (AE) withdrawal; serious AE; death
What is the best way to manage anxiety and panic after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Education and training	Psychological therapy	Drug								This uncertainty was submitted by 1 clinician, 1 clinician group This is an indicative uncertainty, and the following questions were included:35.3 How do you best treat anxiety after stroke? 97.15 Recognition and management of anxiety and panic disorders?	Campbell Burton CA, Holmes J, Murray J, Gillespie D, Lightbody CE, Watkins CL, Knapp P. Interventions for treating anxiety after stroke. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD008860. DOI: 10.1002/14651858.CD008860.pub2 Hofmann SG, Sawyer AT, Witt AA, Oh D. The effect of mindfulness-based therapy on anxiety and depression: a meta-analytic review. Journal of Consulting and Clinical Psychology 2010 78(2):169-183 Ellis G, Mant J, Langhorne P, Dennis M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue 5. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2		Hackett ML, Anderson CS, House A, Xia J. Interventions for treating depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD003437. DOI: 10.1002/14651858.CD003437.pub3	Change in panic attacks and anxiety: adverse effects or complications, and cost

What is the best way to manage carer guilt caring for someone following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Drug	Education and training	Physical therapies							This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:100.1 What research is there into carer guilt? As a carer I feel guilty that I am always out and about on my own. (husband) is much happier staying at home.				Carer adjustmat
What is the best way to manage central post-stroke (neuropathic) pain?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Exercise	Psychological therapy	Education and training	Drug	Physical therapies						This uncertainty was submitted by 3 clinicians, 1 clinician group This is an indicative uncertainty, and the following questions were included:1.5 Why is neuropathic pain so difficult to treat and are there any other modalities for rx other than medication? 21 Post stroke pain - more effective treatments? 84.1 Research into new treatments for central post-stroke pain. 95.6 How can nurses prevent the complication of pain on the affected side?	Wiffen PJ, Derry S, Moore RA. Lamotrigine for acute and chronic pain. Cochrane Database of Systematic Reviews 2011, Issue 2. Art. No.: CD006044. DOI: 10.1002/14651858.CD006044.pub3			At least 50% pain reduction; proportion below 30/100 mm (no worse than mild pain); patient global impression; functioning; adverse event (AE) withdrawal; serious AE; death
What is the best way to manage feelings of panic due to aphasia following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Drug	Psychological therapy	Physical therapies								This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:61.2 Panic because of aphasia.				Change in feelings of panic; adverse effects or complications, and costs
What is the best way to manage involuntary reactions following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age		Exercise	Education and training	Drug	Physical therapies	Psychological therapy						This uncertainty was submitted by patient &carer This is an indicative uncertainty, and the following questions were included:107.11 Re: involuntary responses eg. Yawning and getting a hand release. We would like to know more about how/whythis happens. Can this help to allow people to respond in purposeful way?				Change in involuntary symptoms; adverse effects or complications, and cost
What is the best way to manage pain in patients with communication problems following stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Drug	Physical therapies									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:33.4 How is pain managed in those with a stroke communication problem?	Bradt J, Magee WL, Dileo C, Wheeler BL, McGilloway E. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD006787. DOI: 10.1002/14651858.CD006787.pub2.			Pain
What is the best way to manage problems with false teeth after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Education and training	Physical therapies									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:47.2 What is the incidence of problems with false teeth and what is best management of these problems post-stroke?	Brady MC, Furlanetto D, Hunter R, Lewis SC, Milne V. Staff-led interventions for improving oral hygiene in patients following stroke. Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD003864. DOI: 10.1002/14651858.CD003864.pub2.			Dental plaque: denture plaque: denture cleanliness scale (primary outcomes); patient satisfaction, oral comfort and appearance, presence of oral disease, staff oral health knowledge and attitudes
What is the best way to manage psycho-social problems after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Education and training	Psychological therapy									This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:97.4 Treatment of psycho?social problems after stroke				Management of psycho-social problems: adverse effects or complications, and cost
What is the best way to prevent deterioration in function after discharge from rehabilitation following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:3.6 In how many cases is there deterioration instead of improvement in function after discharge from rehab & how can we prevent this?				Change in symptoms, adverse effects or complications, and costs
What is the best way to promote self-management and self-help after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Education and training	Psychological therapy	Social care								This uncertainty was submitted by 2 clinicians, 1 patient group This is an indicative uncertainty, and the following questions were included:34.3 What are the most effective methodsd of self management for people following stroke? 94.66 How effective is 'self help' after stroke - and what are the important outcomes? 34.1 Self management - does the 'Lifestyle Management Programme' improve quality of life after stroke? 108.12 Effectiveness of self-management programmes for patients with stroke	Chung CSY, Pollock A, Campbell T, Durward BR, Hagen S. Cognitive rehabilitation for executive dysfunction in adults with stroke or other adult non-progressive acquired brain damage. Cochrane Database of Systematic Reviews 2013, Issue 4. Art. No.: CD008391. DOI: 10.1002/14651858.CD008391.pub2			Change in self-management and self-help: adverse effects or complications, and cost

What is the best way to provide information after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Education and training	Psychological therapy	Physical therapies	Social care							This uncertainty was submitted by 1 patient,2 patient group This is an indicative uncertainty, and the following questions were included:94.76 What is the best time to receive information about stroke? 63.2 Why do ward staff get annoyed with survivors when they don't understand information given? Why not wait until a family member is present before giving news? 94.23 How to provide better information about likely length of recovery.	Forster A, Brown L, Smith J, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub3		Turner-Strokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2	Change in knowledge and patients' or carers' mood state (anxiety and depression) or both (*Primary outcomes); activities of daily living; participation; social activities; perceived health status; quality of life: satisfaction with information; hospital admissions, service contacts or health professional contacts; compliance with treatment/rehabilitation; death or institutionalisation or both; and cost to health and social services.
What is the best way to support a 'positive sense of self' after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Exercise	Education and training	Drug	Physical therapies	Social care	Psychological therapy					This uncertainty was submitted by 2 clinicians This is an indicative uncertainty, and the following questions were included:44.4 Do health care professionals support somebody's positive sense of self following stroke? 44.1 How do people regain their sense of 'self' following a stroke?	Bowen A, Knapp P, Gillespie D, Nicolson DJ, Vail A. Non-pharmacological interventions for perceptual disorders following stroke and other adult-acquired, non-progressive brain injury. Cochrane Database of Systematic Reviews 2011, Issue 4. Art. No.: CD007039. DOI: 10.1002/14651858.CD007039.pub2.			Change in average level of independence in activities of daily living; subjective measures of improvement (*primary): independence in activities of daily living; performances on standardised impairment level measures of perception e.g. RPAB, BORB, VOSP; quality of life measures at six months; effects on carer at six months; destination on discharge: institutional care setting or not (binary); adverse events or complications; and costs
What is the best way to support independent living after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Education and training	Social care	Psychological therapy								This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.89 How to best help people get on with living their lives, especially if living alone.			Legg L, Drummond A, Langhorne P. Occupational therapy for patients with problems in activities of daily living after stroke. Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD003585. DOI: 10.1002/14651858.CD003585.pub2 Stroke Unit Trialists' Collaboration. Organised inpatient (stroke unit) care for stroke. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD000197. DOI: 10.1002/14651858.CD000197.pub2.	Change in indepent living: adverse effects or complications, and cost
What is the best way to support people with stroke during divorce?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Social care	Psychological therapy									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:100.15 Coping with stroke and divorce. Who helps people who have no family or friends?			Salter K, Foley N, Teasell R. Social support interventions and mood status post stroke: a review. International Journal of Nursing Studies 2010 47(5):616-625	Change in symptoms, adverse effects or complications, and costs
What is the best way to support return to work after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Service delivery										This uncertainty was submitted by 6 clinicians, 1 patient group This is an indicative uncertainty, and the following questions were included:39.2 Who should assess fitness to return to work? 39.21 How should fitness to return to work be assessed? 39.22 When should fitness to return to work be assessed? 47.3 What are the particular problems older people face if they wish to return to work after having had a stroke? 18.2 Vocational rehabilitation - advice service or active treatment. How effective is it? 34.6 How do you best sustain people following stroke in employment?			Turner-Strokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2.	Changes in level of impairment and activities (disability, residual symptoms (e.g. post-traumatic amnesia (PTA), post-concussion symptoms); functional independence including mobility, cognitive functioning, and ability to perform basic activities of daily living (ADL) carer burden and stress, psychosocial adjustment, quality of life, discharge destination (e.g. home or institution); return to work; social integration or activities; extended activities of daily living (EADL); health-related quality of life for patient and carer; patient and carer mood; and satisfaction with services
What is the best way to support stroke survivors to form learning alliances and relationships to inform their own care and treatment and influence others?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Social care										This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:87.2 What environments support stroke survivors to form learning alliance and relationships to inform their own care and treatment and influence others?				Change in symptoms, adverse effects or complications, and costs
What is the best way to teach carers to allow stroke survivors to do things for themselves?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Mixed or complex	Education and training	Psychological therapy	Physical therapies	Social care	Service delivery					This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.68 How to teach carers to allow survivors to do things for themselves.	Fearon P, Langhorne P, Early Supported Discharge Trialists. Services for reducing duration of hospital care for acute stroke patients. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD000443. DOI: 10.1002/14651858.CD000443.pub3			Death; physical dependency (dependent on help for transfers, mobility, washing, dressing or toileting); and place of residence *Primary outcomes; activities of daily living (ADL) score; extended ADL score; subjective health status; mood (mood or depression score); carer outcomes (carer mood and subjective health status); patient and carer satisfaction and/or service preference
What is the best way to treat a reduction in the sense of smell following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Drug	Surgery									This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:102.12 The reduction of the sense of smell which I believe is often overlooked.				Change in symptoms, adverse effects or complications, and costs
What is the best way to treat depression in people with aphasia following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age		Drug	Physical therapies	Psychological therapy								This uncertainty was submitted by patient & carer This is an indicative uncertainty, and the following questions were included:106.11 Most effective treatments for depression post stroke in people with aphasia.				Change in symptoms of depression; adverse effects or complications; and costs

What is the best way to treat emotional lability after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Drug	Education and training	Psychological therapy	Social care							This uncertainty was submitted by 1 patient group, 1 clinician This is an indicative uncertainty, and the following questions were included:35.1 How best to treat emotional lability non-pharmacologically after a stroke. 67.7 I am emotionally labile and I have been told that this is an accepted part of stroke but what research is being done in this area?	Hackett ML, Yang M, Anderson CS, Horrocks JA, House A. Pharmaceutical interventions for emotionalism after stroke. Cochrane Database of Systematic Reviews 2010, Issue 2. Art. No.: CD003690. DOI: 10.1002/14651858.CD003690.pub3.			Change in emotional lability: adverse effects or complications, and cost
What is the best way to treat visual problems after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Diet	Drug	Education and training	Psychological therapy	Physical therapies					Stroke Ranked 5th This uncertainty was submitted by 1 patient, 1 guidelines This is an indicative uncertainty, and the following questions were included:31.5 More research into visual problems. 96.12 Interventions for visual field defects, treatment of eye movement disorders, visual neglect	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 4.5.1 - 4.5.5 Visual Problems			Management of visual problems; adverse effects or complications, and costs
What is the cost and clinical effectiveness of admission to general medical (acute admission) wards with onward referral to a stroke unit, compared with direct admission to a stroke unit?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:98.3 A trial of the cost and clinical effectiveness of admission to general medical (acute admission) wards with onward referral to a stroke unit, compared with direct admission to a stroke unit. This is needed given that currently 80% of stroke patients are admitted to acute medical wards.				Change in symptoms; adverse effects or complications, and cost
What is the cost effectiveness of increased intensity of therapy in stroke units?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:108.7 Cost effectiveness of service delivery models to increase the intensity of therapy in stroke units				Change in symptoms, adverse effects or complications, and costs
What is the effect of early mobilisation after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies	Service delivery									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:92 Impact of early mobilisation in stroke (question missed out of original list)				Change in symptoms, adverse effects or complications, and costs
What is the impact and cost-effectiveness of long term or lifelong physiotherapy following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Physical therapies	Service delivery									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:103.11 A cost benefit analysis of the 'black box' of physiotherapy in the 1) rehabilitation phase 2)long term maintenance of function to give a cost per QALY for physiotherapy for stroke as parctised in the UK today.			States RA, Pappas E, Salem Y. Overground physical therapy gait training for chronic stroke patients with mobility deficits. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD006075. DOI: 10.1002/14651858.CD006075.pub2. Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 4.2.7 Gait, Balance and Mobility/ Approach of intervention	Gait function; 'walking ability; patient's ability to walk in a functional context; gait speed measured over a short distance (10 metres or less); quality of life; adverse events or complications; death; or disability; need for institutional care; and cost
What is the impact and cost-effectiveness of long term or lifelong rehabilitation following stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Physical therapies	Service delivery									This uncertainty was submitted by 1 patient, 4 patient groups, 1 clinician, 3 clinician groups This is an indicative uncertainty, and the following questions were included:39.1 How long should people be followed up after a stroke? 77.2 What are the benefits of lower levels of intervention for those who wish continuing late after stroke or even lifelong? 77.3 What are the benefits of activities continuing late after stroke or even lifelong? 89 Why is rehab on affected limbs not long term? 94.65 Can longer term 'maintenance' therapies and/or psychological interventions sustain and enhance the recovery process? 98.5 Estimation of the longer-term needs of patients (impairment, activity, participation, Quality of Life) at different times pos-stroke to help direct intervention studies to improve outcomes. 98.6 Evaluation of the effectiveness of rehabilitation interventions after the acute phase of stroke and into the longer term. The key areas for	Turner-Strokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2.		Aziz NA, Leonardi-Bee J, Phillips MF, Gladman J, Legg LA, Walker M. Therapy-based rehabilitation services for patients living at home more than one year after stroke. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD005952. DOI: 10.1002/14651858.CD005952.pub2	Death or poor outcome (deterioration, dependency, institutionalisation), change in ability to perform activities of daily living, *primary outcomes: death, performance in extended activities of daily living (EADL), subjective health status or quality of life, patients and carer's mood, re-admission to hospital and days spent in hospital, and patient and carer satisfaction with services

What is the impact of increased intensity, frequency and duration of physiotherapy on stroke recovery?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:108.2 Dose response studies ? how do intensity, frequency and duration of physiotherapy interventions relate to outcomes for different stages of stroke recovery and for other neurological conditions?				Change in symptoms, adverse effects or complications, and costs
What is the impact of thrombolysis on emotion, cognition and communication for someone following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Drug										This uncertainty was submitted by 2 clinicians This is an indicative uncertainty, and the following questions were included:13 With the wider introduction of thrombolysis which is an evidence-based treatment,which improves outcomes; this will/should reduce length of stay and improve physical outcomesfor patients and be welcomed by Health boards. However has there been any research around long-term cognitive, emotional, speech and language issues? Patients may get out of hospital more quicklyand rehab (from a functional perspective) may be more straightforward but might it be a research topic to find out if cognitive outcomes might be missed? 33.2 What is the emotional impact of stroke thrombolysis?				Change in emotion, cognition and communication, adverse effects or complications, and costs
What is the optimal amount and intensity of therapy for patients with stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies	Service delivery									This uncertainty was submitted by 1 patient group. 2 clinicians, 1 guideline This is an indicative uncertainty, and the following questions were included:1.6 Does intensive rehabilitation (i.e. Much more than we provide in the NHS) have a significant impact (+ve) on patient's recovery? 96.4 Primary research should investigate different therapy interventions, different therapy approaches,the optimum intensity of therapy, the optimum timing of such interventions and attempt to identify which patients benefit most from which interventions. 50.1 How much therapy do patients feel they want/ can tolerate while in hospital? 51.1 Is there a detremental effect to stroke patients not having a weekend service for all professions e.g AHP's? 79.1 What is the minimum amount of therapy (OT, physio, SALT) that someone recovering from stroke should expect to receive in a rehabilitation unit?			Turner-Strokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2.	Changes in level of impairment and activities (disability, residual symptoms (e.g. post-traumatic amnesia (PTA), post-concussion symptoms); functional independence including mobility, cognitive functioning, and ability to perform basic activities of daily living (ADL) carer burden and stress, psychosocial adjustment, quality of life, discharge destination (e.g. home or institution); return to work; social integration or activities; extended activities of daily living (EADL); health-related quality of life for patient and carer; patient and carer mood; and satisfaction with services
What is the optimal staffing levels within stroke units?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Service delivery										This uncertainty was submitted by 1 clinician group, 1 guidelines This is an indicative uncertainty, and the following questions were included:96.2 Key components of the Stroke Unit: Research into the whole time equivalent for each specialty of the MDT is also required. 98.7 Identification of the relationship betweent patient numbers, dependancy and staffing requirements with a view to providing more specific guidance on the appropriate staffing numbers and skills.	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf. Section 3.3 Multidisciplinary Team Membership. 3.3.1 - lists typical staffing structure of a 10 bedded stroke unit.			Change in symptoms, adverse effects or complications, and costs
What stimulation techniques are useful for enhancing the engagement of stroke patients with severe cognition and communication impairment?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Exercise	Education and training	Physical therapies	Devices							This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:48.6 What stimulation techniques are useful for enhancing the engagement of stroke patients with severe cognition and communication impairment?				Change in engagement; adverse effects or complications, and cost
When is the best time after stroke to deliver speech and language therapy following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies										This uncertainty was submitted by 2 cliniciansThis is an indicative uncertainty, and the following questions were included:7.5 How soon should pts with aphasia receive treatment for language? 64.2 Is there an optimum time for improving speech and language?				Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status

When is the best time to move someone from a major stroke unit to a smaller rehabilitation unit nearer to their home?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:79.2 How do we know the optimal time to move someone recovering from stroke from a stroke unit to a smaller rehabilitation unit nearer the home?				Timing
Where is the best place to receive speech and language therapy (community or hospital) following stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies	Service delivery									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:7.2 Would speech & language therapy outside the therapy room be beneficial, e.g. In community context?				Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Which orthoptic treatments are best at improving quality of life after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Drug	Education and training	Complementary therapies	Devices	Physical therapies					This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:83.3 Does orthoptic intervention improve quality of life and can we measure any improvement to quality of life after - giving a patient advice/information on their condition, after orthoptic exercises and after prisms/occlusion?	Bowen A, Hazelton C, Pollock A, Lincoln NB. Cognitive rehabilitation for spatial neglect following stroke. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD003586. DOI: 10.1002/14651858.CD003586.pub3.			Functional disability, activities of daily living (*primary outcomes): performance on standardised neglect assessments: target cancellation (single letter, double letter, line, shape), line bisection, discharge destination, balance, number of reported falls, depression or anxiety, quality of life and social isolation, and adverse events or complications
Which psychological treatments are effective after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Drug	Psychological therapy									This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.45 Which psychological treatments work best for people with stroke?	Campbell Burton CA, Holmes J, Murray J, Gillespie D, Lightbody CE, Watkins CL, Knapp P. Interventions for treating anxiety after stroke. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD008860. DOI: 10.1002/14651858.CD008860.pub2		Hackett ML, Anderson CS, House A, Halteh C. Interventions for preventing depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD003689. DOI: 10.1002/14651858.CD003689.pub3.	Change in symptoms: adverse effects or complications, and cost
Which psychological treatments improve mood after stroke?	Uncertainties identified in research recommendations	No relevant systematic reviews identified	Any age		Psychological therapy										This uncertainty was submitted by guidelines This is an indicative uncertainty, and the following questions were included:96.21 Psychological interventions (eg cognitive behavioural therapy) for post-stroke mood disturbances	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf 4.6.2 Aphasia. Section 4.15 Disturbances of mood and emotonal behaviour			Change in moods: adverse effects or complications, and cost
Which speech and language therapy treatments work best for aphasia following a stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Physical therapies										This uncertainty was submitted by 2 clinicians; 2 guidelines This is an indicative uncertainty, and the following questions were included:6.2 What approaches for treating aphasia are most effective eg functional vs impairment based. 7.4 Which aphasia rehab approaches are most highly recommended from research evidence? 96.13 A Cochrane on intervention from aphasia which is due to be published soon still concludes that there is insufficient evidence to draw conclusions related to the effectiveness of one SLT approach over another 96.14 The effectiveness of different theoretical approaches for the treatment of aphasia and different service delivery such as, intensity of treatment, computer assisted approaches and telerehabilitation	Scottish Intercollegiate Guidelines Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118.pdf 4.6.2 Aphasia			Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological or social well-being including depression, anxiety and distress), patient satisfaction with intervention, number of dropouts (any reason), compliance with allocated intervention; economic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; change in overall functional status
Which treatment are the best at at preventing stroke and subsequent stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Drug	Education and training	Physical therapies	Complementary therapies	Devices					This uncertainty was submitted by 1 patient group, 1 other This is an indicative uncertainty, and the following questions were included:43.1 What can be done to prevent a stroke? 94.14 What can be done to prevent further stroke when reason for first stroke/TIA unknown?		Lager KE, Wilson AD, Mistri AK, Khunti K. Stroke services for risk reduction in the secondary prevention of stroke (Protocol). Cochrane Database of Systematic Reviews 2011, Issue 6. Art. No.: CD009103. DOI: 10.1002/14651858.CD009103	Curioni C, Andr? C, Veras R. Weight reduction for primary prevention of stroke in adults with overweight or obesity. Cochrane Database of Systematic Reviews 2006, Issue 4. Art. No.: CD006062. DOI: 10.1002/14651858.CD006062.pub2.	Quantitative changes (or target achievement) in blood pressure, lipid profile (total cholesterol, high density lipoprotein (HDL), low density lipoprotein (LDL), triglycerides), glycaemic control in diabetes mellitus (Hb1Ac), body mass index (BMI) or validated cardiovascular risk score, any indicator of patient adherence to secondary prevention medications (*primary outcomes); secondary cardiovascular events: stroke, myocardial infarc
Which treatments are best at reducing/preventing depression in patients after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Education and training	Drug	Psychological therapy								This uncertainty was submitted by 1 patient, 2 patient groups THis is an indicative uncertainty, and the following questions were included:37.4 What is the best form of help for depression following stroke? 55.6 How do we deal with depression? 94.49 What are the most effective treatments - medication, psychological, other - for depression?			Hackett ML, Anderson CS, House A, Halteh C. Interventions for preventing depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD003689. DOI: 10.1002/14651858.CD003689.pub3 Hackett ML, Anderson CS, House A, Xia J. Interventions for treating depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD003437. DOI: 10.1002/14651858.CD003437.pub3	Change in depression: adverse effects or complications, and cost
Which treatments are best for management of long-term headache/migraine after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Exercise	Drug	Education and training	Psychological therapy	Physical therapies						This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:99.1 headache/migraine post stroke (long term)				At least 50% pain reduction; proportion below 30/100 mm (no worse than mild pain); patient global impression; functioning; adverse event (AE) withdrawal; serious AE; death

Which treatments are best for nystagmus (involuntary eye movements) after stroke?	Uncertainties identified from carers' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Education and training	Drug	Devices	Complementary therapies	Physical therapies					This uncertainty was submitted by carer This is an indicative uncertainty, and the following questions were included:65 What treatment is available for nystagmus following stroke?	Pollock A, Hazelton C, Henderson CA, Angilley J, Dhillon B, Langhorne P, Livingstone K, Munro FA, Orr H, Rowe FJ, Shahani U. Interventions for disorders of eye movement in patients with stroke. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD008389. DOI: 10.1002/14651858.CD008389.pub2.			Functional ability in activities of daily living (*primary outcome); functional ability in extended activities of daily living, eye movement, balance, number of reported falls, depression and anxiety, discharge destination or residence after stroke; quality of life and social isolation; adverse events or complications, and death.
What are the best ways to improve cognition after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Adult		Environmental	Exercise	Mixed or complex	Education and training	Drug	Social care	Service delivery	Psychological therapy			Stroke Priority Setting Partnership Ranked 1		Chung CSY, Pollock A, Campbell T, Durward BR, Hagen S. Cognitive rehabilitation for executive dysfunction in patients with stroke or other adult non-progressive acquired brain damage (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 3. Art. No.: CD008391. DOI: 10.1002/14651858.CD008391.		Global executive function *; executive function component outcomes; (dysexecutive syndrome, inhibition, concept formation, planning, and flexibility); functional ability in activities of daily living; functional ability in extended activities of daily living; mood and anxiety level; participation in vocational activities; quality of life and social isolation ; adverse events; and death *Primary outcome