More detailed information to be shown on the JLA website for the questions discussed at the final workshop.						
PSP Name	**Total number of verified uncertainties identified by the PSP**	**Uncertainty (PICO formatted indicative uncertainty where possible. Advised minimum requirements are 'Population' and 'Intervention'. Not all submissions may be suitable for PICO structure, but they should be in a format that will ultimately be of value to the research community) NB. Any terms flagged with * were explained in a glossary that accompanied the workshop; Questions are given in the Plain English form developed for the survey/revised for the workshop**	**Explanatory note (a plain language summary of up to 150 words, explaining key points of the uncertainty and why it is important, for research funders to begin working on. PSPs may wish to include examples of the original survey submissions here) NB. Column C shows the reference numbers of the indicative questions, these can be checked in the "All questions data" to see the original submissions. References given in the narratives are listed at the end of the table.**	**Date of the priority setting workshop**	**Rank of the uncertainty at the final workshop. (If no rank was agreed, please indicate)**	**Evidence (reference, and weblink where available, to the most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the PSP considers relevant.)**
Stroke PSP	93	Combined NC93 & NC94: Mental and emotional (psychological) problems can be caused by stroke/TIA*. How common are psychological problems and what impact do they have on the lives of people affected by stroke (including the children of stroke survivors); what factors and interventions* can best prevent psychological difficulties, support adjustment, and improve motivation, well-being and engagement; how cost-effective are these interventions* and how can they be made available to people affected by stroke?	People affected by stroke can experience a range of changes to their mood and emotions over a long time following. As many as a third of stroke survivors may suffer from depression, and psychological problems are common amongst carers [Ref. 1]. There has been less research into these effects of stroke than the more visible, physical effects. This means that we know far less about these often 'hidden' consequences of stroke. Most of the research to-date has focussed on the early stages after stroke - up to 12 months, and in severe stroke. Not many studies have included stroke survivors who had their stroke more than one year ago, had TIA/minor stroke or follow-up over a long period of time. This means we don't know much about these effects of stroke, prevention and rehabilitation long-term (i.e. beyond 12 months). There are a number of up to date systematic reviews (see column G) and small	19/20.04.21	1	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003437.pub4/full ~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003689.pub4/full ~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011398.pub2/full ~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010442.pub2/full ~ https://doi.org/10.1002/14651858.CD009286.pub3 ~ not a Cochrane review but was a systematic review focusing specifically on preventing and treating depression in people with aphasia.
Stroke PSP	93	NC92. Thinking and memory (cognitive) problems can be caused by stroke. What is the best way to assess for, understand the impacts of and track progression in all areas of cognition – including using standardised measures - across the stroke pathway; what and how can interventions* and services involving multidisciplinary teams and families be made accessible, and how can information on these problems be provided? For example, when and how should cognitive problems be assessed and treated including use of family support, by whom, including in people lacking mental capacity.	After a stroke, many patients can experience difficulties with thinking and memory. They may have problems with perception, problem-solving, planning, attention and, language. Such problems can affect people's confidence and mood, independence and ability to recover from other impacts of their stroke. In some cases, these problems can impact a patients abilities to participate in decisions about their care. At present, we do not know how best to detect, measure, and rehabilitate these problems. The majority of evidence reviews focus on rehabilitation interventions and conclude evidence is low quality. It is important that more research is carried out that will help us understand how to rehabilitate and support people affected by stroke with cognitive difficulties, of which detection and measurement is key.	19/20.04.21	2	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013406/full - THIS IS A PROTOCOL~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002842.pub3/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002293.pub3/full;
Stroke PSP	93	NC109. Stroke can affect communication abilities, such as reading, speaking and listening as well as social and related 'thinking' skills (cognitive communication disorder). What are the effects of, and best assessments and interventions* for the range of communication difficulties in stroke survivors? Difficulties include fluent aphasia, apraxia, comprehension and word finding	Stroke survivors often have problems with language and communication. There are different types of speaking impairments including aphasia and dysphasia, and the underlying cause of communication difficulties can be complex. Losing the ability to communicate has wide consequences making it more difficult to maintain independence and social connections, and those close to stroke survivors may find it hard to cope. For example, depression is also more common in stroke survivors with aphasia compared to stroke survivors without. There is limited evidence on effects, diagnosis and treatments for the range of communication difficulties and this is needed to improve care for the many stroke survivors with these difficulties to rebuild their lives.	19/20.04.21	3	

Stroke PSP	93	Combined NC78 and NC98: People with stroke/TIA* can experience fatigue. How common is fatigue; what and why are there various types, causes/triggers and experiences of its effects? What are the best ways to recognise, reduce, treat and self-manage fatigue - including in young stroke survivors and for all types of stroke, including sub-arachnoid haemorrhage - to minimise the impact on recovery and life after stroke?	Fatigue is a major issue for stroke survivors, and many say that it's the worst symptom they experience after their stroke. It can have a negative effect even on those who make a good physical recovery. It affects stroke survivors' ability to engage with rehabilitation, quality of life (for example, through being too fatigued to take part in hobbies or spend time with friends and family), and is associated with increased mortality. The last 10-15 years has seen an increase in the amount of research being carried out into fatigue after stroke. However, progress in the understanding and management of fatigue has been slow and there's very little evidence on how best to treat fatigue after stroke. The causes of post-stroke fatigue are not clearly understood, but there may be some contributing factors that, if changed, could lead to better understanding of, diagnosis and management of the	19/20.04.21	4	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007030.pub3/full (2015)~ Pharmacological and non-pharmacological treatments (e.g. fatigue education programme, mindfulness-based reduction programme and cognitive-behavioural therapy): Cochrane review, Nguyen et al. (2019)~https://pubmed.ncbi.nlm.nih.gov/27703065/
Stroke PSP	93	NC114. How can community stroke services best be resourced and organised in all regions to provide effective home/community-based rehabilitation* that meets the needs of all groups of stroke survivors such as ethnic groups, young people, stroke severities and those with multiple health conditions?	Many stroke survivors need professional support in the community to cope, adapt and recover in life after stroke. However, these needs are not being met as 45% of stroke survivors say they feel abandoned when they leave hospital [Ref. 2]. The resourcing and organisation of stroke services in the community are variable, which impacts the appropriateness, access to and the quality of the services. Individual's support needs also vary depending on multiple factors.	19/20.04.21	5	
Stroke PSP	93	NC105. What and how common are the long-term impacts of stroke on abilities necessary for every-day life; what, and how can, interventions* be made available to facilitate these abilities? For example, impact on and interventions* including education, assessment, treatment and support for return to work, driving, relationships and financial well-being.	Stroke happens in the brain, the control centre for who we are and what we can do. Although stroke survivors can relearn, recover and adapt certain abilities, most often everyday life is changed forever. This can impact on independence and quality of life for stroke survivors and those close to them. There is limited evidence on the extent of long-term impacts on everyday life, and what can be done to help stroke survivors and their loved ones regain these abilities. For example, a Cochrane Systematic Review (see Column G) found that there was insufficient evidence to reach conclusions about the use of rehabilitation to improve on road driving skills. A	19/20.04.21	6	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008357.pub2/full
Stroke PSP	93	NC83 What is the best time, place and amount of therapy (e.g. speech and language therapy, physiotherapy, occupational therapy) to get the best outcomes* for stroke survivors, and is this different than advised in the Stroke Guidelines (5 times a week for 45 minutes)?	Rehabilitation is key to stroke survivors and their loved ones rebuilding and adapting to life after stroke. Stroke has complex effects and survivors may require different types of therapy and at various times in their recovery journey. This can contribute to a high burden of treatment and be costly to deliver. Therefore it's important to understand optimal strategies that can be applied in patient-centred care. However, no guidelines report the recommended length of stay for each rehabilitation setting	19/20.04.21	7	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010255.pub3/full~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003585.pub3/full~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012612/full (this is a Protocol)~ Longhorne, P, Pomeshandra, S
Stroke PSP	93	NC117. How can people supporting stroke survivors work best with the stroke care team, and what personalised training and support is available for carers to enable them to support stroke survivors and their recovery, including those with communication, cognitive and engagement difficulties? For example, the roles of family members	Stroke is a leading cause of adult disability and often family members and friends shoulder a huge burden as carers. Instantly their relationship with the stroke survivor and their own lives are changed. This can be very difficult emotionally, and the financial costs of informal care are often The annual cost of unpaid care is estimated as £15.8million in the UK [Ref. 3] Although carers can play a very important part alongside the professional stroke care team, there is very little evidence for support for carers to effectively work with them. This evidence is required to support stroke survivors and their families to recover and rebuild, and could	19/20.04.21	8	
Stroke PSP	93	NC31 What are the best interventions* including exercise to improve strength and fitness, promote recovery and prevent further stroke in stroke survivors?	Physical health is important for recovery and maintenance of activities of daily living, and to reduce the risk of secondary stroke. However, levels of physical activity, cardiorespiratory fitness, muscle strength and power are low after stroke [Ref. 4]. Strategies to improve strength and fitness may be complex as stroke survivors may experience additional stroke-related impairments including fatigue, muscle control problems and cognitive problems. Interventions to increase physical fitness could reduce mortality and reduce disability through increased	19/20.04.21	9	There are a number of Cochrane reviews looking at different forms of strength and fitness training in stroke, these include: English C, Hillier SL, Lynch EA. Circuit class therapy for improving mobility after stroke. Cochrane Database of Systematic Reviews 2017, Issue 6. Art
Stroke PSP	93	NC91. What do stroke survivors think and feel works well, or needs improvement as they move through the stroke pathway, including the intensity of rehabilitation; what can be done to improve the stroke survivor and carer experiences?	Stroke care should take a patient-centred approach however there is limited evidence on the most appropriate ways to understand the perspectives of patients, what these perspectives are, how to involve them in decisions and improve their experience of care. Evidence is needed to promote and achieve this fundamental concept in stroke care.	19/20.04.21	10	
Stroke PSP	93	NC104. What is the best intervention* to improve outcomes* for people with severe stroke and long-term disability, and what can be gained from longer-term rehabilitation provided at home and in nursing homes? Outcomes* include measures of physical ability (functional outcomes) and of well-being (quality of life outcomes).	Two thirds of UK stroke survivors leave hospital with a disability (calculated using SSNAPP 2020 data). As such, stroke generates considerable health and social care costs. In the UK, costs are estimated at £8 billion a year, including £3 billion direct costs to the National Health Service, as well as other wider economic costs such as informal care costs, benefits payments, and lost economic productivity [Ref. 5] (Cochrane Protocol, see Column G). It is estimated that up to 25% of all care home residents in the USA and in the UK have had a stroke. Stroke survivors who reside in care homes are likely to be more physically and cognitively impaired and therefore more dependent than those able to remain in their own	19/20.04.21	11	PROTOCOL: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013317/full

Stroke PSP	93	NC96. What are the factors that best predict, and make a difference to the speed, amount and timing of recovery, and how can healthcare professionals help early in the rehabilitation* process to guide expectations for stroke survivors and families?	Rehab clinicians are most commonly asked questions about what the future may look like for a patient. Offering personalised care, support and treatment, and supporting people to recognise and develop their own strength and abilities to enable them to live and independent and fulfilling life are key principles of person-centred care [Ref. 7]. However, current guidance isn't clear and there's a need for more objective information and tools to inform long-term care planning which can benefit both professionals and patients	19/20.04.21	12	
Stroke PSP	93	NC101. What are the causes of different types of pain in stroke survivors, and what interventions* are most effective in the prevention, treatment and management of pain? Types of pain such as musculoskeletal including shoulder pain, and neuropathic.	Stroke survivors can experience pain which can have a huge impact on their abilities and quality of life. There's a range of different types of pain that can be common after stroke. However, there are no stroke and pain specific, up to date, systematic reviews. Despite the presence of evidence exploring pain, the most effective interventions for the treatment of pain are still unknown. Evidence is needed so that the causes of pain after stroke can be understood, and effective treatments to stop and manage post stroke pain can be developed.	19/20.04.21	13	https://doi.org/10.1002/14651858.CD008242.pub3 ~ https://doi.org/10.1002/14651858.CD004131.pub3 ~ https://doi.org/10.1002/14651858.CD008449.pub3 ~ https://doi.org/10.1002/14651858.CD007076.pub3~ Vafadar et al. (2015) https://pubmed.ncbi.nlm.nih.gov/25685805/~
Stroke PSP	93	NC97. Is there a fixed time period after which stroke survivors make no measurable improvement with an intervention*; if improvements can continue, what type and intensity of treatment is effective at a later stage?	It is a common misconception that recovery of impairments can only occur in the first few months to one year after stroke. Although the speed at which impairments are recovered is quicker earlier after stroke and there is more significant variation in recovery between individuals longer after stroke, it's important that there is more evidence on rehabilitation interventions at a later stage in order to support stroke survivors to make the best possible recovery.	19/20.04.21	14	
Stroke PSP	93	NC33. What interventions* improve arm function after stroke and when should they be provided?	Improving upper limb function is a core element of stroke rehabilitation needed to maximise patient outcomes and reduce disability. The most up to date (2014) Cochrane Systematic Review (see Column G) concluded "Currently, no high quality evidence can be found for any	19/20.04.21	15	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010820.pub2/full
Stroke PSP	93	NC27. What is the best way to increase the availability of on-going physiotherapy for stroke survivors?	Guidelines for commissioning rehabilitation suggest that services should be commissioned to reduce limitations in activities, increase participation and improve quality of life using therapeutic and adaptive strategies, and that this is cost-effective in reducing long-term disability and costs associated with care. However, half of stroke survivors in the UK felt they	19/20.04.21	16	
Stroke PSP	93	NC95. Stroke can cause disabilities and effects that may not be visible to other people, for example fatigue, emotional, communication and thinking problems. What are the public thoughts and feelings (perceptions) on these disabilities; what are the best ways to help people to understand these and improve attitudes toward, and support stroke survivors?	9 out of 10 stroke survivors said they had at least one cognitive impact such as problems with memory or concentration, and three quarters experienced a change in their mental health [Ref. 8]. Understanding and awareness of these problems amongst the general public can improve recovery and quality of life for stroke survivors by helping social and emotional well-being. However, there is no evidence on public perceptions, or effective interventions that can support public understanding and awareness for impairments that may not be immediately visible, therefore research is needed in this area.	19/20.04.21	17	
Stroke PSP	93	14 How can training for healthcare professionals be made the same to ensure the best outcomes* for all stroke survivors and their carers?	A huge range of healthcare professionals work with stroke survivors, and in various healthcare settings. Stroke is an extremely complex condition as each person is effected differently depending on the area of the brain affected, type of stroke and size of the damaged brain area therefore treatment needs vary dramatically. Personal and social factors can also	19/20.04.21	18	

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PSP Name	Total number of verified uncertainties identified by the PSP	Uncertainty (PICO formatted indicative uncertainty where possible. Advised minimum requirements are 'Population' and 'Intervention'. Not all submissions may be suitable for PICO structure, but they should be in a format that will ultimately be of value to the research community) NB. Any terms flagged with * were explained in a glossary that accompanied the workshop; Questions are given in the Plain English form developed for the survey/revised for the workshop	Explanatory note (a plain language summary of up to 150 words, explaining key points of the uncertainty and why it is important, for research funders to begin working on. PSPs may wish to include examples of the original survey submissions here) NB. Column C shows the reference numbers of the indicative questions, these can be checked in the "All questions data" to see the original submissions. Referenced in the narratives are listed at the end of the table	Date of the priority setting workshop	Rank of the uncertainty at the final workshop. (If no rank was agreed, please indicate)	Evidence (reference, and weblink where available, to the most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the PSP considers relevant.)
Stroke PSP	93	Combined NC67, NC68 & NC69: What are the best interventions* to stop stroke happening for the first time (i.e. primary prevention)?	100,000 people have strokes each year in the UK [Ref. 1]. Stroke prevalence is predicted to rise particularly in older populations, along with associated costs to health and social care [Ref. 2]. Stroke can happen at any age and is linked with lifestyle and other health factors and conditions (eg.	30.04.21	1	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011207.pub2/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012415.pub2/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011427.pub2/full~https://pubmed.ncbi.nlm.nih.gov/26574548/
Stroke PSP	93	Combined NC79 & 17: How can the public, paramedics and other health care professionals recognise and respond to stroke and or TIA better and more quickly?	There are two aspects - recognition and response by (a) the public, and (b) paramedics and other professionals. Public awareness campaigns using FAST don't reach all UK populations, does not cover symptoms in many cases. Even where symptoms are recognised, people may not know how to respond (see	30.04.21	2	
Stroke PSP	93	Reworded NC76: What are the benefits and risks of acute treatments for intracerebral haemorrhage* (e.g. surgery and medications)?	Around 1 in 10 strokes are caused by bleeding in the brain - intracerebral haemorrhage (ICH). Intracerebral strokes are more rare, but generally more severe than those caused by a blockage (ischaemic stroke) and are associated with a considerably higher risk of dying. Around a third of patients don't survive longer than one month, and many remain dependent on others	30.04.21	3	
Stroke PSP	93	Reworded NC81: What are the benefits and risks of new therapies for stroke (e.g. stem cell therapy) and those that work to protect the brain from damage (i.e. neuroprotection)?	Stroke is a leading cause of morbidity and mortality worldwide, with very large health and social care costs, and a strong demand for alternative therapeutic approaches (from Cochrane Review 2019, see column G). A 2019 Cochrane review concluded that "Overall, in participants with ischemic stroke, stem cell transplantation was associated with a reduced neurological impairment, but not with a better functional outcome. No obvious safety concerns were raised. However, these conclusions	30.04.21	4	https://doi.org/10.1002/14651858.CD007231.pub3~https://doi.org/10.1002/14651858.CD009280.pub3~https://doi.org/10.1002/14651858.CD007026.pub6~https://doi.org/10.1002/14651858.CD009622.pub5
Stroke PSP	93	Reworded 193: What is the risk of recurrent stroke, how does this risk change over time, and what can stroke survivors do to reduce the likelihood of having another stroke (i.e. secondary prevention)?	An estimated 30% of people with stroke or TIA have another stroke in the following five years [Ref. 4].(.) and it's the biggest fear for stroke survivors (from workshop discussions). A 2020 review (see column G) looking at risk of recurrence over 10 years concluded that it "varies greatly from 3 months to over 10 years and increases significantly over time in both young and old subgroup" and that the differences "may be explained by follow-up time, regions, age, methodology	30.04.21	5	https://pubmed.ncbi.nlm.nih.gov/33040195/
Stroke PSP	93	Combined NC66 and NC12: How can the proportion of patients with ischaemic stroke who get clot retrieval (thrombectomy) be increased, either by using new ways to identify more patients that are eligible, or by increasing the number of specialist healthcare professionals who can carry out thrombectomy?	Thrombectomy is suitable for 10% of strokes [Ref. 6] but very few eligible patients receive the treatment. It is a specialist procedure that requires rapid recognition of eligible stroke patients, and considerable resources – a trained specialist (Interventional Neuroradiologist), special hospital facilities that are not widely available, and a support team. Trials have shown more work is needed to understand who can benefit and how long after they have a large artery stroke (from workshop discussions) There are some ongoing trials examining widened indications for thrombectomy that may partially	30.04.21	6	
Stroke PSP	93	Reworded 173: What are the processes that cause delayed changes in brain function (neurological deficit) after subarachnoid haemorrhage* caused by an aneurysm?	Subarachnoid haemorrhages (SAH) are often caused by a burst blood vessel in the brain (a ruptured brain aneurysm) [Ref. 7]. Aneurysmal SAH affects six to nine people per 100,000 per year, has a 35% mortality, and leaves many with lasting disabilities, often related to cognitive dysfunction [Ref. 8]. Delayed ischemic neurologic deficit (DIND) is the main preventable cause of poor outcomes in aneurysmal	30.04.21	7	
Stroke PSP	93	Reworded 257: How can complications* of stroke be reduced (e.g. pneumonia)?	Complications occur frequently after stroke and have an adverse effect on outcomes. For example, patients with dysphagia are at an increased risk of stroke-associated pneumonia. A 2018 Cochrane review looked at the effectiveness of using antibiotics preventatively and although overall infections	30.04.21	8	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008530.pub3/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008367.pub4/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008980.pub3/full~https://doi.org/10.1002/14651858.CD000024.pub4~https://doi.org/10.1002/14651858.CD009716.pub2~https://doi.org/10.1002/14651858.CD012144.pub2~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009586.pub3/full?highlightAbstract=screen%7Cscreen
Stroke PSP	93	Combined NC74 & 176: What are the risks and benefits of using blood- thinning treatments (antiplatelet and anticoagulants) to stop stroke happening after TIA or haemorrhagic or ischaemic stroke; is personalised decision-making possible for the timing and types of antiplatelet and anticoagulant therapy used?	This issue is a central dilemma in stroke treatment. The blood-thinning treatments are considered to be the cornerstone for secondary prevention of stroke (2020 review, see Column G), however they need to be prescribed widely to see any benefit over the stroke population. There has long been concern over potential increased risk of bleeding due to the medications. Some people don't respond as they're resistant, and individual factors such as weight and presence of atrial fibrillation, should be taking into account when advising on secondary prevention treatments (from workshop discussions). The 2020 review explored the evidence for different drug combinations and concluded that further studies are required.	30.04.21	9	
Stroke PSP	93	Reworded NC80: Do patients' other health conditions and characteristics such as age, ethnicity and frailty, affect stroke symptoms, outcomes and care pathway?	Stroke can have a devastating impact on a person's life and the lives of those close to them. Each stroke is different depending on the cause, size and area of the brain affected. However, there are other complex and variable factors at play, with the potential to influence many aspects of stroke care (from workshop discussions). While there is evidence that may partially address this question (e.g. effects of certain other health conditions), it is not clear how to adapt services (from workshop	30.04.21	10	
Stroke PSP	93	Reworded NC63: How do regional and other differences in access to stroke care affect outcomes* for stroke survivors and their families?	Original submissions behind this question on access to stroke care identify a range of differences in provision of stroke care, such as whether or not there is a specialist stroke unit available locally, which professionals are members of multidisciplinary teams, where community and support services such as those provided by the Stroke Association are available, GP support, and access to eye care	30.04.21	11	multiple Cochrane reviews which consider telerehab versus face-to-face rehab e.g. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000425.pub4/full

Stroke PSP	93	Reworded NC72: What effect does diet have on short and long-term outcomes* for stroke survivors?	Diet in stroke recovery is a common and complex question that patients ask consultants, who have no current answer (from workshop discussions). Original submissions behind this question cover issues such as the role of cholesterol, fats and	30.04.21	12	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012815.pub2/full
Stroke PSP	93	Reworded NC56: What is the best timing, and amount, of early mobilisation* for stroke survivors?	Most people with stroke are nursed in bed for at least the first day after their admission to the stroke unit. Early mobilisation may have beneficial effects and lead to fewer complications such as deep vein thrombosis, pulmonary embolism and pneumonia, however there are uncertainties around how	30.04.21	13	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006187.pub3/full
Stroke PSP	93	Reworded 109: What is the best body positioning for patients with stroke in the first hours after stroke?	There is some evidence that good positioning in the bed after a stroke can improve outcomes. However, the HeadPost Trial [Ref. 13] looked at the best positioning for the head for 24 hours after stroke (i.e. lying flat or sitting up) and did not find any significant difference. High quality evidence is needed to find the best body positioning early after stroke to inform clinical guidelines and improve	30.04.21	14	

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13. https://www.nejm.org/doi/full/10.1056/NEJMoa1615715, 2017

n of the PSP.

ID of indicative questions	Uncertainty (PICO formatted indicative uncertainty where possible. Advised minimum requirements are 'Population' and 'Intervention'. Not all submissions may be suitable for PICO structure, but they should be in a format that will ultimately be of value to the research community) NB. n=93; Any terms flagged with * were explained in a glossary that accompanied the prioritisation survey; Questions are given in the Plain English form developed for the survey	Original uncertainty Key - i.d number of original submission given at the start of each original uncertainty, Sources of uncertainty given at the end of each (see column E for totals), followed by type of stroke where given: DK - source did not know type of stroke, HSI - Intracerebral stroke, HSS - subarachnoid haemorrhage, IS or I - Ischaemic stroke, NS - not stated, TIA - Transient Ischaemic Attack	Evidence (reference, and weblink where available, to the most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the PSP considers relevant.) NB. Only Systematic Reviews cited, per JLA guidance; other evidence gathered is available from the Stroke Association. See Question Verification Form for informatino on process.	Source of Uncertainty (if there are multiple sources, a PSP may wish to show them e.g. 1 x patient, 19 x clinician, 4 x research recommendations) Key: C - carer, H or HCP or HSCP - Health/social care professional, NS - not stated, RR - Research Recommendations, SS - Stroke Survivor,
176	How can people with irregular heart beat (atrial fibrillation) who are at highest risk of stroke best be identified and treated?	1649. What is the best management of bleeds that occur while people are receiving apixaban, rivaroxaban or dabigatran etexilate, for preventing stroke and systemic embolism in people with nonvalvular atrial fibrillation? RR NICE / NS~1655. Can routine data from UK primary care databases clarify stroke risk in people with atrial fibrillation according to baseline risk factors and treatment? RR NICE / NS~1689. What are the beneficial and harmful effects of	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009586.pub3/full?highlightAbstract=screen%7Cscreening%7Caf (2016)	[RR14]
193	How likely is it that people have multiple strokes, how does this change over time and what can stroke survivors do to reduce the likelihood of having another stroke?	21a. Is it likely after 8 years you can have another stroke; I take my medication at the correct times and my general health is perfect along with my BM and weight. S/IS~268b. What are the risks of further stroke? S/I~1167a. What is the likelihood it will happen again, my Ischemic stroke? S / I~ 1139c. What are the chances of a second stroke? S / I~22a. If a person has a stroke in their late teens how likely are they to have a relapse or multiple relapses in the future? C/IS~403a. Can you have more than one stroke? S / I~425b.	https://pubmed.ncbi.nlm.nih.gov/33040195/	[SS34/C10/HSCP27/RR5/NS4 TOTAL80]
NC9.	How can predicting which bulges in blood vessels in the brain (aneurysms) are at risk of bursting and causing subarachnoid haemorrhage* be improved?	1454a. How can imaging/MRI be improved for the diagnosis and prediction of rupture of aneurysms? RR Guideline for Management Patients with Unruptured IA~1804. What is the natural history of unruptured intracranial aneurysms, and what are the risks of endovascular treatment and surgery, and risks of rupture? RR E Guideline for IA&SAH / HSS~201b. Best available endovascular treatment versus surgery for cerebral aneurysms. H/NS~1805.What are the long term risks and durability of endovascular treatment of unruptured intracranial aneurysms? RR E Guideline for	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003085.pub3/full~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013312/full - THIS IS A PROTOCOL	[RR3/HSCP1 TOTAL4]
NC12.	How can access to, and rates of clot retrieval (thrombectomy) be improved in line with other European countries?	111c. How can we improve access to thrombectomy? H/NS~182b. How can we improve our rates of mechanical thrombectomy compared to our European neighbours? How can we change our behaviour to do more computed tomographic angiography (CTA)? H/NS~997b. Will more Trusts become 24h thrombectomy services? NS / NS~1016c. I had a thrombectomy procedure to remove the clot from my brain. How many people per year are currently receiving	Not checked in Cochrane (not an Intervention question)	[SS2/HSCP3/NS2/TOTAL7]
14	How can training for healthcare professionals be made the same to ensure the best outcomes* for all stroke survivors and their carers?	40b. Why do GPs not take you seriously if you are younger and present with stroke symptoms? C/I~46c. Why do young people get taken less serious when having a stroke? All symptoms may not be present but despite saying I thought it was a stroke I was dismissed and later found out it was indeed a stroke. S/I~340a. Are GPs kept up to date with the latest methods for dealing with stroke? S/HSI~763b. How could emergency care providers and responders be	Not checked in Cochrane (not an Intervention question)	[SS22/C4/HSCP5/RR3/NS3 TOTAL37]
17	How can public awareness of stroke/TIA* symptoms, risk factors and effects be improved? This relates to all types of stroke, in people of all ages.	15a. What types of stroke advocacy strategies can lead to improvements in stroke awareness and knowledge among lay people? H/NS~53c. How can we raise public awareness of aphasia? H/NS~271a. How can we raise stroke awareness in the work place;? I work with patients returning to work and many employees have great difficulty making reasonable adjustments to allow people to return to work. C/HSI~349a. What can companies do to support greater awareness of strokes? S/NS~356b. How can we encourage people to present earlier to hospital? H/NS~505a. How can	Not checked in Cochrane (not an Intervention question)	[SS19/C11/HSCP12/NS1 TOTAL43]
NC18.	How can more support and funding for stroke services be provided?	740b. How best can we influence politicians to realise that, if we spend adequately on rehab intervention in the early stages of recovery, we can actually save considerably on the long-term care budget because less care will be required? HCP / NS~1360a. How can more help be given by the government to stroke rehabilitation? S / I	Not checked in Cochrane (not an Intervention question)	[SS1/HSCP1 TOTAL2]
12	Does social isolation change the likelihood of someone recognising they are having a stroke or getting help from health services?	704b. What role has social isolation had on patients presenting to hospital with stroke or TIA, and how important is social engagement or activity to the recognition of stroke symptoms? H / NS	Not checked in Cochrane (not an Intervention question)	[HSCP1/TOTAL1]
173	What are the processes that cause delayed changes in brain function (neurological deficit) after subarachnoid haemorrhage caused by a bulge in a blood vessel in the brain (aneurysm)?	27c. What are the mechanisms underpinning onset of delayed neurological deficit after aneurysmal subarachnoid haemorrhage? H/NS	Not checked in Cochrane (not an Intervention question)	[HSCP1/ TOTAL1]
130	Why do some people not seek medical attention for stroke?	1459a. Why do patients with subarachnoid haemorrhage not always seek medical attention? RR NCEPOD~1232bbb. More research into haemorrhage stroke including after care, post-stroke issues and problems. C / HSI~	Not checked in Cochrane (not an Intervention question)	[C1/RR1/TOTAL 2]
NC24	How can assistive equipment improve independence and quality of life for stroke survivors? Assistive equipment for example ReTurn transfer aid, walkers and wheelchairs.	117c. When is the best time to introduce wheelchairs after stroke for people with reduced mobility? H/NS~1135a. There are limited options on the market for all terrain lightweight folding wheelchairs for those with limited upper limb use. Can anyone recommend traditional wheelchair for attendant to push which is lightweight and folds for easy transport? Is there an adaption to wheelchair to pick small casters up to go over bumpy ground more easily? S / I ~683b. Would limiting downward vertical gaze improve posturing in "pusher" patients who can be difficult to safely posture in wheelchair, etc.? H / NS~484a. Does use of assistive equipment improve stroke survivors independence in	Not checked in Cochrane (not an Intervention question)	[SS2/HSCP4/NS2 TOTAL8]
NC27.	What is the best way to increase the availability of on-going physiotherapy for stroke survivors?	78b. Why is there such a lack of long term physiotherapy; it appears there is a postcode lottery as to how you are treated. S/I~82b. Why do stroke survivors only get up to 12 weeks physio /exercise after stroke? C/I~300a. How to access on going rehab support to ensure that physical improvements are sustained? H/NS~340b. Do we have trained	None	[SS11/C7/HSCP7/ TOTAL25]
NC31	What are the best interventions* including exercise to improve strength and fitness, promote recovery and prevent further stroke in stroke survivors?	56c. What research is there on the effectiveness of strength training for physical rehabilitation/recovery? S / HSI~486c. What fitness /strength based programmes are most effective? H / NS ~626b. How does strength training impact physical recovery? S / HSS~1106a. Can exercise bring back strength and balance on my right side, and do I have to continue exercise for the rest of my life in order to keep strength and balance? S / I ~1136b. What research has been done to establish the benefits of strength training for recovery from stroke? S / HSI~1227a. Is there specific exercises	There are a number of Cochrane reviews looking at different forms of strength and fitness training in stroke, these include: English C, Hillier SL, Lynch EA. Circuit class therapy for improving mobility after stroke. Cochrane Database of Systematic Reviews 2017, Issue 6. Art. No.: CD007513. DOI: 10.1002/14651858.CD007513~ Saunders DH,	[SS8/C1/HSCP6/RR2/NS1 TOTAL18]
NC33.	What interventions* improve arm function after stroke and when should they be provided?	82a. Why isn't there specific exercises for when the hand doesn't work; have lots of exercises for arms and legs but husband kept getting told not a lot they can do when hands stop working? C/I~140a. What physical therapy interventions are most effective for improving severe upper limb dysfunction after stroke? H/NS~143a. What are the	Interventions for improving upper limb function after stroke - Pollock, A - 2014 | Cochrane Library;	[SS11/C4/HSCP24/RR2/NS1/TOTAL42]

58	What factors support health care professionals to use evidence-based interventions* in stroke rehabilitation*? For example, use of constraint-induced movement therapy for upper limbs.	547c. What factors are stopping therapists in the UK embrace constraint-induced movement therapy (CMIT)? H / NS ~683a. Would functional Activities of Daily Living (ADL) tasks and mirror work using the non hemiplegic Upper Limb influence the impact of shoulder - hand syndrome on the patient? H / NS~	https://pubmed.ncbi.nlm.nih.gov/22436358/ (2012)~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004433.pub3/full?highlightAbstract=therapy%7Ctherapi%7Cinduc%7Cstrok%7Cinduced%7Cconstraint%7Cmovement%7Cstroke (2015)	[HSCP2 TOTAL2]
NC35.	What are the best interventions* to improve sitting balance, control of the trunk, and assisted standing in stroke survivors who are severely weak?	307a. Stroke survivors that have a dense weakness and poor sitting balance (I feel that this group is often forgotten about). How much energy do they expend by getting hoisted out of bed? What effect does sitting out of bed have on their lung function? Is there a way that we can measure the muscles of the trunk that have been affected by the stroke? H/NS~238b. How much does poor trunk control affect long term recovery of overall function and mobility? H/NS~239b. What management is most effective to achieve assisted standing and assisted walking skills for those	PROTOCOL: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013712/full	[HSCP4]
NC37.	What is the best way to minimise and manage problems with control of muscles (spasticity and contractures) in stroke survivors and how do these problems change over time? For example, splinting the hands, wrist or arm (upper limb) and pain management.	42b. What help can be offered to regain arm/hand strength? C/TIA~107c. What interventions are effective to improve hand and arm weakness in stroke survivors? S/TIA~159b. Upper limb function and trunk/postural control link. H/NS~255b. How can I help recovery of my upper limb? H/NS~260a. What are the best treatments for arm recovery after stroke? H/NS~370a. What are the best interventions for recovery of the upper arm? H/NS~478b. How to maximise upper limb recovery? H / NS~488a. What is the most effective treatment for upper limb weakness? H / NS ~500a. Upper limb. H / NS~516a. More information regarding getting stroke affected arm and hand functioning properly again? S / I ~551a. Is there now any evidence based method of improving upper limb movement control impaired by	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009689.pub2/full~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007455.pub2/full	[SS17/C5/HSCP28/RR2/NS3 TOTAL55]
134	Can a stroke cause or worsen autism?	724b. Can stroke cause autism or autistic-type behaviours? C / HSS ~1025a. I think there is a fairly strong link between Autism and stroke recovery - neural plasticity and neural pruning etc.. I have always been slightly autistic but,	Not checked in Cochrane (not an Intervention question)	[SS3/C1 TOTAL4]
74	What difference does speech and language therapy make for stroke survivors after surgery that places a breathing tube in their neck (tracheostomy)?	88a. How are people that have a stroke and tracheostomy patients managed by speech and language therapists? H/NS	None	[HSCP1 TOTAL1]
120	What is the best way for young stroke survivors to get stroke care including pathways, treatments and prevention targeted at their specific needs?	291b. Support for those younger people affected by stroke- what is best? How often, what type of support is best? How to access- online, face to face etc. H/NS~424c. Is there the same care and guidance for young stroke survivors as there is for the elderly? S/I~549c. How can we best meet the holistic wellbeing needs of young people who have strokes? H / NS~1486a. How can we ensure that younger adults with stroke receive the same hyperacute and acute	Not checked in Cochrane (not an Intervention question)	[SS2/HSCP3/RR1 TOTAL6]
106	Is there a difference in the level of support provided between different types of stroke?	304a. Why do Sub Arachnoid Haemorrhage survivors receive less support than other types of stroke? S/HSS	Not checked in Cochrane (not an Intervention question)	[SS1 TOTAL1]
NC54.	What types of bladder and bowel problems do stroke survivors experience, and how can stroke services assess, educate, advise and support survivors with these problems, to improve recovery and maintain dignity? For example use of technology, urinals, skincare, pads and disposal.	1552a.. How can stroke services ensure that people with stroke do not have an indwelling (urethral) catheter inserted unless indicated to relieve urinary retention or when fluid balance is critical? RR RCP Guidance for Stroke / ~94c. I notice all the affects including bowel and bladder control which has hardly been mentioned in the blurb as problems related to stroke and assumed as occurring naturally with old age. I have found they get worse as I age and my doctor has not taken my stroke into account regarding the bowel and bladder control; why have these been relegated to non mentionable? Are they not something that can be healed? In fact most of the effects could be regarded as things you just have to live with so maybe that is the first priority; helping people to live with it and developing devious plans to cope. S / HSI~32a. How to optimise continence training in stroke survivors? C/HSI~228b. My bladder is always letting	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004462.pub4/full	[SS14/C4/HSCP24/RR2/NS1 TOTAL45]
121	How can the management of stroke in relation to women's health be improved? For example, the menstrual cycle, menopause, and contraception.	137b. Periods; how will I manage being on blood thinners? What options are there for me? Contraception, now that I can take the pill. S/I~1597a. How can stroke services ensure that pre-menopausal women with stroke and TIA are not be offered the combined oral contraceptive pill? Alternative hormonal (progestogen-only) and non-hormonal contraceptive methods should be considered instead. RR RCP Guidance for Stroke / ~1598a. How can stroke services ensure that post-menopausal women with ischaemic stroke or TIA who wish to start or continue hormone replacement	Not checked in Cochrane (not an Intervention question)	[SS1/C1/RR2 TOTAL4]
260	How does a stroke affect sexual functioning and intimacy, and how can health professionals use evidence-based interventions* to support meaningful intimate relationships for people affected by stroke?	196a. Sexual function post stroke, how to discuss this with patients and what to say/ask/advise. H/NS~405c. Providing sex and relationships advice post stroke - who's role is it? H/NS~431a. My husband was too embarrassed to talk about his sex drive and sex life post Stroke. He was unable to produce semen and after me researching I found this could be a side effect of his doxacosin medication that he was taking for his high blood pressure. I wondered if it would be possible to address sex more in hospital - it was not discussed at all with us? C/HSI~600b. How do strike survivors	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011189.pub2/full	[SS8/C5/HSCP14/RR1/NS3 TOTAL31]
109	What is the best body positioning for stroke patients in the first hours after stroke?	1517a. How can stroke services ensure that patients with acute stroke have an initial specialist assessment for positioning as soon as possible and within 4 hours of arrival at hospital? RR RCP Guidance for Stroke / ~1519a. How can stroke services ensure that when lying or sitting, patients with acute stroke are be positioned to minimise the risk	Not checked in Cochrane (not an Intervention question)	[RR3 TOTAL3]
257	How can complications* such as pneumonia be reduced in stroke patients?	462a. How can we reduce complications after stroke such as pneumonia? H/NS	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008530.pub3/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008367.pub4/f	[H1 TOTAL1]
NC56	What is the best timing, and amount, for early mobilisation* of stroke survivors?	809b. I would like to know more about impact of early mobilisation. C / I ~121a. How intensive should early mobilisation be? Time frames first 24 hours and first 72 hours. H/NS~1784. Does very early and active mobilisation improve recovery after stroke compared with more delayed mobilisation; what is the optimal timing of commencement	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006187.pub3/full	[C1/HSCP2/RR1 TOTAL4]
36	What vital signs, including blood pressure, can guide when it is safe to start rehabilitation?	761b. What are the benefits of managing both systolic and diastolic blood pressures before, during and after stroke? What are safe blood pressures to be able to participate fully in intensive rehabilitation? HCP / NS~390a. What is the optimum or safe blood pressure to commence physiotherapy i.e. start mobilising out of bed in an acute setting,	Not checked in Cochrane (not an Intervention question)	[HSCP2]
237	What are the links between stroke and types of fits including epilepsy; how can risk of epilepsy be reduced in stroke?	447b. My strokes have left me with epilepsy but I now suffer from fits that do not seem to be epileptic my epilepsy specialist nurse has told me to contact stroke association for help or advice is there anything I can do to help to minimise them. S/HSS~1023a. I had a stroke 2013 and about 1 year afterwards I have got seizures/Epilepsy is that normal? S / I ~1238a. Does stroke make you more susceptible to seizures and if so what could be done to reduce the	Not checked in Cochrane (not an Intervention question)	[SS2/C1/HSCP1/NS1 TOTAL5]
NC57.	What are the links between migraine/headache and stroke, and how can migraine in stroke survivors best be managed?	1170a. Why do I still get had pains roughly where my arteriovenous malformation (AVM) was? S / HSI~51c. What is the relationship between ocular migraine and stroke? S/NS~150a. What is the association with patent foramen ovale (PFO) and migraine? H/NS~199a. How strong is the link between migraine and stroke? H/NS~378b. Management of headaches after carotid dissection. H/NS~768a. How many people develop headache and migraine post	Not checked in Cochrane (not an Intervention question)	[SS3/HSCP4 TOTAL7]
137	When is it best to discuss end of life care including if the heart stops (cardiopulmonary resuscitation) with stroke survivors; what is the best evidence for this?	4a. How to improve on end of life care in stroke? H / NS~116c. How are palliative care decisions made in stroke services? H/NS~306a.What are the current survival rates with stroke, and with what levels of disability are people surviving with?(e.g. PEG fed / hoisted to return to full independence /work & family roles.) Is there and emerging palliative group e.g. TACI with heart failure and are they appropriately managed? H/NS~676a. Regarding Intracerebral haemorrhage (ICH); often very difficult to balance comfort with a large ICH where patient is not expected to survive	Not checked in Cochrane (not an Intervention question)	[HSCP9/RR3 TOTAL12]
107	How can research in stroke and its use in clinical practice and guidelines be promoted; how can this be done with resources within the NHS?	1187a. Why does stroke appear to be the poor relation in terms of research i.e. cancer? C / DK~779c. I would like to see research about strokes in general. S / I~780a. I would like to see research; I think there are more qualified people than me that would be better placed with facts and figures to establish the best research areas. C / I~795a. I would like to see research about strokes. S / I~1005b. I would like to see research about how much work is going into stroke	Not checked in Cochrane (not an Intervention question)	[SS8/C4/HSCP6 TOTAL18]

68	What is the best intervention*, including dose and intensity for facial weakness in stroke survivors?	291a. Evidence to support facial rehabilitation after stroke for facial droop: Prevalence in stroke after initial diagnosis (residual difficulties requiring treatment), prognosis (who improves, who doesn't, best therapies- when to start therapy, what kind of therapy is best, how often to complete therapy (dose/ intensity), how long should therapy last. Which	None	[HSCP1 TOTAL1]
289	Does the drug used to reduce problems after subarachnoid haemorrhage* (nimodipine) improve outcome*?	1800. Is nimodipine effective for the prevention of delayed ischemic deficit in patients with Subarachnoid Haemorrhage? RR E Guideline for IA&SAH / HSS	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000277.pub3/full	[RR1 TOTAL1]
296	What physical signs should be checked for in stroke patients in the first hours after stroke (hyperacute) and subarachnoid haemorrhage*?	266b. How often should we be undertaking physiological and neurological monitoring in acute stroke (first 72 hours)? H/NS~34c. Can invasive brain monitoring for tissue oxygenation, temperature and pressure improve the care of critically ill stroke patients (haemorrhagic and infarction)? H/NS~1437a. What is the role of invasive brain tissue monitoring in SAH (use of probes to measure levels of oxygen and chemicals in brain)? RR Delayed Neuro Deter after	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008444.pub2/full	[RR2/HSCP2 TOTAL4]
330	How can artificial intelligence (AI) understand brain scans to help treatment decisions including clot dissolving treatment (thrombolysis)?	157b. Is there such a status of stroke to be too mild to thrombolyse? Is there any way to predict, thinking about the use of Artificial Intelligence in scanning, whether a patient's deficits will remain mild with low NIH Stroke Scale score when making the decision to thrombolyse in the emergency unit? H/NS~310c. How many are missed with high level language or cognitive issues with early discharge post successful thrombolysis? H/NS~	None	[HSCP2 TOTAL2]
352	Moyamoya is a rare condition where blood vessels in the brain narrow and it gets worse over time. It can increase the risk of stroke. What is the best way to manage this condition in children and adults?	171b. What is the best management of patients (both adults and children) with moyamoya? H/NS	PROTOCOL: https://doi.org/10.1002/14651858.CD013703	[HSCP1 TOTAL1]
333	What are the effects of clot dissolving (thrombolysis) and clot retrieval (thrombectomy) treatments on thinking and memory (cognition) and fatigue in stroke survivors?	314a. How effective is thrombectomy in cognitive/perceptual deficits? Numbers of successful physical recovery versus on going cognitive problems. H/NS~798. What is the best delivery of thrombolytic therapy in people with acute ischaemic stroke to minimise the hazard without reducing the benefit, e.g. lower dose, avoiding people with specific characteristics or combinations of characteristics (e.g. elderly, severe stroke and some imaging feature), slower administration of the rt PA bolus, different drug with lower haemorrhage risk, etc. In addition, what is the latest time	None	[HSCP5/RR3 TOTAL8]
NC62.	What is the effectiveness and safety of interventions* for treating tangled blood vessels (arteriovenous malformations) in the brain in adults?	865. What is the effectiveness and safety of the different interventions, alone or in combination, for treating Brain arteriovenous malformations in adults compared against either each other, or conservative management, and which subgroups may benefit most from conservative management, intervention, or certain types of intervention? RR Cochrane~1671. What is the efficacy and safety of different doses and routes of oxygen supplementation for reducing the long term risk of death and disability after stroke? RR Cochrane / NS/	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003436.pub4/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012631.pub2/full~ tps://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011957/full THIS IS A PROTOCOL	[RR2]
NC63	How do regional and other differences in access to stroke care impact on outcomes* for stroke survivors and their families?	118a. Why are there not more stroke specialist hospitals in the UK? There is a limited time period to get to a hospital for effective initial treatment and while it is 3 hours that time passes very quickly from recognition to admission. S/I~191a. Are current specialist multidisciplinary stroke teams effective in providing beneficial long term support? H/NS~247a. Will specialist stroke units be available in ALL hospitals so that patients do not have to be transported to	multiple Cochrane reviews which consider telerehab versus face-to-face rehab e.g. https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000425.pub4/full	[SS23/C14/HSCP25/RR6/NS3 TOTAL71]
NC64	How can quality of care be checked in regular and standardised ways?	873b. I would like to know more about treatment. The few staff on my ward had no idea of how to treat stroke victims. S / I~1396c. How can post-stroke care be improved? S / HSI~654c. Something to do with parameters for best possible outcomes. H / NS~659c. Looking into the detail of stroke admissions to A&E. It would be useful to know what	Not checked in Cochrane (not an Intervention question)	[SS2/C2/HSCP1 TOTAL5]
NC65	How can unfair differences in care be addressed, including learning from other countries?	385c. Is there a difference in outcomes between centres treating patients with mechanical thrombectomy? H/NS~861b. Is there a difference in functional outcome and dependency on carers in different areas? As the amount of early supported discharge (ESD) therapy differs in different areas and some patients in some areas cannot access ESD, as they require assistance of two. HCP / NS ~880b. Is there a difference in functional outcome and dependency on	Not checked in Cochrane (not an Intervention question)	[SS4/C2/HSCP15/RR12/NS2 TOTAL35]
NC66	In what ways can the number of stroke patients that can get clot retrieval treatment (thrombectomy) be increased, including new ways to identify more eligible patients and the role of specialist healthcare professionals in brain imaging to carry out thrombectomy?	165b. Why can't you have thrombectomy at certain times/places? H/NS~111c. How can we improve access to thrombectomy? H/NS~344a. How can we support the greater availability of thrombectomy at an early stage for people who have had a stroke? How can training be given to help more specialists to be able to perform this operation? C/I~	None	[C1/HSCP2 TOTAL3]
NC67.	What are the best interventions* to stop stroke happening including in stroke survivors/TIA* and people with related conditions? Related conditions include dementia, small vessel disease and cognitive impairment.	30b. When stroke is a complication of endocarditis, how is the risk of stroke lowered? S/IS~111b. How do we prevent chronic cerebrovascular disease leading to highly prevalent, late onset vascular cognitive impairment? H/NS~625c. How do we stop small vessel disease? H / NS ~1736. Which specific subgroups of stroke survivors are likely to benefit from Blood pressure lowering treatment after TIA and does the treatment lower the risk of dementia in TIA and survivors? What is the optimal blood pressure target after TIA? RR Cochrane / TIA~1737. Which specific subgroups of stroke survivors are likely to benefit from Blood pressure lowering treatment after stroke, and does the treatment lower	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011207.pub2/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012415.pub2/full~https://doi.org/10.1002/14651858.CD004816.pub5~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD009586.pub3/full?highlightAbstract=screen%7Cscreening%7Caf~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000092.pub3/full?highlightAbstract=screen%7Cscreening%7Caf	[SS50/C15/HSCP23/NS2/RR8 TOTAL98]
NC68.	What are the benefits and risks of interventions* to stop stroke happening, including the effects of discontinuation of therapies and variation between patients?	175c. Can we learn more about the behaviour of a blood clot after thrombolysis to better predict those patients at risk of haemorrhagic transformation? How can this information guide the hyper acute care of patients who have been thrombolysed? for example - when is it appropriate to mobilise and start rehabilitation or restart certain medications? H/NS~253b. How important are lifelong preventative treatments in young stroke survivors? H/NS i.e. over their entire life course, is it particularly important to treat these people with large amounts of medication early? Is it important to	https://doi.org/10.1002/14651858.CD006187.pub3~https://doi.org/10.1002/14651858.CD000213.pub3	[SS8/C1/HSCP3 TOTAL12]
NC69.	Can existing interventions* to stop stroke happening be improved, including reducing side effects?	680b. Are there improved outcomes from patients receiving secondary prevention advice from a dietician versus written leaflet/spoken information provided by medics/stroke nurses? H / NS~606a. Are there any dietary changes that can be used to help prevent stroke, aside from general balanced diet? C / TIA ~605a. Are there any dietary changes that can be used to help prevent stroke, aside from general balanced diet? NS / NS ~510c. What is the most effective	Too broad to check	[SS3/C1/HSCP7/NS2 TOTAL13]
NC70.	What is the best way to feed and hydrate people with TIA* or stroke, and how can this be improved?	383a. Why are we not very good at supporting people to eat and drink in the hospital after stroke? H/NS~383b. Why do some stroke patients not eat and drink enough when they are in hospital? H/NS~910a. How can you improve nutrition for people with stroke in the hospital setting; particularly patients who are able to receive oral diet and fluids? H / NS~280a. The impact of delayed therapy due to slow medical decisions around nutrition on outcome. H/NS~112c.	None	[HSCP6]
NC71.	How can clot retrieval (thrombectomy) and dissolving (thrombolysis) therapies be best (optimally) used, separately or in combination?	113b. What predicts response to acute interventional treatments? H/NS ~728a. What is the different outcomes between a Thrombectomy and Thrombolysis? HCP / NS ~181a. Language recovery post-thrombolysis; We (SLTs at Poole Hospital) often find that there is not the same level of improvement of language post-thrombolysis compared to recovery seen with upper and lower limbs. Why might this be? H/NS~	https://doi.org/10.1002/14651858.CD009292.pub2	[HSCP3]
NC72.	What affect does diet have on short and long-term outcomes* for stroke survivors of all ages?	685c. What are the nutritional needs of younger stroke patients? Currently there are predictive equations to estimate the needs for patients post stroke over 65 years of age. Indirect calorimetry. H / NS~1283c. Is there anything I should be eating on a regular basis to aid recovery? S / NS~990b. What nutrition is best for people affected by stroke? C / I	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012815.pub2/full	[SS6/C2/HSCP8/NS1/RR1 TOTAL18]

NC73.	What is the best management of subarachnoid haemorrhage* and its effects, including swelling (hydrocephalus), pressure in the brain and narrowing of blood vessels (vasospasm); what are the benefits and risks of treatments to improve outcomes* for people after this type of stroke and what are the best ways to predict outcomes*?	1420a. Does intensive versus conventional insulin therapy provide better clinical outcomes in hospital patients with Subarachnoid Haemorrhage? RR Eguideline for IA&SAH / HSS (p. 99 Glucose)~1808. What are the benefits and harms of antiplatelet drugs for microthromboembolism in subarachnoid haemorrhage? RR Delayed Neuro deter after SAH / HSS~1807. What are the benefits and harms of glucocorticoid steroids for the treatment of subarachnoid haemorrhage? RR Delayed Neuro deter after SAH / HSS ~34a. In patients who have been admitted to hospital with a condition such as subarachnoid haemorrhage that puts them at high risk of stroke (cerebral infarction), how can we stop their condition progressing to stroke, by manipulation of cerebrospinal fluid drainage, intracranial pressure and respiratory function to improve cerebral blood flow? H/NS~1666. What methods are most effective in the diagnosis of delayed cerebral ischaemia, in relation to patient outcomes, to identify arterial narrowing and / or perfusion	https://doi.org/10.1002/14651858.CD006184.pub2~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013713/full THIS IS A PROTOCOL~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008354.pub2/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008184.pub2/full~PROTOCOL: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013713/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003085.pub3/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013748/full THIS	[RR13/HCSP10/TOTAL 23]
NC74.	What are the best ways to use blood thinning treatments (antiplatelet and anticoagulants), including novel oral anticoagulants (NOAC)*; and the risks and benefits of their use to stop stroke happening in TIA and stroke survivors, including those with bleeding in the brain blood clots in veins (venous thromboembolism), and irregular heart beat (atrial fibrillation); and how can personalised decision-making for antiplatelet and anticoagulant therapy be informed?	469a. When will there be research comparing novel oral anticoagulants (NOAC) with NOAC as opposed to all being compared with Warfarin? With several on the market it would be useful to know which performs best, so our stroke patients can get the most appropriate medication. H/NS~676c. Clearer guidelines re use of anticoagulation in AF and timing of initiating this therapy after an acute infarction. Few people wait two weeks as per current guidelines and there is a range of ideas out there as to when it is appropriate to do so. Confusing evidence from 3-14 days depending on infarct size. Clear guidance around what to do with anticoagulation if indication is valvular heart disease would also be welcomed. H / NS~1720. Which categories of patient with acute cerebrovascular disease, for example those with very recent transient ischaemic attacks (within hours or days of onset), crescendo transient ischaemic attacks and progressing ischaemic stroke, might benefit from early anticoagulation? RR Cochrane / I~1498a. How can we ensure that patients with non-disabling stroke or TIA in atrial fibrillation should be anticoagulated as soon as intracranial bleeding has been excluded and with an anticoagulant that has rapid onset, provided there are no other	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008980.pub3/full~ https://doi.org/10.1002/14651858.CD000024.pub4 ~https://doi.org/10.1002/14651858.CD009716.pub2~ https://doi.org/10.1002/14651858.CD012144.pub2	[HSCP4/RR14/SS1/ TOTAL19]
NC75.	How can stroke services ensure that patients with intracranial haemorrhage* who have swelling in the brain (hydrocephalus) are considered for surgical treatment; what are the benefits and risks of these treatments? Treatments for example, insertion of an external ventricular drain	1507a. How can stroke services ensure that patients with intracranial haemorrhage who develop hydrocephalus be considered for surgical intervention such as insertion of an external ventricular drain? RR RCP Guidance for Stroke / ~1522a. How can stroke services ensure that patients with intracerebral haemorrhage and symptomatic deep vein thrombosis or pulmonary embolism receive treatment with a vena caval filter? RR RCP Guidance for Stroke / ~	None	[RR2]
NC76.	What are the benefits and risks of treatments for intracerebral haemorrhage*, including surgeries and use of medications?	34b. In patients with haemorrhagic stroke with a parenchymal haematoma, are there minimally invasive techniques, such as endoscopic aspiration that can improve clinical outcome by preserving brain tissue? H/NS~1711. What is the potential role of statins for those patients with a previous cerebral haemorrhage; including when after the cerebrovascular event therapy to alter lipid levels should statins be started; at what baseline lipid levels should	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000200.pub2/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002091.pub2/full	[HSCP1/RR1/TOTAL2]
NC77.	Does immune response affect outcome* after intracerebral haemorrhage*?	27b. Does variation in individual immune responses to stroke due to haemorrhage determine variation in outcome? H/NS	None	[HSCP1]
NC78.	What causes disability, and fatigue, after subarachnoid haemorrhage* and what are the long and short term needs for these patients? For example, due to the pressure in the brain at the time of the bleed, or from the injury that subsequently occurs due to the poison (toxicity) of the blood.	101a. What are the short and long term needs of patients who have subarachnoid haemorrhage? H/NS~1261a. I had a left thalamic Intracerebral haemorrhage in June 2019. I am still feeling extremely lethargic and at times a bit giddy/dizzy. S / HSI~1432a. What is the cause of disability after SAH (e.g. early brain injury, delayed cerebral ischaemia, corticalspreading depolarisation, microthrombosis, haemoglobin, oxidative stress, inflammation)? RR Delayed Neuro Deter after SAH / HSS~1462a. What is the cause of fatigue after SAH and how can it be prevented or treated? H / HSS~412c. After subarachnoid haemorrhage why are people so fatigued - is there a cure for this? H/NS~	Too broad to check	[SS1/HSCP3/RR1 TOTAL5]
NC79.	How can health care professionals better spot someone is having a stroke and respond to suspected stroke; what is the effect on recovery of time between stroke and a patient receiving treatment; how can improvements in early response benefit patients of all ages who experience many different possible signs of stroke?	763a. Why aren't the differences between certain types of strokes sufficiently explained? For example I had a cerebella stroke and I was passing all of the stroke FAST tests? I was first diagnosed with an ear infection. S / I~734a. Differentiating between TIA, minor stroke and stroke mimics. HCP / NS~951a. What factors allow us to identify a haemorrhagic stroke compared to a non-haemorrhagic stroke (clot) without imaging i.e. pre-hospital? H / NS~1738. How effective are pre-hospital stroke scales as screening tools for early identification of stroke and transient ischemic attack, and what is the impact of alternative triage strategies on patient outcomes and their cost effectiveness? Scales that have the same accuracy may have very different clinical effectiveness if they identify a different proportion of the patients that would benefit from early treatment (as opposed to those who would not, e.g. people with TIA); how should this be addressed? RR Cochrane / ~379a. Is there a better way to identify TIA mimics before coming in via rapid	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011427.pub2/full~https://pubmed.ncbi.nlm.nih.gov/26574548/	[SS23/C9/HSCP28/RR9 TOTAL69]
NC80.	Is there a difference in stroke symptoms and outcomes* related to patients also having other health conditions (co-morbidity and multi-morbidity), including TIA*, and characteristics such as age, ethnicity and frailty; and how can these factors affect the interventions* and care pathway for the stroke patient?	1331b. How do frailty and stroke interact? H / NS~1349b. How do frailty and stroke interact? H / NS ~806a. I would like to know more about the effect of stroke on people from BAME backgrounds. HCP / NS~1285c. Is a stroke likely to be more severe the younger you are when a stroke strikes? NS / NS~1031b. What disabilities and comorbidities are people living with as a result of their stroke? Are certain disabilities more prevalent by age, gender or deprivation score. Geographically are their more people living with a particular disability in a particular council area and with the information could support be better tailored to the needs of certain areas? C / HSI ~415b. Differences in treating strokes at different ages/ development stages. S / HIS~235b. How does having a stroke affect your life expectancy? S/HSI~1055a. Do stroke survivors generally live shorter lives? S / I~1178a. Does stroke shorten life expectancy? S / I	Not checked in Cochrane (not an Intervention question)	[SS14/C4/HSCP12/NS4/TOTAL 34]
NC81.	What are the developing and new therapies for stroke including stem cell therapy and those that work on the brain to protect from damage (neuroprotection), and what are the benefits and risks of these therapies?	574c. Have seen beginnings of work on treatments aimed at enhancing brain recovery, stem cell, TMS, medication; how are these progressing? H / NS~932c. Are there any new treatments to repair my brain? S / I~782a. I would like to see research about brain repair after stroke. If the damaged part be repaired. S / I~108b. Developing more new and more effective therapies to reduce impairments once a stroke has happened. H/NS~~322a. Why isn't there more research into stem cells in this country when it's such a debilitating state to be in. C/I~1742. What is the efficacy and safety of Stem cell transplantation for ischemic stroke? RR Cochrane / I~809c. I would like to see Stem cell Research	https://doi.org/10.1002/14651858.CD007231.pub3~https://doi.org/10.1002/14651858.CD009280.pub3~ https://doi.org/10.1002/14651858.CD007026.pub6~https://doi.org/10.1002/14651858.CD009622.pub5	[SS6/HSCP3/C6/RR1/TOTAL 17]
NC82.	What is the best treatment to prevent blood clots in veins (venous thromboembolism) for patients having surgery for subarachnoid haemorrhage caused by a bulge in a blood vessel in the brain (aneurysm)?	1423a. In patients with Subarachnoid Haemorrhage how effective is thromboprophylaxis with pneumatic devices and / or compression stockings before occlusion of the aneurysm? RR Eguideline for IA&SAH / HSS (p.100 thromboprophylaxis)~1664. What is the value of pharmacological agents to promote cerebral protection during cerebral aneurysm surgery? RR AHA/ASA Guideline for aSAH / HSS~1435a. Does endovascular treatment of vasospasm improve outcome? RR Delayed Neuro Deter after SAH / SAH~1457a. What are the risks and outcomes of newer endovascular devices (flow diverters, pushers) compared to simple coiling continuing for the treatment of	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003085.pub3/full	[RR4]
NC83	What is the best time, place and amount of therapy (e.g. speech and language therapy, physiotherapy, occupational therapy) to get the best outcomes* for stroke survivors, and is this different than advised in the Stroke Guidelines (5 times a week for 45 minutes)?	1401b. Research on if and how intensive post stroke therapy - Speech and Language Therapy, Physical and Physio-therapy - could improve recovery. By that I am thinking if the post-stroke rehab sessions were not controlled by costs and staff availability but by personal needs what would the result be? Particularly immediately post-stroke. S / I~90a. The stroke guidelines say 5 x week therapy for 45mins, what is the intensity needed for best recovery? H/NS~155a. ~788a. I would like to see research about follow on after a year or so. S / DK~796c. I would like to see research about after care. S / I ~797a. I would like to see research about life after stroke. C / DK ~801b. Need more support for long term effects of stroke not just in the first 6 months. HCP / NS~829a. I would like to see research about what could be	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010255.pub3/full~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003585.pub3/full~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012612/full (this is a Protocol)~Langhorne P, Ramachandra S. Organised inpatient (stroke unit) care for stroke: network meta-analysis. Cochrane Database of Systematic Reviews 2020, Issue 4. Art. No.: CD000197. DOI: 002/14651858.CD000197.pub4 ~Brady et al	[HSCP110/SS91/C38/NS11/RR3/TOTAL 253]

NC84	What is the best use of technologies for improving quality of life, giving rehabilitation* to stroke survivors, provision of feedback, and outcome* measurement for stroke survivors?	95a. How can we bed technology into the NHS, to enhance rehab delivery (including an understanding of cost effectiveness)? H/NS~507c. How can technology be used more to help stroke survivors remotely? H / NS~1332c. How can we modify stroke assessments for use over the telephone or video calls? H / NS~130c. How can technology be used to improve outcome measure recording / education and monitoring? H / NS~126a. At what stage of rehabilitation is lower limb Functional Electrical Stimulation (FES) most effective? H/NS~259a. Recent research funding has been	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010255.pub3/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006876.pub5/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012543.pub2/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006185.pub5/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001698/f	[SS1/HSCP11/RR2/C3/TOTAL 19]	
NC85	What problems with physical and/or mental abilities cause balance difficulties and falls after stroke, and how can these problems be treated to reduce falls?	582c. Does vestibular rehabilitation have a place in the treatment of patients with cerebellar strokes, and how should this be done/which method is the most effective? H / NS~763c. What tests and exercises can be developed to address long term vertigo type symptoms in cerebella stoke victims? S / I ~1258a. Since my stroke 6 years ago I have suffered with vertigo and tinnitus having some severe bouts which affects my work. My doctor passes it off as it's my ears so after waiting 5 years I saw an ENT consultant with no outcome. I have recently spoken with another stroke survivor	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008728.pub3/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003316.pub7/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002840.pub4/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006185.pub5/ful	[RR1/SS6/NS1/C1/HSCP5/TOTAL 14]	
NC86.	How can patients and their families be best supported in making decisions about treatments for blood clots (thrombolysis and thrombectomy)?	716c. Stroke thrombectomy is the newest treatment for stroke; how do we ensure that patients and their families are supported in decision making for this treatment? H / NS	Not checked in Cochrane (not an Intervention question)	[HSCP1]	
NC87.	What exercise interventions* are most effective at improving outcomes* and encouraging people after stroke/TIA* of any ability to start, maintain and increase exercise, including those not provided by the NHS?	653c. What exercise is safe to do and to what extent? S / HSI ~1061b. Exercise is important after TIA or Stroke, how much exercise and how hard can you push yourself? Can you still exceed pulse rate of 90 per cent? S / TIA ~127a. I am interested in starting to exercise. How do I know what I need to do first? H/NS~332c. How many stroke survivors continue exercising one year post stroke? H/NS~1011c. How can stroke survivors increase the amount of exercise they do? H / NS~1273b. What cardio vascular exercise can you do with limited mobility? C / NS~994c. What's the best way to help people to exercise every day? H / NS~108b. What sort of exercise is best to do? H/NS~653c. What	Lynch EA, Jones TM, Simpson DB, Fini NA, Kuys SS, Borschmann K, Kramer S, Johnson L, Callisaya ML, Mahendran N, Janssen H, English C. Activity monitors for increasing physical activity in adult stroke survivors. Cochrane Database of Systematic Reviews 2018, Issue 7. Art. No.: CD012543. DOI: 10.1002/14651858.CD012543.pub2~Vloothuis JDM, Mulder M, Veerbeek JM, Konijnenbelt M, Visser-Meily JMA, Kwakkel G, ICF	[HSCP17/RR2/NS5/SS5/C2/TOTAL 31]	
NC88.	Stroke survivors can experience leg weakness, restricted movement and difficulties walking. What interventions*, including the use of orthotics*, are effective for treatment of these problems at all stages of life after stroke?	872c. What proportion of stroke patients have timely access to treatment by an orthotist? NS / NS ~28a. How can orthotics better aid a stroke survivors mobility? H/NS~248b. Further research on the early orthotic intervention in supporting lower limb rehabilitation. H/NS~483a. What is the impact of early orthotic management on maintaining patterns of movement after a stroke? H / NS ~872b. What are the long term effects of different orthotic interventions (e.g. custom vs non-custom, flexible vs rigid devices), considering outcomes of gait, function and quality of life? NS / NS ~1694. What are the effects of Ankle foot orthosis on walking ability (speed, velocity, temporal spatial gait	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012991.pub2/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003316.pub7/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002840.pub4/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006185.pub5/full	[SS35/C3/HSCP23/NS8/RR4/TOTAL73]	
NC89.	What influences the best timing and experience/delivery of discharge from hospital; what are the best ways to do discharge from hospital; how can it be known when a stroke survivor is ready, and how does timing and experience of discharge affect outcomes*? For example, models of early supported discharge, and use of telerehabilitation.	664a. How can remote and tele-rehabilitation approaches blend with other service provision for people with stroke? What would be the benefits and potential pitfalls of increasing tele-rehabilitation services? H / NS~1143c. How can tele-rehabilitation be used to augment delivery of face to face stroke rehabilitation? H / NS~701a. The validity of tele-rehabilitation on functional gains as compared to face to face contact. H / NS~703c. How attending therapy sessions using Skype can support people affected by stroke and their families to plan successful transitions home from hospital? (this last question is brought about by novel needs to communicate with families due to Covid restrictions and considering the potential benefits of this approach in the longer term). H / NS~1788. Does tele-rehabilitation lead to improved ability to perform activities of daily living amongst stroke survivors when compared with (1) in person rehabilitation (when the clinician and the patient are at the same physical location and rehabilitation is provided	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010255.pub3/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000443.pub4/full	[SS6/C3/HSCP26/RR9/TOTAL 44]	
NC90	What are the best ways to measure changes in performance in the clinical setting, and how can they be used to influence treatment decisions and drive improvement in stroke services? This includes considering quality of movement, and therapist and stroke survivors views on the importance of these measures.	211c. How do we include frailty within stroke? Both from a pre and post stroke influence? Are we relying too much on clinical impairment scales rather than functional scales to measure severity and influence who receives treatment rather than thinking of patients as individuals? H/NS~~491b. How can we develop and use consistent robust outcome measures rather than the huge range that exists currently in clinical practice? H / NS~1272b. What are the most meaningful measures of experience and recovery for stroke survivors and how can these be used to routinely monitor and drive improvement in the performance of stroke services? NS / NS~1461a. How should outcome after SAH be measured? H/ HSS~1476a. How can clinicians providing care for people with stroke be supported to participate in national stroke audit to enable comparison of the clinical and organisational quality of their services, and use the	Not checked in Cochrane (not an Intervention question)	[HSCP9/RR6/NS1/C1/TOTAL 17]	
NC91.	What do stroke survivors think and feel works well, or needs improvement as they move through the stroke pathway, including the intensity of rehabilitation; what can be done to improve the stroke survivor and carer experiences?	578c. Are Stroke survivors truly informed of the benefits of intensive rehabilitation? H / NS ~666a. What do people who have suffered strokes believe helped motivate them during rehabilitation periods, such as SMART goal setting, rest periods, self-directed exercises etc.? H / NS~666b. What do people who have suffered strokes believe were the greatest barriers for them from complying with prescribed exercises, mobility recommendations, therapy session attendance and safety recommendations? H / NS~982b. What area do patients feel needs further development in the initial stages of stroke rehab while in hospital? H / NS~1321a. What do patients understand post stroke about the rehab process, recovery and the necessity to engage in order to achieve the best potential outcomes? Too many	Not checked in Cochrane (not an Intervention question)	[NS2/RR2/HSCP13/SS1/C1/TOTAL 19]	
NC92.	Thinking and memory (cognitive) problems can be caused by stroke. What is the best way to assess for, understand the impacts of and track progression in all areas of cognition – including using standardised measures - across the stroke pathway; what and how can interventions* and services involving multidisciplinary teams and families be made accessible, and how can information on these problems be provided? For example, when and how should cognitive problems be assessed and treated including use of family support, by whom, including in people lacking mental capacity.	79c. Can a cognitive group improve function? H/NS~95b. What is the most effective way to rehabilitate cognitive deficits? Including a focus on the safety and efficacy of discharge to assess models for people with cognitive deficits post stroke. H/NS~100a. Is cognitive rehabilitation effective? H/NS~100b. What aspects, duration and intensity of cognitive rehabilitation are effective? H/NS~187a. What is effectiveness of cognitive rehabilitation remedial activities? H/NS~116a. What is the impact of neuropsychology intervention on therapy engagement and outcomes? H/NS~20a. How effective is occupational therapy for cognitive rehabilitation in stroke survivors? H / NS ~215a. What are the most effective treatment strategies for cognitive rehabilitation? H/NS~224c. Is there any evidence that cognition improve at an impairment level with therapy? H/NS~331c. Are there any cognitive specific tasks/rehabilitation facilities available for those struggling more with that? H/NS~395b. How effective is cognitive rehabilitation? H/NS~647a. Does intensity of cognitive rehabilitation impact outcome? H / NS ~698b. How effective is cognitive rehabilitation and what form should it take - paper based or in function? H / NS~713a. Research into a more robust evidence base for the rehabilitation of cognitive impairment, which is far less researched than physical impairment. H / NS~1108a. Are there any good interventions for cognitive difficulties that can be used in the acute (hospital based) rehab phase? H / NS ~1350b. We require research on cognitive rehabilitation to enhance cognition post stroke. H/NS~1358b. What are the benefits of cognitive Apps as an adjunct to standard therapy provision? H / NS ~1399b. How effective is cognitive	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013406/full - THIS IS A PROTOCOL~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002842.pub3/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD002293.pub3/full;	[SS64/C18/HSCP98/RR21/NS7/TOTAL208]	
NC93.	Mental and emotional (psychological) problems can be caused by stroke/TIA*. What are the risk factors for, and how common are psychological problems; what are the effects on the lives of people affected by stroke including the children of stroke survivors? For example, personality changes, challenging behaviour, and mental health difficulties including post-traumatic stress disorder (PTSD), and suicide.	15b. What impact does gender have on the measure of caregiver burden of stroke survivors? H/NS ~59a. What is the effect on carer stress with early supported discharge? H/NS~149a. Emotional impact of stroke on families and carers - including children. H/NS~256c. What is the long term emotional impact of caring for stroke survivors on carers and what interventions might reduce the impact? C/HSI~564c. What is the impact on carer burden for family members after stroke? H / NS ~673c. What is the emotional impact of stroke long term on families and carers? H / NS~681a. Explain the emotional and psychological impact stroke can have on the wider family circle, as well as the patient? H / NS~711a. I would like to have families included when a member has a stroke; nobody offered me or my children any information or support following my stroke that unfortunately led to many upsets and misunderstanding. S / HSI ~716a. What can we do to support the families of those who have had a stroke? H / NS~950c. The emotional and physical strain on people caring for a stroke survivor. C / I ~1123b. Psychological impact of stroke on carers. H / NS ~1616c. Impact of stroke on carers and family members? S/NS~808aa. I would like to see research about the emotional	Too broad to check	[SS42/C14/HSCP37/NS6/TOTAL 99]	

NC94.	Mental and emotional (psychological) problems can be caused by stroke/TIA*. What factors and interventions* can best prevent psychological difficulties, support adjustment, improve motivation, well-being and engagement; how can these interventions* be prioritised, cost-effective, and made available to people affected by stroke? For example, psychological problems, such as emotional distress, suicidal thoughts, anxiety, depression, post-traumatic stress disorder (PTSD), altered body image and low motivation. Interventions such as antidepressants, training of healthcare professionals.	542b. Neuro - psychological support to optimise recovery. H / NS ~914a. What neuropsychological interventions can help to prevent the onset of clinical depression and anxiety, and improve psychological well-being, after stroke? H / NS ~914b. What group based neuropsychological interventions are effective at improving psychological well-being after stroke? H / NS ~914c. What neuropsychological psychotherapies are effective for improving psychological well-being for people with aphasia after stroke? H / NS ~1126a. Is neuropsychological assessment and intervention cost effective to the wider health economy? H / NS ~1126b. Does neuropsychological intervention improve quality of life for stroke survivors and their families? H / NS ~582a. Does lack of neuropsychological input on acute stroke units impact on the recovery of stroke patients in certain areas/demographics? H / NS ~24b. What interventions are most effective in supporting with the emotional impact of stroke? H/NS~79b. Can engaging stroke patients in activity groups reduce depression post stroke? H/NS~86a. Explore the benefit of psychology input after stroke to manage anxiety and trauma of stroke, and ultimately enable recovery. S/I~284a. What psychological interventions work for who and when? H/NS~434c. Is the use of long term medication i.e. Pregabalin and anti-depressives really the best treatment for on-going recovery? S/HSI~867b. Mindfulness and stroke. NS / NS ~866b. Mindfulness and stroke. NS / NS ~274a. How can mental stimulation help keep people with paralysis motivated? C/I~65c. Stroke caused sleep issues through reoccurrence thoughts for me. How can mindfulness, meditation etc. be brought in as an extra asset to help assist	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003437.pub4/full ~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003689.pub4/full ~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011398.pub2/full ~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010442.pub2/full ~ https://doi.org/10.1002/14651858.CD009286.pub3 ~ not a Cochrane review but was a systematic review focusing specifically on preventing and treating depression in people with aphasia. https://www.tandfonline.com/doi/abs/10.1080/09638288.2017.1315181 ~ https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008860.pub3/full	[HSCP89/SS66/C22/RR13/NS5/TOTAL 195]
NC95.	Stroke can cause disabilities and effects that may not be visible to other people, for example fatigue, emotional, communication and thinking problems. What are the public thoughts and feelings (perceptions) on these disabilities; what are the best ways to help people to understand these and improve attitudes toward, and support stroke survivors?	17c. Find it difficult to explain to others what hemianopia is like. How can it be clearly explained? Most people think one eye will compensate C / IS~419a. My wife doesn't understand how my stroke has affected my personality and how I find less motivation in tasks. S / HSI~420c. How aware are the general public to the difficulties faced by stroke survivors, especially loss of vision, which is such a hidden defect. H/NS~461c. Is every stroke different for each person and can they be in different areas of the brain? C/NS~616a. My husband experienced double vision in just one eye a few days after having a bad headache. His vision went back to normal within a few weeks. He has high blood pressure and he was told that he had suffered a stroke. I thought the effect of a stroke was more severe than that? C / I ~751b. How can we help schools understand the long term impact of stroke, to ensure coordinated and comprehensive support throughout a child's school career, not just with the initial return to school after the stroke? And to focus on the	Not checked in Cochrane (not an Intervention question)	[SS13/C5/HSCP7/RR/NS TOTAL25]
NC96.	What are the factors that best predict, and make a difference to the speed, amount and timing of recovery, and how can healthcare professionals help early in the rehabilitation* process to guide expectations for stroke survivors and families?	575c. How therapists can help early in the rehab process to guide rehab expectations for patients and families - expectations about upper limb recovery, stepping and walking. So that therapists can be giving similar message from relatively early in the rehab process and guide appropriate goal setting during transfer of care from inpatient to community settings. This will encourage patients and staff to find alternative ways to enable independence if motor recovery is limited. H / NS ~758c. Can physiotherapists let go of control? Stop goal setting etc. and speak to patients as adults? HCP / NS~121a. What should the long term rehabilitation provision look like including how do we motivate	Not checked in Cochrane (not an Intervention question)	[SS53/C18/HSCP61/NS6/RR1/TOTAL 139
NC97.	Is there a fixed time period after which stroke survivors make no measurable improvement with an intervention*; if improvements can continue, what type and intensity of treatment is effective at a later stage?	1093c. What are the longer-term functional outcomes of stroke (e. g. over one year post-discharge), and how do these differ between those who had access to post-acute rehabilitation and those who did not? H / NS~391a. Who is suitable for rehabilitation? H/NS~539b. How can it be determined who will benefit most from on-going rehabilitation? H / NS~602b. Will we ever be able to determine when no further improvement is likely therefore formal therapy not essential but maintenance therapy may be needed? H / NS~76a. What rehab potential do people have a year or more following a stroke; once all the acute rehab has finished? H/NS~125a. What therapy is effective with later stroke rehab	Not checked in Cochrane (not an Intervention question)	[SS28/C4/HSCP27/NS2/TOTAL 61]
NC98.	People with stroke/TIA* can experience fatigue. How common is fatigue; what and why are there various types, causes/triggers and experiences of its effects? What are the best ways to recognise, reduce, treat and self-manage fatigue including in young stroke survivors to minimise the impact on recovery and life after stroke? For example, to understand the difference daily routine, exercise or naps could make.	661a. Why is fatigue such a problem? H / NS~736a. Fatigue post stroke. HCP / NS ~801a. Need more research into fatigue in stroke. HCP / NS~823c. I would like to see research about tiredness after a stroke S / I ~1056a. What is the current understanding of serious and persistent stroke fatigue? S / HSI~1091a. I had a stroke at age 45. I went from a fit and active person to having bad fatigue for 6/7 years. I really don't know how I coped. People and GPs would recommend exercise, that didn't help, I can remember regretting doing 3 minutes on my exercise bike, trying to do a short walk the next day. I know of one research project into fatigue. Considering fatigue is such an issue, why is there not more research? And why are people in general, including GPs, not more aware of the problem? I know there's other reasons to be fatigued, M.E, etc.. S / I ~1280a. Why does a stroke survivor have days when they are very, very tired. Exhausted even and then other days relatively ok? C / NS~1326b. Fatigue comes and goes but you don't know when it will happen or why and you just have to give into it. Is there anything I can do? S / HSI~1344a. Can we try to	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD007030.pub3/full ~ Pharmacological and non-pharmacological treatments (e.g. fatigue education programme, mindfulness-based reduction programme and cognitive-behavioural therapy): Cochrane review, Wu et al. 2015, Nguyen et al. (2019)	[SS63/C7/NS5/HSCP41/TOTAL 116
NC99.	What are the effects of disrupted sleep on stroke rehabilitation*, including sleep apnoea; what is the effectiveness and safety of nasal continuous positive airway pressure (nCPAP)*, and how can stroke survivors/ TIA* best be identified for specialist care?	1599a. How can stroke services ensure that people with stroke or TIA are screened for obstructive sleep apnoea with a valid clinical screening tool? People who screen positive who are suspected of having sleep apnoea should be referred for specialist respiratory/sleep medicine assessment. RR RCP Guidance for Stroke / ~789a. I would like to see research about the frequency of sleep apnoea in stroke victims leading to agitation, disorientation and anxiety due to low blood/ oxygen saturation levels and including tiredness during the day, also the damage to heart and other organs due to sleep apnoea. C / I ~710a. Does lack of good quality sleep during acute stages of stroke recovery have an impact on rehab outcomes? H / NS~1690. What is the effectiveness and safety of nasal continuous positive airway	PROTOCOL: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013161/full	[C1/HSCP1/RR2/TOTAL 4]
NC100.	What is the availability, timeliness and effectiveness of interventions* and referral to specialist care for stroke survivors with visual problems, and what influences service delivery and recovery? For example, visual problems such as visual field loss, hallucinations, perceptual or processing difficulties, diplopia and eye movement. Interventions* such as assessment, advice and information.	1051a. What exercise or rehabilitation is available to help regain lost vision field. There's rehabilitation for walking, arms many physical disability but eyes seem forgotten about. S / I ~649a. What are the best exercises an AHP can provide in assisting with the rehabilitation of visual deficits and how successful are they? H / NS ~299c. Does Occupational Therapy provide the correct rehabilitation for visual deficits post Stroke and the correct intensity? H/NS~875a. I would like to see research about vision recover. S / DK~1366a. What affordable Virtual Reality can stroke patients use to help with visual and visuo-perceptual deficits? In particular which could be used in an acute NHS setting? H / NS~1335a. The application of EMDR (Eye movement desensitization and reprocessing) for traumatic experiences around the stroke: feasibility, adaptations and efficacy. H / NS ~1022b. Recently noticed balance and peripheral sight affected; are these stroke related? C / TIA~237b. What progress can be made in understanding the neuro visual effects of stroke? S/I~708a. Why do I get hallucinations after my stroke? C / I~188c. Do you know the percentage of stroke patients that have visual problems following stroke? H/NS~561c. How can stroke affect your	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008388.pub3/full	[SS4/HSCP7/C2/RR3/TOTAL 16]
NC101.	What are the causes of different types of pain in stroke survivors, and what interventions* are most effective in the prevention, treatment and management of pain? Types of pain such as musculoskeletal including shoulder pain, and neuropathic.	354a. Is it normal to get pain (not headache) in the area of your head you had your stroke in after your stroke? S/I~519b. Muscle and joint pain; why does it happen? S / I ~622aa. I had a stroke in 2013. I still have muscle aches. Is this normal? S / I ~1216c. Muscle and joint pain in legs occurs? S / DK ~898a. I would like to see research about muscle weakness and pain for many years after a stroke. C / DK~10b. Having made a good recovery six months after having a stroke, why has a pain syndrome now struck me so cruelly? Having had an MRI, EMG and small fibre nerve test, there are no signs or indications from this test to prove the cause of my neuropathic pain. How am I to understand that there is no explanation about my pain syndrome? S/TIA~737a. It took much longer than I expected to make a	https://doi.org/10.1002/14651858.CD008242.pub3 ~ https://doi.org/10.1002/14651858.CD004131.pub3 ~ https://doi.org/10.1002/14651858.CD008449.pub3 ~ https://doi.org/10.1002/14651858.CD007076.pub3	[SS26/C3/HSCP19/NS2/RR5/TOTAL 55]
NC102.	Stroke can cause sensory changes such as taste, hearing, pins and needles, and numbness. How common are sensory changes and how do they effect recovery; what causes them and what works best in improving assessment – including using standardised measures - and treatment of these changes after stroke?	190a. Why is it difficult to regain sensation when this is lost after stroke? H/NS~41b. Why do strokes make you feel numb ? S/I~10a. What is the cause of tingling sensations, in the hands and feet, that only happen during the early hours of the morning whilst sleeping? S / TIA~179c. Strange sensations, pins and needles, etc. Why do people get them and is there anything that helps? H/NS~319a. How do I as a patient cope with chronic tingling in my hands? Why does this tingling only happen to me at night when I'm sleeping? Why is this sometimes referred to as pins and needles when for me it is vastly more distressing than how it is described? S/NS~451b. Prior to my stroke which affected all of my right side I had a TIA five weeks before which affected the left side of my face and left hand and foot this lasted for an hour or two apart from being now left with "pins & needles" in both my hand & foot. Our local	Too broad to check	[SS30/C4/HSCP31/RR1/NS5/TOTAL 71]

NC103.	Should patients who have bulges in blood vessels in the brain (aneurysms) be monitored, and what would be the best way to do this?	145a. I know the risk factors for stroke like diabetes, high blood pressure etc., but there are also healthy people who have strokes completely out of the blue. In the case of a stroke caused by a burst aneurysm would it not be a good idea for some sort of routine testing (MRI scan, for example - or something new) to take place for everyone as is done for the abdominal aortic aneurysm (AAA) in men? I know this would be very costly but it would also save the money	None	[C1/RR3/TOTAL 4]
NC104.	What is the best intervention* to improve outcomes* for people with severe stroke and long-term disability, and what can be gained from longer-term rehabilitation provided at home and in nursing homes? Outcomes* include measures of physical ability (functional outcomes) and of well-being (quality of life outcomes).	252a. Please can you do some research about giving more therapy for people that are living in a nursing home? My wife had a bad stroke affecting her faculties and she doesn't get any physio in the home. She desperately needs more physio to help her but they say they don't provide physio in the home as there isn't much benefit. C/NS~525c. What help is available for those severely affected by stroke, that are in nursing homes? Rehab and therapy could continue but this type of on-going care seems very limited and nursing homes are unaware of what can be done. A person surviving two years from severe stroke and still making small improvements is restricted by lack of knowledge. H / HSI ~672a. How do rehabilitation outcomes compare in care home environment versus the home environment? H / NS~999a. How can care homes work together to provide best rehabilitative care for residents affected by stroke; can	PROTOCOL: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013317/full	[C6/HSCP8 TOTAL14]
NC105.	What and how common are the long-term impacts of stroke on abilities necessary for every-day life; what, and how can, interventions* be made available to facilitate these abilities? For example, impact on and interventions* including education, assessment, treatment and support for return to work, driving, relationships and financial well-being.	132a. How can we better support people to return to work following stroke? H/NS~172a. How long before you are fully ready to work? I went back to work at 6 months, I felt that was too soon. S/I~197b. How can people affected by stroke in the UK be supported by their employers to return to work? H/NS~288b. What is the best way to help working age stroke victims return to work and/or live a long happy life? H/NS~306c. There seems to be a group of younger strokes, yet a retirement age is increasing; What real opportunity do people with stroke have to retrain and return to employment? are there any Further Education courses specialised to aid return to work with appropriate IT adaptations etc.? H/NS~350b. How workplaces can support people who have had a stroke to get back to work - what support is there for workplaces in adapting work to allow someone back into employment? H/NS~362a. How do younger adults (my stroke happened age 29) find returning to work or seeking employment post recovery? S/NS~421a. Work after	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD008357.pub2/full	[SS37/C10/HSCP50/NS4/RR1/ TOTAL 102]
NC106.	What interventions* and measures of outcome* are best for swallowing difficulties (dysphagia) and maintaining oral health after stroke? For example, swallowing manoeuvers, McNeill intervention, use of biofeedback, respiratory muscle strengthening, and positional interventions.	1638a. Are swallowing manoeuvres effective in improving swallowing and wellbeing outcomes in adults with acquired non-progressive dysphagia? What factors improve their effectiveness (e.g. how often exercises are carried out/ how soon after the stroke)? RR RCSLT/ NS~1639a. What is the effectiveness of the McNeill intervention for improving swallowing and wellbeing outcomes for adults with acquired non-progressive dysphagia? RR RCSLT/ NS~1640a. What is the existing evidence for the effectiveness of positional swallowing interventions (e.g. using a 'chin tuck' position) in the treatment of dysphagia in adults post-stroke? RR RCSLT/ NS~5a. What is the impact of speech and language therapy in dysphagia management in stroke survivors? H /NS~1198bb. Can there be IT solutions for people with dysphasia? S / TIA ~88b. What interventions are there for patients with a stroke, tracheostomy and oropharyngeal	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000323.pub3/full	[SS3/HSCP8/RR8/C1/NS1/TOTAL 21]
NC107.	Stroke can affect communication abilities, such as reading, speaking and listening. How can the challenges for stroke survivors and carers caused by these effects be identified; what are the challenges and where is help needed, including for people using communication aids?	466a. What are the key challenges and unmet needs experienced by users of communication aids (and could these challenges be resolved through co-development of context-specific communication aids?) H/NS~585a. Communication Apps - how they can help improve? S / HSI ~292c. What are caregivers experiences of communication partner training (for aphasia) and how has that impacted their lives? H/NS~514b. Aphasia is far harder than the physical limitations, more information needed on its long-term effects on family and friends. C / I ~860b. How can stroke patients and their carers cope with aphasia? HCP / NS ~879b. How can stroke patients and their carers cope with aphasia? H / NS~1052a. What is the impact aphasia has on the stroke survivor, carer and family? C / I ~	Not checked in Cochrane (not an Intervention question)	[C2/SS1/HSCP4 TOTAL7]
NC108.	Stroke can affect communication abilities, such as reading, speaking and listening. For stroke survivors that speak multiple languages and/or for whom English is a second language, what are the effects, and the best therapies; how does this compare to current treatment?	1201b. More research into support for stroke survivors with Aphasia. Stroke survivors find it difficult to get long term advice about Aphasia and much more research is required to understand Aphasia and strategies to manage the condition in the community. C / I ~195a. Is there more research being done on the wide variety of speech and language issues? H/NS~228a. Some research on Aphasia might be possible? I am still stuttering and forgetting what I want to say ten years after I had my Stroke. Not enough is being done for us. Thinking about the LUNA study they only have 26 papers in over 30 years that were remotely of interest. We need much more research about speech and language deficits. S/I~467c. What influences the quality of outcome after stroke and aphasia from the perspective of people with aphasia? H/NS~709b. How to diagnose and treat acquired stammering post-Cerebrovascular accident,	Not checked in Cochrane (not an Intervention question)	SS21/C10/HSCP8 TOTAL39
NC109.	Stroke can affect communication abilities, such as reading, speaking and listening as well as social and related 'thinking' skills (cognitive communication disorder). What are the effects of, and best assessments and interventions* for the range of communication difficulties in stroke survivors? Difficulties include fluent aphasia, apraxia, comprehension and word finding	58a. When is the optimal time for Speech and Language Therapy for aphasia be offered after a stroke? H/NS~224cc. Is there any evidence that communication improves at an impairment level with therapy? H/NS~303c. Why did my husband not get speech therapy right away? C/NS~361a. What interventions are effective at improving functional communication for people with aphasia after a stroke? NS/NS~360a. What interventions can help people with aphasia after a stroke to meaningfully improve their communication? H/NS~467a. What is the optimum timing for speech and language therapy intervention for aphasia, and what intensity shows best effect? H/NS~467b. What kind of speech and language therapy intervention for aphasia do people with aphasia after stroke value? - impairment-based work, work on function, emotional support and counselling, or some combination of these (or something else)? H/NS~542a. Communication difficulties on discharge from hospital- on-going support and access to professional for review- clear	Too broad to check	[SS9/C11/HSCP31/NS5/RR1/TOTAL 57]
NC110.	What are the current challenges to stroke survivors accessing speech and language therapy in a timely manner?	1187b. Why is there a general lack of resource provided post stroke to aid recovery of speech? C / DK ~675c. How dysphasic patients are treated by Social Services; I have had bad experiences where I had to be an advocate for client and protect them from Social Services input. I advised social worker of need to bring the Speech and Language Therapy Team (SALT) to discharge planning meetings and important decision making meetings, all failed to. Social workers treated patients as though they did not have capacity; dependent on social worker however. Would like a	None	C2/HSCP1/RR2/ TOTAL5
NC111.	What are the best ways to encourage and support stroke survivors to self-practice and self-manage their recovery, including for communication problems; who can help them do this? For example use of apps, considering physical, social psychological, educational and socio-economic factors, use of apps, written information and programmes delivered by carers.	13b. How can speech therapy programmes for stroke survivors be provided for/used by informed spouse and family carers? C / IS~14b. Can a chatbot (software or App that conducts a conversation) be used to assist with language practice and recovery? S / TIA~573b. Which apps are most effective at improving communication difficulties after stroke? H / NS ~143b. How can we best engage patients to take more responsibility for their own recovery? H/NS~155b. How can we help people who have had a stroke to drive their own recovery? S/NS~203b. How does self management impact on stroke recovery? H/NS~117b. How can stroke therapy teams best communicate with patients, families and carers about self-directed therapy / how to live well with stroke? H/NS~25a. How can stroke survivors and their families / caregivers be supported to self-manage their recovery, thinking specifically about therapeutic input? H/NS~382c. What role does long-term disability self-management play in life after stroke? C / I~384a. When is the right time for self management to be introduced? H/NS~408a. How can we help people to help themselves- what are	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010442.pub2/full	[SS9/C4/HSCP24/RR2 TOTAL39]

NC112.	What are the benefits and risks of treatments outside of mainstream healthcare (alternative therapies) for stroke, including their impact on engagement with rehabilitation and outcomes*; how best could they be made available to stroke survivors? Alternative therapies for example, music, acupuncture, Traditional Chinese Medicine, hypnosis, crafts and animal therapy.	500c. The impact of animal therapy early in acute admission on engagement and participation. H/NS ~1696. What are the effects of animal assisted therapy for improving quality of life for people with stroke, and what is the feasibility and potential barriers of providing animal assisted therapy for stroke patients, including recruitment, cost, adherence, and attrition? RR Cochrane / NS~1674. What is the efficacy and safety of Neuroaid for improving recovery after acute ischemic stroke? RR Cochrane / I~1749.What is the efficacy and safety of acupuncture for acute stroke including on long term functional outcomes including in survivors of ischemic versus hemorrhagic stroke; and how does ethnicity effect response? RR Cochrane/~832c. Could acupuncture help stroke? S / I ~556c. Is it possible to rebuild / bypass damaged parts of the brain using hypnosis or other alternative therapies? C/ DK ~1886. What is the effectiveness of Tai Chi on dependency and motor function and its safety for recovery of people after stroke? RR Cochrane / NS~1688. What is the effectiveness and safety of massage therapy for people with stroke, specifically for improving functional	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013314/full~https://doi.org/10.1002/14651858.CD004584.pub2~https://doi.org/10.1002/14651858.CD005569.pub2~https://doi.org/10.1002/14651858.CD004295.pub3~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD006305.pub2/full~https://doi.org/10.1002/14651858.CD004955.pub3~https://doi.org/10.1002/14651858.CD003691.pub2~https://doi.org/10.1002/14651858.CD005568.pub2~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003317.pub3/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD011483.pub2/full	[SS2/C2/HSCP3/RR6/NS1 TOTAL14]
NC113.	How can rehabilitation* be effectively tailored to the needs of stroke survivors including those with communication problems, signposting to a key worker and personalised information and how can the voice of stroke survivors and their carers be placed at the centre of stroke care? Personalised information includes: on the type of stroke, its effects and living with these effects such as practical and financial implications.	345b. The role of family education. NS/NS~614b. Silent stroke - why is it silent? What more can we find out about this type of stroke? Because it's scary to have had one and known nothing about until I had an MRI for completely unrelated matter. NS / NS ~791c. I would like to see research about talking to families, explaining it is a life long illness. S / DK~800b. What is the impact of personalised psycho-education for a stroke survivors partner, family, friends, about a person's stroke and it's cognitive, psychological and communication consequences, on that person's relationships and quality of life? HCP / NS~869b. What is the impact of focused personalised psycho-education for a person's partner, family and wider social circle about an individual's stroke and it's cognitive, psychological and ~675a. In the case of extreme fatigue where patient is not fit for an intensive rehab phase (as fatigue affects physically, cognitive, mood, acceptance), what are the benefits of an initial phase to achieve standing (even if with Standing aid eg Sara Stedy) and then discharge for a period with therapy plan and weekly review until exercise tolerance /attention	Not checked in Cochrane (not an Intervention question)	[SS85/C31/HSCP54/RR10/NS13/TOTAL 193]
NC114.	How can community stroke services best be resourced and organised in all regions to provide effective home/community-based rehabilitation* that meets the needs of all groups of stroke survivors such as ethnic groups, young people, stroke severities and those with multiple health conditions?	36b. Can severe stroke survivors benefit from rehabilitation in their own homes? H/NS~541a. Further research in effective upper limb rehab strategies in the community. H / NS ~15c. Can accessible, low cost community based rehabilitation lead to improved outcomes and better quality of life for stroke survivors? H /NS~738a. What is the impact of limited community rehabilitation on long term outcome? HCP / NS ~279a. How available is community stroke rehabilitation for people with moderate to severe stroke? H/NS~1188b. What rehabilitation is available in the community? C / I ~1399a. Are their sufficient community rehabilitation services to support stroke survivors to return to work? H / NS~455c. What can be done to improve therapy to be delivered at home? C/HSI~696c. What is preventing intensive therapy following stroke in people's homes? H / NS~1272a. How can community stroke services be optimally	Not checked in Cochrane (not an Intervention question)	[SS14/HSCP21/NS4/C3/RR1/TOTAL 43]
NC115.	What is the best way to manage stroke services for effective multidisciplinary care, and to create an empathetic, supportive, and safe environment for stroke survivors, across the stroke pathway; what effect do these elements have on recovery? For example, the role of therapy assistants, carers, and 7-day stroke rehabilitation services.	624c. Medical staff need to be more positive to patients about their recovery rather than saying we can't see them progressing that stops the family from trying to support them in their physical recovery so please let's change our attitudes because the brain can make new connections and neuroplasticity can kick in. C / I ~626c. How does emotional support affect recovery from stroke, would a supportive, safe, empathic environment lead to greater recovery? S / HSS ~659b. People can be totally vulnerable after serious strokes, utterly dependent on those caring for them, for potentially long periods of time. What safeguarding exists? Are standardised systems in place within hospitals? If not, research is needed to develop and put into practice necessary checks (potentially based on systems developed for the care of other vulnerable groups) to ensure the individuals and teams working in this field cannot abuse the power they have over vulnerable patients? Principles of good practice could be developed to ensure trust is	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000197.pub4/full~https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000443.pub4/full~PROTOCOL: https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012612/full	[SS8/C5/HSCP15/RR3/NS2/TOTAL 33]
NC117.	How can people supporting stroke survivors work best with the stroke care team, and what personalised training and support is available for carers to enable them to support stroke survivors and their recovery, including those with communication, cognitive and engagement difficulties? For example, the roles of family members, volunteers, stroke liaison workers and young carers.	66b. How can I, as a carer, boost my stroke survivor's confidence? C/I~359c. How can a family carer be best trained to look after the specific disabilities their patient suffers from, at low cost and in a timely manner? Why this question is important: • When family carers take on the responsibility for looking after a stroke survivor with multiple disabilities, it is usually at short notice. They are unlikely to already have training for caring for disability, to know what stroke is, or the effects it can have. • Carers need to know what their patient's specific disabilities are, how best to treat them, and what help may be available.• They are very likely to lack confidence in the task, and will worry, just through ignorance. • If the carer was actually paid for this work, it could be that DWP Health and Safety regulations would be infringed, were they not adequately trained for this responsible task. Just because a family carer is not formally employed is not a valid excuse for not providing necessary training. • Many family carers I have met work long hours (50 to 100 hours per week) without respite. Were they employed, would this not infringe DWP regulations on working hours? It also has the potential for causing accidents due to fatigue. It is all too easy for the reasonable rights of unpaid family carers to	https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD001919.pub3/full	[SS11/C23/HSCP25/RR3/TOTAL 62]	