Life after Stroke PSP com Indicative Uncertainty	pleted November 2011	Why is there	What is	What is	Which types	Which types	Which types	Which types	Which types	Which types	Which types	Which types	Which types	Which types	Original uncertainty	References to reliable up-to-	Systematic reviews in	Systematic reviews that need	Which outcomes?
Indicative Uncertainty		wny is there uncertainty?	what is person's age? 1	what is person's age? 2	of treatments?	of treatments	? of treatments?	of treatments?	of treatments?	of	of treatments?	of treatments?	of treatments?	of treatments?	Original uncertainty	date systematic reviews	preparation	updating or extending	which outcomes?
Are alternative therapies (massage, acupuncture) beneficial after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		1 Physical therapies	Complementary	3	4	5		7	8	9	10	This uncertainty was submitted by others. This is an indicative uncertainty, and the following questions were included: What are the benefits of natural therapies; massage, acupuncture etc? Does acupuncture tave a part to play in recovery after stroke?	,		Yang X, Zang X, Wu T, Charantong Weight Schules Costname Database of systematics Costname Database of Systematics Reviews 2010, Issue 1, Art. No.: CD006785. DOI: 10.1002/14661688.CD006765.pub2. Ches.d NR., Yang J, Chang KP, Wang Databased Systematic Reviews.2007, Issue 3. Art. No.: CD006472. DOI: 10.1002/14661688.CD006472.pub2.	Incidence of that or non-table stored, comparise (inicial candiducation extension) compared to the intervention tension (inicial candiducation extension) changes in cardiovascular risks factors: blood pressure (public), datability, lipitali- datability, and the inicial candiducation (inicial candiducation), policity density (papersien chalestered (ULL-C), high-density (popersien chalestered (ULL- )), load glucosc. Angein in cerebrovascular thereind particle (inicial candiducation), policity cerebrovascular blood face speed, perplexiting resistance, specific resistance, policity extensions and blood face speed, perplexiting resistance, specific resistance, policity parties rhopatisation or prolongation of existing hospitalisation, resulted in parent policitisation or prolongation of existing hospitalisation, resulted in parents when the considered an intervention to prevent it. All other adverse merits were to be considered an intervention to prevent it. All other adverse merits were to be considered an intervention to prevent it. All other adverse merits were to be considered as non-averation.
Are community-based upper limb movement re-education programme useful one year after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Education and training	Physical therapies								uncertainty, and the following questions were included:48.4 What is the effectiveness of an upper limb movement re- education programme in the community one year after stroke?	Coupar F, Pollock A, Legg LA, Sackley C, van Vliet P. Home- based therapy programmes for upper limb functional recovery following stroke. Cochrane Database of Systematic Reviews 2012, Issue S. Art. No.: CD00675S. DOI: 10.1002/14651858.CD006755.pu b2.		Sirtori V. Corbetta D, Moja L, Gati R. Constrain-Indozed movement therapy for upper extremises in attoke patients. Cochrane Potabase of Systematic Reviews 2009, Issue 4, Art. No.: CD004433, DOI: 10.1002/14651858.CD004433,pub2.	Long term change in upper limb recovery and function; adverse effects or complications, and cost
Are electromechanical assisted gait training and electromechanical and robot- assisted arm training useful and cost effective following a stroke?	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		Exercise	Physical therapies	Devices								This uncertainty was submitted by guidelines This is an indicative uncertainty, and the following questions were included.98.24 Further researci- into the cost effectiveness of electromechanical assisted gai training and electromechanical and robot-assisted sm training to improve sam motor function and motor strength is required.	Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A t national clinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/odf/sign118			Change in gait symptoms: adverse effects or complications, and cost
Are endurance and strength training effective components of rehabilitation after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Exercise	Physical therapies									This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:75.3 How soon after stroke should endurance and strength components of training be incorporated into rehabilitation?	2		Saunders DH, Greig CA, Mead GE, Young A. Physical fitness training for stroke patients. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No: CD00316. DOI: 10.1002/14651858.CD003316.pub3	Change in endurance and strength: adverse effects or complications, and cost
Are exercise and fitness programmes benchical at improving function and quality function and quality subsequent stroke?	Uncertainties identified from clinicians' questions	Reliable up-6-date systematic reviews have revealed uncertainties about uncertainties about treatment effects	Any age		Exercise										Stroke Flarked 10th This uncertainly was submitted by 1 particular This is an profici. The uncertainly, and the following questions were included 75.2 Lossing provide excluded 75.2 Lossing provide excludes the based, effective and sale means of mainternance' alare stroke 77.6 L Wood the outcomes for stroke vicinis in Scottant on take been scottant of take to close scottant on take been scottant of take 100.5 Effectiveness of exercise and uncertaint of take 100.5 Effectiveness of exercise and been stored analy of lies and been part scottant of take and been scottant of the analytic of take and scottant of take and been scottant of take and scottant of take and	English (-, Niller SL. Circuit dies nietwy for improving mobility aller Spinkole, Christen and aller Spinkole, Christen and aller Spinkole, Christen and aller Spinkole, Christen and New York, Name J. Name, Name Name J. Name, Name J. Name (Control of the State State (Control State (Control State (Control State (State (Control State (State (Sta			Change in mobility (primary statement); lower limb strength, and range of moloso, measures of activity hindings such as instrument activities of adaptivity and personal care, measures of participation restriction, such as health-healted quality statistication; losue of control; and economic indicators
Are health professionals or the voluntary sector best at helping people achieve independence after stroke?	Uncertainties identified from dinicians' questions	No relevant systematic reviews identified	Any age		Service delivery										This uncertainty was submitted by other This is an indicative uncertainty, and the following questions were included:19.1 k the journey towards independence best addressed by health professionals or the voluntary sector?			Ellis G, Mart J, Langhorne P, Dennie M, Winner S. Stroke liaison workers for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Issue S. Art. No.: CD005066. DOI: 10.1002/14651858.CD005066.pub2.	Change in subjective health status, extended advites of daily living (Dremary); death, place of readines, dependency, menti health (including smice) and depression), knowledge about stroke, use of services, satisfaction with services, participation; Change in health-related cally of liter change in post-stroke depression levels (onset and duration); adverse effects or complications; and cost
Are home visits helpful after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Service delivery										This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:50.3 What is the value of home visits after stroke?	5		Shepperd S, Doll H, Broad J, Gladman J, Iliffe S, Langhorne P, Richards S, Martin F, Harris R. Hospital at home early discharge. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD0000356. DOI: 10.1002/14651858.CD000356.pub3.	Mortality: readmissions; general and disease-specific health status; functional status, psychological well-elerg; clinical complications; pasters statistation; carer satistation; carer statistation clinicaris, statistation informers statistation; discharge destination from hospital at home, length of staty in hospital and hospital a home; cox (this induces the costs to the patient and their fumily, to general practice, to the hospital and social or voluntary service costs)
Are relaxation techniques beneficia after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age		Physical therapies	Psychological therapy									This uncertainty was submitted by 2 clinicians This is an indicative uncertainty, and the following questions were included.356.6 Are relaxation techniques helpful after a techniques helpful after a stocker 78 bene evidence to suggest that relaxation is good for stroke paster thar relaxation is good for stroke paster thar relaxation is good for stroke paster that relaxation is good for stroke paster that relaxation is good for stroke paster. There evidence to Clays, audio books etc? (Question missed out of origina last).				Change in symptoms, adverse effects or complications, and costs

Are secondary prevention	Uncertainties identified from	Evicting relevant	Any and	Drug		<u> </u>	 1	This uncertainty was submitted	De Schruter ELLM Alaro A	1	Vergouwen MDI, de Haan R, van Gool	All-cause death: vascular death, vascular death or non-fatal stroke, vascular death,
Are secondary prevention drugs effective in preventing subsequent strokes?		Existing relevant systematic reviews are not up-to-date	Any age	Ling				by 1 patient group, 1 clinician This is an indicative uncertainty, and the following questions were included:4.1 How effective	Kappelle LJ, van Gijn J, Koudstaal PJ. Vitamin K antagonists versus antiplatelet therapy after transient ischaemic		WA, Vermeulen M, Roos YBWEM. Blood- pressure-lowering treatment for preventing recurrent stroke, major vascular events, and dementia in patients	Al-cause death; vascular death, vascular death or non-fatal stroke, vascular death, non-fatal stroke or non-fatal myccardial infraction; recurrent stroke; recurrent ischsemic stroke or intracannia! haemorthage, death or dependency (Primary outcomes: major bleeding complication, fatal intracranial or extracranial haemorthage, intracrania! haemorthage, major extracranial hemorthage
								drugs in preventing another stroke? 67.1 How can I take all	attack or minor ischaemic stroke of presumed arterial origin. Cochrane Database of Systematic Reviews 2012, Issue 9. Art. No.: CD001342, DOI: 10.1002/14651858.CD001342.pu b3		with a history of stroke or transient ischaemic attacks (Protocol). Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD007858. DOI: 10.1002/14651858.CD007858.	
better than non-specialist nurses at improving recovery after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Education and Physical training thempiles				This uncertainty was submitted by chickian This is an includate uncertainty, and the following What benefits, if any does the role of the stroke nurse have in improving patient outcomes?			living at home more than one year after stroke. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CO006952. DO: 10.1020/14651858.CD0059562.pub2 Shepperd 5, Dolt. H. Broad J, Gladman J, liffe S, Langhorne P, Richards S, Martin F, Harris R. Hoogila at home early discharge. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No: CD000366. DOI: 10.1002/1465188.CD000356.pub3	
Are stoke co-ordinators / Lison workers beneficial in the management of stoke?	Uncertainities identified from patients' questions	Reliable up-to-date systematic reviews have revealed important confinuing uncertainties about treatment effects	Any age	Service delivery				and the following questions were included:94.29 How to evaluate role/value of stroke co- ordinators. 96.3 The impact of stroke liaison worker	Dennis M, Winner S. Stroke liaison vorkers for stroke patients and carers: an individual patient data mets-analysis. Cochrane Database of Systematic Reviews 2010, Issue S, Art. No.: CD005066. DOI: 10.1002/1461585.CD005066.pu b2 Scottish Intercollegiate Guidelines Network (SIGN), Management of patients with Tarker Bethelitation, prevention		Streke Unt Trailaits Collaboration. Organical trajadisti teloka unit) carls teloko unit silven. 2020. Tessa A. et al. Organical and an anti-anti-anti-anti-anti-anti-anti- colomolars. Doc. 10.1002/14651858.CD000197.pub2.	Change in subjective health statut, extended activities of daily living ("primary); daith, place of readines, dependency, mark health (nicidation) destrogrammers, and the statut of the statut of the statut of the destrogrammers, and the statut of the statut of the statut of the destrogrammers, and the statut of the statut of the statut of the destrogrammers and duration); adverse effects or complications; and cost
Are stroke groups/clubs help/u at improving the sense of web-being among stroke survivors?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Education and Psychological training therapy	Physical therapies	Social care		This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were includeer (10.16 What is the effect of stroke groups and social gatherings on the sense of wellbeing of stroke patients?			Salter K, Foley N, Teasell R. Social support interventions and mood status post strukes a review. International Journa of Nasning Studies 2010 47(5):616-625 Ellis G, Mart J, Langhorne P, Demis M, Winner S. Struke laison workers for stocke patients and carers: an individual patient data meta-snalysis. Cachrane Database at 93ptematic Reviews 2010, Issue S. Art, No.: CD000506. DOI: 10.1020/14651580.CD005066.pub/	Subjective health status and setted et activities of drawlin living "primary," catesh, place of residence, activities of daily living, operanderor, premet health" (including anxiesy and depression), knowledge abod stroke, use of services, satisfaction with services, participation. Outcomes for cares: Subjective health status (including measures of carer attrain); extended activities of daily living, mental health, knowledge about stroke, satisfaction with services
Are vocational and recreational activities better than impairment-based treatments for someone following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Physical therapies				This uncertainty was submitted by clinician This is an indicate uncertainty, and the following questions were included:58.1 Does help with engaging in vocational and recreational activities provide better outcomes than help with imoairments alone?			Turner-Strokes L, Nair A, Sedki I, Disler PB, Wade DT. Multi-disciplinary rehabilitistion to raquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD0004170. DOI: 10.1002/1465188.CD004170. ubi2.(edite d 2011 - no change to conclusions).	services
Can a goal setting approach help recovery after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Physical therapies				This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:34. A Does using a structural goal setting approach improve effectiveness of rehabilitation and efficiency and outcomes following stroke? 36.1 How to do goal setting.			Turmer-Strokes L, Nair A, Sedki I, Dialer PB, Wade DT, Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews 2005, Issue 3. Art. No.: CD004170. DOI: 10.1002/14651858.CD004170.pub2.	Changes in level of impainment and activities (datability, residual symptoms (e.g., pot-traumatic amounts) (TFA), post-consistion symptoms), functional independence including mobility, cognitive functioning, and ability to preform hase equally of the, discharge destination (e.g., home or institution); than the work, social integration or activities, extended activities of daily living (EADL); health-related quality of the discharge destination (e.g., patient and carer mood, and satisfaction with service).
Can a daily routine help stroke prevention?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Physical therapies				This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:92.1 Preventative care in stroke - what is the effect of a very normal daily routine?				Death or poor outcome (deterrorision, dependency; institutionalisation), change in ability to perform antivisities of daily injury ("primary advocmes), a in extended sativities of daily intry (EADL), subjective health status or quality of the plantent and criteria mood: ne advisition to hospital and days spent in hospital, and patient and carer satisfaction with services
Can a neuro-vision technology package improve functional ability and quality of life after stroke?	clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Devices				by clinician This is an indicative uncertainty, and the following questions were included:34.2 Does a neuro-vision technology rehabilitation package improve functional ability and quality of life for people with stroke in the longer term?	rehabilitation for spatial neglect following stroke. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.:			Functional disability, activities of daily living ("primary outcome): performance on standardised neight assessments: target cancellation (neight elect, ouble letter, duble letter, du
Can admission of pacple to hospital with suspected stroke prevent or reduce subsequent stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Service delivery				This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included C21. Why is there not a unit to insupported a twister 1 am tot is had had reatment when my symptoms fras appeared may have avoided a stroke allogable to ut almost certainty months hospitalisation and full the carety for 18 months thereafter. (contd)		Ferri M. Sacchetti M. De Luca A. Toni D. Gabriele S. Gallo V. Guasticchi G. Pre-hospial emergency pathways for popely evi- ntergency pathways for popely evi- converse 2006 used of Systematics Courses 2006 used of Systematics CO005611. DOI: 10.1002/14651858.CD005611.		Proportion of patients with stroke admitted directly to stroke units rather than non- specialised units

Can Adult Education improve stroke aquired literacy/numeracy problems following a stroke?	patients' questions	No relevant systematic reviews identified		1	Education and training						This uncertainty was submitted y patient group This is an ndicative uncertainty, and the ollowing questions were notuded:94.87 Potential role of vdult Education in helping with ttroke-aquired iteracy/numeracy problems.			Change in improve stroke aquied literacy/numeracy problems, adverse effects or complications, and cost
reduce central post stroke pain?	Uncertaintise identified from patients' questions	No relevant systematic reviews identified		1	Complementa ry therapies						This uncertainty was submitted up patient This is an indicative uncertainty, and the following uestions were included:104.1 fave any alternative therapies even proven to help central usin syndrome following troke?			Al tests 50% pain reduction: proportion below 30100 mm (no wone than mild pain): pailer (dobal impression; functioning, adverse event (AE) withdrawal; serious AE; death
Can arts-based interventions and art therapy improve recovery after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	8	Psychological therapy	Physical therapies					This uncertainty was submitted y1 clinician. I researcher This an indicative uncertainty, and he following questions were included:10.1 Can people with troke from art therapy? (in any vay) 44.3 Can arts-based nterventions help people think ibout/plan their life following a troke?		Brad J, Magee WL, Diko C, Wheeler BL, McGilloway E, Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No: CD006787. DOI: 10.1002/14651858.CD006787.pub2.	Ohange in galt, upper externity function, communication, mood and ennotions, social skills, gan, behavioural adcornes, activities of daily living and adverse events or complications
Improve wakking, independence and quality of life after stroke?	Uncertainties identified from clinicians' questions	systematic reviews are not up-to-date	Any age		Exercise	training t	thysical verapies				The uncertainty was submitted variations This is an indicative necetariary, and the following usations were included 78.2 Does metroome therapy help myrow walking listancefordependence/OC. In asterne with posterior includeny signs gataxia. I hink it stoud be trailed with a listanceford gataxia gataxia. I hink it stoud be trailed with a anticularly the elderly to messes their focus and nobility.		Bardip-Goddiet BE, Stevenson TJ, Poluha W, Mellar M, Taback SP, Forcion Jaldom Heebback for standing balance training after article. Cochrane Database of Systematic Reviews 2004, Issue 4. Art No: CD004120, No: CD004129, pub2.	Change in waiking independence and quality of life, adverse effects or complications, and cost
Can bladder training help continence problems following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	t t	Education and training	Physical therapies					This uncertainty was submitted y researcher This is an indicative uncertainty, and the ollowing questions were included:45.1 Continence after troke and bladder scanning.		Learthey M, Suton CJ, Walkins C. Treatment of urinary incontinence after stroke in adults. Cochrane Database of Systematic Reviews 2008, Issue 1. Art. No.: CD004462. DOI: 10.1002/14651858.CD004462.pub3	Change in incontinence (number of participants regaring continence number of incontinent episode one 2/3 hours, severity of incontinence, and perception of (nprinary outcomes); pad tests of quartified leakage, vulame of urine loss, total and mean number of pads used; symptomic socies or participant. Carer report of other urinary symptoms including frequency, upperod, dystain, polyatin, noturita, usiding outst, udvineum, udvignamic nearust, heath states or measures of psychological heath, hinpact of incontinence, functional ability, honoledge, indirecting, and the dysta desting measures. In the states or measures adiataction, quality of the, and economic uccomes timped or continence periodised psychological heath, hinpact of incontinence, functional ability, honoledge,
(volunteers) improve quality of life after stroke?		reviews identified	Any age	8	Education and training	Physical \$ therapies	iocial care F	sychological lerapy			This uncertainty was submitted y clinician group This is an dicative uncertainty, and the ollowing questions were included: 97.9 Evaluation of uddy systems (volunteers) to mprove quality of life?		Elis G. Mart J. Langhore P. Dennis M. Winner S. Strucke laston workers for stroke patients and caters: an individual patient data meta-analysis. Contrane Database of Systematic Reviews 2010, 10:00274651656. CD000666. DOI: 10:00274651656. CD000666. DOI: 10:00274651666. CD01 Systematic Reviews 2012, Isaue 5. Art. No: CD000452. DOI: 10:002746516862. CD0035. oub.3.	Interventions on cold or service use Change in subject health status, extended activities of daily living ("primary); dealth, place of residence, dependency, mental health (including anxiety and depression), knowledge about stroke, use of services, satisfaction with services, participation
	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	đ	Psychological therapy						This uncertainty was submitted y patient This is an indicative incertainty, and the following guestions were included:42.5 What is the effect of CBT on ttaining goals?		Chung CSY, Pollock A, Campbell T, Durward BR, Hagen S, Cognitive rehabilitation for executive dysfunction in addits with stroke or other adult non- progressive acquired brain damage. Cochrane Database of Systematic Reviews 2013, Issue 4, Art. No.: CD008391. DOI: 10.1002/1465.1586.CD008391.oub.2.	Change in global executive turction (primary outcome); functional ability in additives of ability (mg (ADL), functional tability in exected ADL, participation in vocational activities, quality of life and social isolation, adverse events and death
therapy (CBT) help recovery of speech following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		1	Psychological therapy						This uncertainty was submitted by patient group This is an ndicative uncertainty, and the ollowing questions were ncluded:67.9 What is the effect of Cognitive Behavioural Therapy on recovering speech?			Change in functional communication ("primary): change in communication ability, overal level of every of phasias, poychoccal impact ("protect on psychological or social web-being including depression, anviely and distress), patient satisfaction with intervention, number of disposts gar yeason), compliance with allocated interventions, economic outcomes (costs to the patient, carers, families, heath service and society), and carer and family satisfaction; change in overall functional status
Can counselling help couples address relationship difficulties after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	2	Psychological therapy	Social care					This uncertainty was submitted y patient group This is an andicative uncertainty, and the ollowing questions were included:71.6 What are the renefits of counselling for souples to help deal with the hanges in relationships after troke?		Satter K, Foley N, Teasell R. Social support interventions and mood status post stroke: a review. International Journa of Nursing Studies 2010 47(5):616-625	Change in symptoms, adverse effects or complications, and costs
depression following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age	1	Psychological therapy						This uncertainty was submitted y carer This is an indicative uncertainty, and the following juestions were included: 105, 13 fow can counselling help to fow can counselling help to revent depression after troke?	Elle G. Mare J. Largherne P. Denris M. Winner S. Stocke liaison workers for stroke patients and corres: an individual patient data meta-analysis. Cochrane Database of Systemic Reviews 2010. Issue S. Art. No.: Cocossies. Doc. Cocossies. Doc. 10. 1002/v4551865. CD005066 pu 02.	J. Interventions for treating depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD003437. DOI: 10.1002/14651858.CD003437.pub3	Change in depression: adverse effects or complications, and cost
Can early psychological support increasing confidence and awareness of choices following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age		Psychological therapy						This uncertainty was submitted y patient group This is an indicative uncertainty, and the ollowing questions were netuded:94.21 How to ensure satients get psychological upport at an early stage to increase confidence and wareness of choices.		Ellis G, Mart J, Langhorne P, Dennis M, Wirner S. Stoke laiston workness for stroke patients and carers: an individual patient data meta-analysis. Cochrane Database of Systematic Reviews 2010, Ilsau E. S. H. No. : CD00506B. DOI: 10.1002/14651858.CD005068.pub2.	Change in subjective health statute, extended admitted of daily living ("primary); death, place of readence, dependency, markin statute) depression), knowledge about stroke, use of services, satisfaction with services, participation

Can electrical stimulation	Uncertainties identified from	Existing relevant	Any age	Exercise	Physical	Devices					Tris uncertainty was submitted Price CIM, Pandyan AD. Electrical Change in recovery of arm use and function; adverse effects	is or complications and
improve arm function	clinicians' questions	systematic reviews are			therapies						by clinician This is an indicative structure of the struc	
following a stroke?		not up-to-date									questions were included:92.3 Database of Systematic Reviews 2000,	
											Elecrical upper arm stimulation   Issue 4. Art. No.: CD001688. DOI: post-stroke, evaluating the   10.1002/4651885. CD001688.	
Can electrofacial stimulation	Uncertainties identified from	No relevant systematic		Physical	Devices						effectiveness.	-Feellers and costs
improve facial muscle	clinicians' questions	reviews identified	Any age	therapies	Devices						by clinician This is an indicative	plications, and costs
weakness after stroke?											uncertainty, and the following ouestions were included:64,1	
											Electroducial stimulation - what is the evidence for	
											effectiveness, timing of	
											Intervention, duration of Intervention and which muscles	
											is it most effective with?	
Can emotional support	Uncertainties identified from	No relevant systematic	Any age	Psychological	Social care						This uncertainty was submitted Change in self-management and self-help: adverse effects o	or complications, and
improve ability for self-help following a stroke?	patients' questions	reviews identified		therapy							by patient group This is an cost indicative uncertainty, and the cost	
											following questions wee included 34 44 care enrollonal	
											support after stroke increase	
											ability for self-help?	
	Uncertainties identified from dinicians' questions	Existing relevant systematic reviews are	Any age	Physical therapies	Psychological therapy						This uncertainty was submitted data with the state of the	mary outcome);
ballounies and shore.	cimiciana questiona	not up-to-date		inclupico	ununupy						uncertainty, and the following stroke. Cochrane Database of Systematic	
											guestions were included:49 Reviews 2007, Issue 3. Art. No. Does imageny work to improve CD00233. DOI:	
											recovery after stroke? 10.1002/14651858.CD002293.pub2.	
Can information technology	Uncertainties identified from	No relevant systematic	Any age	Education and	d Devices						This uncertainty was submitted Change in self-management and self-help: adverse effects o	or complications, and
(IT) improve information given about preventative lifestyles?	patients' questions	reviews identified		training							by patient group This is an cost indicative uncertainty, and the cost	
		1		1							following questions were included:94.16 Investigate use	
											of IT to improve communication	
											about evidence' guidance on preventive litestyles.	
Can leg splints improve	Uncertainties identified from	Reliable up-to-date		Exercise	Physical	Devices					This uncertainty was submitted Katalinic OM, Harvey LA, Herbert Change in balance and walking: adverse effects or complica	
balance and walking after	clinicians' questions	systematic reviews	Any age	Exercise	therapies	Devices					by 2 patient group; 3 clinician RD, Moseley AM, Lannin NA,	atoris, and cost
stroke?		have revealed important continuing									This is an indicative uncertainty. Schurr K. Stretch for the and the following questions I treatment and prevention of	
		uncertainties about									were included:8.2 Does contractures. Cochrane Database	
		treatment effects									wearing an AFO contribute to of Systematic Reviews 2010, Increased Ione, associated Issue 9. Art. No.: CD07455, DOI:	
											reactions eg. Flexor withdrawal 10.1002/14851858.CD007455.pu	
											at therefore pain. 1.1 Should all b2. patients given AFOS for gait, be	
											Isaught call's stretches routinely? And who should be doing this?	
											Orthotists or PTs? 60.3 Do	
											splins (leg) cause damage? 60.4 Can shoes to wear with	
											60.4 Can shoes to wear with splints be made more comtotable and sight? 78.1 In	
											controttable and light? /8.1 in patients with no gastric contracture do figid AFO's (+/-	
											contracture do figid AFOS (+/- heel wedging) produce better	
											results than non-rigid AFO's (+/-	
											) heel wedging)? I'm convinced It does but this is not standard	
											practice in the NHS by	
											orthötist and i think you would be hard pushed to find literature	
											that has proven this built could help us physicy controllats	
											change our practice by knowing	
											for certain.	
Can music or art therapy help	Incortainting identified from	No relevant systematic	Any age	Physical	Psychological						This unantifield under scheduled Booth 1 Mana MI, Dita C	communication obility
people with aphasia following	clinicians' questions	No relevant systematic reviews identified	vany aye	therapies	therapy						This uncertainty was submitted Bradt J, Magee WL, Dileo C, by clinician This is an indicative Wheeler BL, McGilloway E, Music overall level of severity of aphasia; psychosocial impact ; (im	mpact on psychological
stroke?		1		1							uncertainty, and the following therapy for acquired brain injury. or social well-being including depression, anxiety and distree questions were included:7.1 Cochrane Database of with intervention, number of dropouts (any reason), compliant	ess), patient satisfaction ance with allocated
		1		1							How can music therapy / art Systematic Reviews 2010, Issue intervention; economic outcomes (costs to the patient, carers	rs, families, health
		1		1							language therapy help 10.1002/14651858.CD006787.pu status	ige in overall functional
		1		1							noderate-severely aphasic b2. oatlents?	
	Uncertainties identified from	Reliable up-to-date	Any age	Physical	Psychological						This uncertainty was submitted Bradt J, Magee WL, Dileo C, Change in gait, upper extremity function, communication, mo	nood and emotions,
recovery after stroke?				therapies	therapy						uncertainty, and the following therapy for acquired brain injury. events or complications	irving and adverse
	carers' questions	systematic reviews have revealed						1	1	1 1	questions were included:105.1 Cochrane Database of	
		have revealed important continuing										
		have revealed									with recovery after stroke? 7. Art. No.: CD006787. DOI:	
		have revealed important continuing uncertainties about									How can musc therapy hep (Systematic Reviews 2010, Issue) with recovery after stroke? 7. Art. No.: COD067787, DOI: 10.1002/4651658.CD006787.pu b2.	
Can non-drug treatmente	carers' questions	have revealed important continuing uncertainties about treatment effects	Anviane	Fxercise	Education and	Psychological	Physical				with recovery after stroke? 7, A.N. CD0005787, DOI: 10.1002/14651168.CD006787.Pu b2.	ective measuremente
improve insomnia after		have revealed important continuing uncertainties about treatment effects Reliable up-to-date systematic reviews	Any age	 Exercise	Education and training	Psychological therapy	Physical therapies				with recovery after strake? 7, A.N. 0: CD006787, DOI: 10.1002/14951583.CD006787 pu b2 This uncertainty was submitted Onexh DicL, Yaung WF, Ohing bic valider droug: This submitted Dick DicL, Yaung WF, Ohing bic valider droug: This submitted Dick DicL, Yaung WF, Ohing bic valider droug: This submitted Dick DicL, Yaung WF, Ohing bic valider droug: This submitted Dick DicL, Yaung WF, Ohing bic valider droug: This submitted Dick DicL, Yaung WF, Ohing bic valider droug: This submitted Dick DicL, Yaung WF, Ohing Dick Dick DicL, Yaung WF, Ohing bic valider droug: This submitted Dick Dick DicL, Yaung WF, Ohing bic valider droug: This submitted Dick Dick DicL, Yaung WF, Ohing bic valider droug: This submitted Dick Dick Dick Dick Dick Dick Dick Dick	araphy, sleep onset
Can non-drug treatments improve insomnia after stroke?	carers' questions	have revealed important continuing uncertainties about treatment effects Reliable up-to-date systematic reviews have revealed	Any age	 Exercise			Physical therapies				with recovery after stroke? 7, A.H. No. CDD00787 p.D0 10102/145/583.CD00787 p.D 2 This unortainity was automated by desp dary or other ship by patient group. This is an KF. Wong V. Acquirature for indicative unortainity, and the ship between Bababase of the patient group. The patient	graphy, sleep onset ep onset (WASO),
improve insomnia after	carers' questions	have revealed important continuing uncertainties about treatment effects Reliable up-to-date systematic reviews have revealed important continuing uncertainties about	Any age	Exercise			Physical therapies				with recovery after stroke?         7, An. No. CDD00787. DOI: 10.1002/14651683. CDD00787. pu b2.         7           This uncertainty was submitted         Check DLIV, Yeung WF, Chung by patient group This is an indicative uncertainty, and the forwards of grain Dunnees.         Sileep parameters, as measured by sleep diary or other object indicative uncertainty was submitted.           KY, Worg V, Angunutume for indicative uncertainty and the forwards of grain Dunnees.         KY, Worg V, Angunutume for indicative uncertainty and the forwards of grain Dunnees.         Sileep parameters, as measured by sleep diary or other object indicative uncertainty and the forwards of grain Dunnees.	graphy, sleep onset ep onset (WASO), st), sleep efficiency
improve insomnia after	carers' questions	have revealed important continuing uncertainties about treatment effects Reliable up-to-date systematic reviews have revealed important continuing	Any age	Exercise			Physical therapies				with recovery after stroke?         7, An. N. CD000787. DOI: 10.1002/1465185.CD006787.pu b2.         7, M. N. CD000787. DOI: 10.1002/1465185.CD006787.pu b2.           This uncertainty was submitted         Check DLV, Yeung WF, Chung KY, Worg V, Acquirules for indicative uncertainty, and the following systems is thereas 2012, Issue following systems to headed to following systems to headed to headed to following systems to headed to following syste	graphy, sleep onset ep onset (WASO), st), sleep efficiency
improve insomnia after	carers' questions	have revealed important continuing uncertainties about treatment effects Reliable up-to-date systematic reviews have revealed important continuing uncertainties about	Any age	 Exercise			Physical therapies				with recovery after sinder?         7, A.H. N.: CD000787; DOI: 11.0027455285.CD00787.pv         2           This uncertainty was unbinded by patient group This is an includity uncertainty, and the company of the single sin	graphy, sleep onset ep onset (WASO), st), sleep efficiency
improve insomnia after stroke?	carens' questions	häve revealed important continuing uncertainties about treatment effects systematic reviews have revealed uncertainties about treatment effects					Physical therapies				with recovery after sinder?         7,4.N. 0: CD000787 ; D00: 11002/1461583.CD005787 ; D01: bit sinder directly was atomic and the sinder directly andiffered directly and the sinder directly and the sinder directly	graphy, sleep onset ep onset (WASO), st), sleep efficiency
improve insomnia after stroke? Can nurses assess swallowing in patients after	carers' questions	have revealed important continuing uncertainties about treatment effects Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects Existing relevant systematic reviews are	Any age	Exercise			Physical therapies				with recovery after stroke?         7, A.N. 0.2006/787, DOI: 101002/787, DOI: 10002/787, DOI:	graphy, sleep onset ep onset (WASO), st), sleep efficiency
improve insomnia after stroke? Can nurses assess	carers' questions Uncertainties identified from patients' questions Uncertainties identified from	have revealed important continuing uncertainties about treatment effects Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects Existing relevant					Physical therapies				with recovery after sinder?         7,4.N. 0.2000/0787 p.0/c.           This uncertainty was unbined for sub-DRL (Awang WF, Chang WF, Chan	graphy, sleep onset ep onset (WASO), st), sleep efficiency
improve insomnia after stroke? Can nurses assess swallowing in patients after	carers' questions Uncertainties identified from patients' questions Uncertainties identified from	have revealed important continuing uncertainties about treatment effects Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects Existing relevant systematic reviews are					Physical therapies				with recovery after stroke?         7,4.N. 0.2006/787_D01           This uncertainty uses lamited         7,4.N. 0.2006/787_D01           This uncertainty uses lamited         10,002/458 USE,0006/78 put           This uncertainty uses lamited         Check DEL, Yang WF, Chang KF, Wong V, Acquincture for elements           by patient group This is an following qualities were included 28.3 Chin moma todowing qualities were included 28.3 Chin moma todowing qualities were included 29.4 Chans 3000-1000 (and the strain strain quality of the strain todowing qualities were included 28.3 Chines 3000-1000 (and the strain quality of the strain todowing qualities were included 28.3 Chines 3000-1000 (and the strain quality of the strain todowing qualities were included 28.3 Chines 3000-1000 (and the strain quality of the strain todowing quality of the strain todowing qualities were included and the straing quality of the strain todowing quality of the	graphy, sleep onset ep onset (WASO), st), sleep efficiency
improve insomnia after stroke? Can nurses assess swallowing in patients after	carers' questions Uncertainties identified from patients' questions Uncertainties identified from	have revealed important continuing uncertainties about treatment effects Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects Existing relevant systematic reviews are					Physical therapies				with recovery after stroke?         7, A.N. 0.2006/787, DOI: 10102/145500000787 public           This uncertainty was submitted by patient group This is an indicative uncertainty, and the submitted indicated 233.2 Gain incomia following the be trained effectively without metacation?         Desc Dist, Varya WF, Chung KF, Wong V, Acquiritute for incoming the between included 233.2 Gain incomia following table be trained effectively without metacation?         Skeep parameters, as measured by skeep dary or other obje such as adjraphy, electroencephilography or polynomous incoming. Church Database of incoming tables are able to be stroked as a stroke the strake effectively without metacation?         Skeep parameters, as measured by skeep dary or other obje such as adjraphy, electroencephilography or polynomous incoming. Church Database of incoming. Church Database incoming. Church Database of incoming. Church Database of incoming. Church Database of incoming. Church Database of incoming. Church Database incoming. Church Database of incoming. Church	graphy, sleep onset ep onset (WASO), st), sleep efficiency

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Can nurses decide whether and when to insert a nasogastric (feeding) tube for people following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Service delivery							This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.13 When should it be the nurses' decision to pass NG tubes and how can nurses be best guided in their decision making?			Provision of services for services for dysphagia: Impact on patient outcomes for dysphagia; adverse effects or complications; and cost
prevent depression following a stroke?		Existing relevant systematic reviews are not up-to-date	Any age	Drug	Psychological therapy						This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.8 How can nurses prevent the complication of deoression? This uncertainty was submitted		Smith J, Forster A, House A, Knapp P, Wright JJ, Young J. Information provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2008, Issue 2. Art. No.: CD001919. DOI: 10.1002/14651858.CD001919.pub2.	Change in depression: adverse effects or complications, and cost
	Uncertainties identified from dinicians' questions	No relevant systematic reviews identified	Any age	Exercise	Physical therapies						by clinician This is an indicative uncertainty, and the following questions were included:36.2 What are the psychological benefits of physiotherapy?			Change in moods: adverse effects or complications, and cost
help improve communication problems following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age	Physical therapies							This uncertainty was submitted by carer This is an indicative uncertainty, and the following questions were included:25.3 Listeing to music is known to improve stroke language problems. What is the effect of playing an instrument?	Wheeler BL, McGilloway E. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue 7. Art. No.: CD006787. DOI:		Charge in functional communication ("primary): charge in communication ability, charge in each developed of pathasis, psychostical impact (impact charge) can applicability or social web-being including depression, anweby and distretes), patient satisfication intervention, market of disposal (any stress), comparise are with allocated intervention; eaco como: outcomes (costs to the patient; cares, familiae, heath service and occiety), and care and family assistation; charge in overall functional titute
help increase participation in physical activity after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Exercise	Psychological therapy						This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:3.2 is there evidence of increased participation in physical activity among those who have had psychological support after stroke?		Saunders DH, Greig CA, Mead GE, Young A, Physical Ilmeas training for stroke patients. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No.: CD003316. DOI: 10.1002/14651858.CD003316.pub3.	Change in desh nete, dependence, and disability (primary outcomes); change in physical linest, molity, physical function, quality of life, mood, and incidence of adverse events or complications.
Can screening programmes reduce the risk of subsequent stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Diagnostic							This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.12 Investigate improved screening programmes to identify those at risk of secondary strokes.		Johansson T, Wild C, Telemedicine in acute stroke management: systematic review. International Journal of Technology Assessment in Health Care 2010 26(2):149-155	Incidence and prevalence of subsequent stroke
pressure help stroke prevention?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Physical therapies	Devices						This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:55.5 Self monitoring of blood pressure would be a good idea I think.			Incidence of stroke; change in symptoms; adverse effects or complications; and costs
Can supported communication training for carers of someoen following a stroke help prevent relationship breakdown?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Mixed or complex	Education and training	Physical therapies	Psychological Social therapy	Service delivery			This uncertainty was submitted by clinician This is an indicated uncertainty, and the following uncertainty, and the following uncertainty, and the following training the person's main carer in supported communication help to prevent relationship breakdown? Should we be offering to train more social contacts to enable the maintenance of relationships?			Relationship between patient and carer, adverse effects or complications, and costs
Can talking books help people relearn social skills after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Physical therapies	Social care						This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:29.5 Talking books to be used more in trying to relearn social skills.			Change in social skills: adverse effects or complications; and costs
improving outcome after stroke?	Uncertainties identified in research recommendations	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any sge	Physical therapies							by guidellines This is an indicative uncertainty, and the foldwing questions were included:98.6 Therapeutic positioning.	Scottish Intercollegiate Guidelines Network (SIGN), Management of palients with stroke: Rehabilitation, prevention and management of complications, and discharge planning A national circlical guideline. Edinburgh: SIGN; 2010, (SIGN 118), Available form http://www.sign.ac.uk/pdfisgn118 .pdf. Section 4.1.3 Therapeutic positioning.		Change in symptoms, advense effects or complications ; and costs
Can trained volunteers and carers help improve communication after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Mixed or complex	Education and training	Psychological therapy	Physical Social therapies	care Service delivery			by 2 patient groups This is an indicative uncertainty, and the following questions were	10.1002/14651858.CD000425.pu		Functional communication via speake, written or non-web imodalities, or a combination of these adminest, formal measures of necessive largeinge (only, measures) and the speaker of the
Can transcranial magnetic stimulation (TMS) help recovery after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Physical therapies	Devices						by patient This is an indicative uncertainty, and the following questions were included:90.2 Can TMS (trans-cortical	Hao Z, Wang D, Zeng Y, Liu M. Repetitive transcranial magnetic stimulation for improving function after stroke. Cochrane Database of Systematic Reviews 2013. Issue 5. Art. No.: CD008862. DOI: 10.1002/14651858.CD008662.pu b2	Richards LG, Stewart KC, Woodbury ML, Senesac C, Cauraugh JH. Movement- dependent struke recovery: a systematic review and meta-analysis of TMS and MRI evidence. Neuropsychologia 2008 46(1):3-11	Charge in addition of ability hing (primary autometry, motor function: upper link function; lower limb function or speed (pdd) amolor function; adition of and or disability; and other impairment improvement (e.g. visual; perceptual; depression; cognition; etc); and adverse outcomes or complications (e.g. seizure, headache, dizzness, etc)

Can transcranial magnetic stimulation help people with	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Physical therapies	Devices				This uncertainty was submitted by clinician This is an indicative			Change in functional communication (*primary): change in communication ability; overall level of severity of aphasia; psychosocial impact ; (impact on psychological
aphasia following stroke?									uncertainty, and the following questions were include-CSA to there a role for transcranial magnetic stimulation in aphasia therapy and how acceptable is this to patients?			or social well-being including depression, anticley and disress), patient is asstabliction with intervention, marker of droppack any reason), complicate with allocated intervention, economic outcomes (costs to the patient, carera, families, health service and society), and carer and family satisfaction; change in overall functional status
Can treatments arising from social and environmental psychology improve recovery after stroke?	Uncertainties identified from clinicians' quessions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Social care					by clinician This is an indicative De- uncertainty, and the following filias questions were included 58.4 and What information throws account plane and the state of the state of the state of the can we utilize to improve the 200 effectiveness of therapy? CDD effectiveness of therapy?	is G, Mant J, Langhome P, mis M, Winner S. Stroke ison workers for stroke patients of carers: an individual patient fan metia-analysis. Cochrane fabbase of Systematic Reviews Disorder Markowski (2000) 1002/1465188. CD005066.put . Satter K, Foley N, Teasaell R. cioli support interventions and od status post stroke: a <i>iow</i> . International Journal of arraing Sudies 2010 47(5):816-5 5	Smith J, Forster A, House A, Koup P, Wright J, Young J, Morandio provide the characteristic and their categories. Reviews 2008, Issue 2, et Al. No.: CD01919. DOI: 10.1002/1465/1558.CD001919.pub2.	Change in subjective health status, extended activities of daily long ("primary); olearh, pisco of readen, depending, nuclear lahabit (including) andly and participation; Change in health-related quality of life: change in post-stroke depression levels (onset and duration); adverse effects or complications; and cost
Can topper limb splitts improve any nuclean and prevent complications after stroke?	Uncertaintile dentified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Exercise	Physical therapies	Devices			This uncertainty was submitted by 3 circlaises This is an inclicative uncertainty, and the includes and the second second second in good means (RCF). A cohort study would be valuable in displaying 2.1 What is the functional advantage of a hand/write golf - can be the exidence of benefit from use oldenet into grine and the exidence of benefit from use oldenet into grine and the preventing contractures & types of splaying users.		Ada L, Foorghommshew, A, Carwing CD Supportve devices for proventing and treating subJusciton of the shoulder that intervene 2005, Issue J, Art No.: CD003863, DOI: 10.1002/14651958.CD003863, pub2.	Coarge in recovery of arm use and function; adverse effects or complications, and cost i
Can volunteers help the process of information provision following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Education an training	d Psychological therapy	Physical Social ca therapies	re		This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included 54.24 How to reinforce the information-giving process (eg. By use of volunteers.		Forster A, Brown L, Smith J, Houze A, Knapp P, Wright J, Yung J, Hormask provision for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2012, Issue 11. Art. No.: C0001919. DOI: 10.1002/14651858.CD001919.pub3.	Change in knowledge and patients' or career model state (anxiety and depression) to both ("Phinney ucknowledge) and both of addy living, patients and the both ("Phinney ucknowledge) and the phinney and coupling alministors, annive contacts or health professional contacts; compliance with treatment/relabilitation; death or institutionalisation or both; and cost to health and social services.
Do ace inhibitors cause weight gain following stroke?	Uncertainties identified from dinicians' questions	No relevant systematic reviews identified	Any age	Drug					This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:20 Does are inhibitors ie perindopril cause weight gain following stroke (high dose)?			Change in weight
Do commercially available gaming devices (e.g Wii), in addition to routine therapy, improve exercise and mobility after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Exercise	Physical therapies	Devices			This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included 34.4 (21% có virtual games help reinforce therapy? Can use of games console increase exercise/mobility?			Change in mobility after exercise and amount of exercise
Do communication aids and software packages improve communication in paleins and the software package encket?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Arry age	Education an Varing	d Physical therapies	Devices			This uncertainty was submitted by 2 patient groups, 1 patient, 1 chickian This ian indicate questions were included.5.3 Are software packages sub- packages and the software of the patient of the software of the communication and all terms with the software of the software of the software of the software of the software of the software of the software of the software with the software of the softwar			Change in functional communication ("primary): change in communication ability, overall level of exercise of the second second second second second second or social web-being including depression, anxiety and distribution, justice statistication intervention, economic outcomes (costs) the patient, carest, patient statistication service and society), and carer and family satisfaction; change in overall functional status
Do prisms improve visual field loss after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Devices					This uncertainty was submitted Boy by clinician This is an indicative Lin uncertainty, and the following reh- questions were included.83.1 follo Do yoke incorporated prisms or Dat Pelli prisms really help stroke 200 prisents with beneforchoic viewal CDD	wen A, Hazelton C, Pollock A, nocln NB. Cognitive habilitation for spatial neglect lowing stroke. Cochrane ttabase of Systematic Reviews 13, Issue 7. Art. No.: 3003568. DOI: 1002/14651858.CD003588.pu		Fructional disability, activities of alsy living ("primary auconnes); performance on standardised neighbor, disability accordination (single line), double letter, double

Do slowing down, providing written material, allowing time for questions and using conversation partners help improve communication with people with aphasia following stroke?	patients' questions	No relevant systematic reviews identified		Physical therapies						This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.113 People with aphasia: slow down, do better literature, allow time for questions, use 'conversation partners'.	Brady MC, Kelly H, Godwin J, Enderby PS, Spech and Ianguage Interprive a schedule Stationing Systematic Review 2012, Stoce S, AR, No.: CD000425; D0I: 10.100274651888.CD000425; pu b3.		Change in functional communication ("primary): change in communication ability, overall fevel of acress the second
Do social communication groups improve confidence in people with communication problems after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Education and training	Physical therapies					This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:22 Do social communication groups (ie not therapy) improve communication confidence for individuals with communication support needs?			Change in confidence: adverse effects or complications; and costs
Do thickened fluids cause dehydration after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Diet						This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:11.3 Do thickened fluids lead to pt dehydration	Geeganage C. Barson J. Electrical Stat May Service State State State Networks State State State State State State Database of Systematic Reviews 2012, Issue 10. Art No. : CD003232, DOI: D000101106700000032.pu 2012. State 10. Art No. :		Dehydration; adverse effects or complications, and costs
Does a day diary to record activities etc., completed by visitors, help people with communication problems share what has been happening for people with stroke?	Uncertaintiles identified from patients' questions	No relevant systematic reviews identified	Any age	Education and training	Physical therapies	Devices				This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were include:34.61 Investigate the use of a 'day diary recording activities etc. to be completed by visitors to help people with communication problems to share what has been happening.			Change in communication problems: adverse effects or complications, and costs
Does acupuncture help central pain or provide a holistic well- being effect for peoplel following a stroke?		Existing relevant systematic reviews are not up-to-date	Any age	Complementa ry therapies	Physical therapies					This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:8.1 Is there any evidence that accupuncture is effective in stroke care a) after central pain b) a holistic 'well-being' effect.		Wu HM, Tang JL, Lin XP, Lau JTF, Leung PC, Woo J, Li Y. Acupuncture for stroke rehabilitator. Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD004/31. DOI: 10.1002/14651858.CD004131.pub2.	Al tests 30% pain reduction: proportion below 30100 mm (no worse than mid pain); pailerin global impression; functioning; adverse event (AE) withdrawal; serious AE; death
following a stroke?	patients' questions	No relevant systematic reviews identified		Drug						This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.38 Botox: does it really improve function (eg. Easier to dress, do things for vourself!?			Change in function of activities of daily living
Does direct access to a multidisciplinary team (MDT) by stroke patients in the community improve recovery?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Service delivery						This uncertainty was submitted by 2 clinician This is an indicastive uncertainty, and the following questions were included:38.4 Does direct access by post-stroke patients to an MDT work? 38.41 Does direct access via a GP to an MDT work?		Outpatient Service Trialists. Therapy- based rehabilitation services for stroke patients at home. Cochrane Database of Systematic Reviews 2003, Issue 1. Art. No. CD002255. DOI: 10.1002/14651858.CD002325.	Death or a poor outcome (deterioration, dependency, initiatutionalisation), dependent, requiring initiatuloai care, real formance in presonal activises of daily living (deeng, dressing, bahing, suiketing, simple mobility and transfers) Primary outcomes: subjective bealth status[utual] of lile, patient mode, carer quality of lile and mood, and patient and carer satisfaction with services
Does exercise improve mood after stroke?	clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Exercise						This uncertainty was submitted by clinician This is an indicately uncertainty, and the following questions were included:3.1 Is there clear evidence of a direct link between mood & participation in exercise after stroke?		Saunders DH, Greig CA, Meed CE, Young A, Physical finness training for stroke patients. Cochrane Database of Systematic Reviews 2009, Issue 4, Art No.: CD00316. DOI: 10.1002/1465188.20003316.pub3 Yeh GY, Wang C, Wayne PM, Philips R. Tai chi exercise for guartents with cardiovascular conditions and risk factors: a systematic review. Journal of Cardioputmonary Rehabilitation and Pereention 2002 92(3):152-100	Change in death rates, dependence, and disability (primary outcomes); change in physical filmes, minicip, physical function, quality of life, mood, and incidence of adverte events or complications
stmulation improve outcome after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age	Exercise	Physical therapies	Devices				This uncertainty was submitted by patient group This is an indicative uncertainty, and the included 24.37 Benefatablest minutand 24.		Price CIA Pandyan AD. Electroll simulation for preventing and tealing posi-stopic shoulder gale. Contrante. Base A. Art No. COD168B. DOI: 10.1027/4551583.CDD0168B. Methical V. Werner C. Kugle J. Arbit M. Electronecharical-assisted training base of Systematic Revents 2007. Issue A. Art No.: CD005165. DOI: 10.1027/451856.CDD01615.guld. Pomenty VM. Kng LIA. Paloko A. Bally- Electrostamization to promoting recovery of movement or functional asling after strake. Cortanne Database of Systematic Revents 2005. Iss. 2. Art. No: 10.1027/451856.CDD01615.guld. Pomenty Oli. 2007. Issue J. Art. No: 10.1027/451856.CDD01615.guld. Pomenty Oli. 2. Art. No: 10.1027/451856.CDD01615.guld. Pomenty Oli. 2. Art. No:	Change in symptoms: adverse effects or complications, and cost
Does high morale within the stroke team service improve stroke recovery?	Uncertainties identified from dinicians' questions	No relevant systematic reviews identified	Any age	Service delivery						This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:94 What is the level of morale within the stroke team service & does this impact on patient care?			Change in symptoms, adverse effects or complications, and costs

		I	1.		1		-		1				
Does hydrotherapy improve physical finess, mood, fatigue and spasticity for people following a stroke?	clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Exercise	Physical therapies					by researcher This is an indicative uncertainty, and the following questions were included: 10.2 What are the effectis of hydrotherapy on physical finess, mood, fatigue and spasticity?	Methnolz J, Kugler J, Pohl M. Water-based exercises for improving activities of daily living after stroke. Cochrane Database of Systematic Reviews 2011, Issue I. Art. No.: CD008166. DOI: 10.1002/14651858.CD008186.pu b2.		Change in filmess; mood and spassicity
Does interestive physiotherapy (e.g. stroking/moving limbs- maybe using volunteers) early after stroke help recovery?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age	Physical therapies	Service delivery					This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included 54.2 Can the value of intensive physiotherapy (eg. Stroking/moving limbs - maybe using volunteers) from earliest days in hospital be demonstrated?		Lk. Very early versus delayed mobilisation after stroke. Corbrane Database of Systematic Reviews 2005, 15 10 (2014) (1985) (1985) (2016) (2014) Cooke EV, Taill RC, Clark A, Pomeroy VM, 2014 June, Ellicacy of functional strength training on restoration of lower- limb motic function and yather stroke: phase I randomized controlled trial. Neurone admissional control et al.	Death or a poor outcome (number of patients who died or nematined dependent or admission to institutional care (primary outcomes), performance in activities of daily living or in extended activities of daily living, health status/quality of tite, and patient mood
(General Practitioner) during stroke admission help improve medium and long term outcomes?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Service delivery						This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:38.1 Does involving the GP during a stroke admission (e.g via a teleconference about the patient) improve medium and long term outcomes?		Mitchell GK, Boron RM, Eriksson L, Tienen JJ, Middiscipiering are planning in the primary care management of completed stokks a systematic review. BMC Family Practice 2008 5:44	Change in symptoms, adverse effects or complications, and costs
Does outdoor walking (in groups) improve physical filness, mood and fatigue after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified		Physical therapies						This uncertainty was submitted by researcher This is an indicasive uncertainty, and the following questions were included:10.3 What are the effectos of outdoor walking (in groups) on physical fitness, mood, fatigue in stroke?			Change in physical filmess, mood, and fatigue, adverse effects or complications, and costs
reduce risk of stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Exercise	Drug	Education and Devices training	Physical therapies	Complementary therapies		This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included: 100.13 There should be more research into the link between stress and stroke.		Dickinson HO, Benjer FR, Ford GA, Nicolan D, Campelle F, Cock JV, Mano J, Relaxation therapies for the management of primary hypotentistici adduts. Cochrane Database of Systematic Reviews 2008, Bisus J, Art. No.: C00049355. Doi: 10.1002/14651888.C0004355.pub2.	Death from all causes, contrary heart disease event (Idaio r on-hats myocardia) instration, excluding heart laiture and l'opsoble angina; creationsound events (Idai or non-hats storkes, excluding transiert ischaemic attacks il possible); change in systolic and disatolic blood pressure
adverse effect on cognitive abilities?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Drug						This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:42.3 Does thrombolysis worsen my cognitive abilities?			Change in thrombolysis; adverse effects or complications, and cost
improving movement during rehabiliation exercises following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Exercise	Physical therapies					This uncertainty was submitted by researcher This is an indicative uncertainty, and the following questions were included:85.1 Would it benefit stroke survivors to see how they move during rehabilitation exercises?	y	Barcing-Goddurd RE, Stevenson TJ, Poluha W, Mottal M, Taback SP, Force platorm feestback for standing basince training after strate. Contrase Database of Systematic Reviews 2004, Issue 4. Art. No: CD004123. DOI: 10.1002/14651858.CD004123.pub2.	Change in movement
Has the FAST (Face-Arm- Speech-Time to cali) campaign improved stroke management?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Education and training						This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:37.6 Has the FAST campaign been effective in dealing with stroke?		Scotta h terecologida Guidelines Network (SCIA), Management of patients management of complications, and discharge planning Ancatora (Hina) guideline. Editoration SCIA: 2010. (SCIA discharge planning Ancatora (Hina) guideline. Editoration (SCIA: 2010.) (SCIA) Holp Johne wight acut Application 11 pdf Section 3.1 Refarmed to storbe services. All patients flood in decisie fortunationeg planting acut acut acut acut acut acut acut planting acut acut acut acut acut acut planting acut acut acut acut acut acut acut planting acut acut acut acut acut acut acut planting acut acut acut acut acut acut acut acut	Time to treatment, change in symptoms, adverse effects or complications, and costs
Strategy impacted on the provision of services for patients with dysphagia?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Service delivery						This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included: 120 what is the provision of 0.5 which be util for the treatment within the LIK for the treatment of long-term dysphagia from hospital? Has this changed since the launch of the National Stroke strategy?			Provision of services for services for dysphagia: Impact on patient outcomes for dysphagia; adverse effects or complications; and cost
Has the National Stroke Strategy impacted on the provision of services for patients with long term communication problems following stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Service delivery						This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included: 103.1 What is the provision of services (covering access, intensity and duration) available within the UK for the treatment of long-term communication impairments (aphasia, dysarthis, apraxia of speech)following stroke after discharge from hospital? Has this charged stroke strategy?			Change in provision of services; adverse effects or complications, and cost
How can a sense of male identify be restored following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Education and training	Physical therapies	Psychological therapy				This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included: 100.19 Men need mak company but I feel I have lost some of my male identity? How can this be resolved?	,		Change in psychosocial symptome, adverse effects or complications: and cost

How can behaviour changes best be addressed after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Education and training	Psychological therapy						This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:52.2 Changes in behaviour	Hacket ML, Yang M, Anderson CG, Hernoka JJ, House A. Pharmacalcal interventions for Contrant Database of Systematic Reviews 2010, Issue 2, Art No.: COD0360, DOI: 10.1020/4551886.CD003680.pu Io3		Change in management of behaviour; adverse effects or complications, and cost
How can carers be helped to communicate with someone with aphasia following a stroke?	Uncertainties identified from carers' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Mixed or complex	Education and training	Physical therapies	Service delivery	Psychological therapy	Social care		This uncertainty was submitted by carer This is an indicative uncertainty, and the following questions were included:101 How best to deal with trying to understand what the stroke victim is trying to tell you but can't find the right words which is very frustrating for all concernent	Baday MC, Kally H, Gadwin J, Enderly PC, Spechard and Inguage therapy to raphatia following attribute. Cochrane Database of the Control Control of the Control S An Nuc. COD00425. DOI: 10.1002/n4651868.CD000425.pu b3.		Functional communication via spoken, writter or non-verball modalities, or a combination of these charnels, formal measures of necepite engage (oral, written and gestural), expressible language (oral, written and gestural) or overall level of severity of pathosis where necepitar and expressible integrage are measured integration of the several several several several language are measured distress, patient satisfaction, compliance with treatment and economic outcomes, and career and family assistancion
How can computer programmes be used to identify specific patient problems following stroke and strategies to deal with these problems?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Education and training	Devices	Diagnostic	Service delivery				This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.69 Investigate the use of computer programmes to identify specific limitations and strategies to deal with them.			Change in symptoms, adverse effects or complications, and costs
How can memory problems after stroke be improved?	Uncertainties identified from patients' questions	Reliable up-to-date systematic revealed important continuing uncertainties about treatment effects	Any sge	Exercise	Drug	Education and training	Physical therapies	Psychological therapy			This uncertainty was submitted by 3 patients, a patient group. This is an indicative uncertainty and the followed 1.3 Short sem memory problems. 24.1 Cam there be more research carried out into short term meory tass? had we seen on improvement. 31.3 More research into amemory problems. 94.47 Memory loss: how to prevent/deal with it.	T, Durward BR, Hagen S. Cognitive rehabilitation for executive dysfunction in adults with stroke or other adult non- progressive acquired brain damage. Cochrane Database of Sustematic Review.2013 Issue	See Nair R, Lincoln K, Cognitive trabilitation for menory deficits following stroke, Cochrane Database of Systematic Reviews 2007, Issues J, Artt No.: C0002283, Dol: 10.1002/14651888.C0002283,pub2, Jo JAK, Kim M, Ko MH, Chris SH, Joans B, Lee Stroke patients study EDS3, American Journal of Physical Medicine and Rehabilitation. 2008 (MSR)5140-9, doi: 10.1097/PHM.0b01363181a0e4cb	Change in memory, adverse effects or complications, and cost
How can nurses help prevent urinary incontinence following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Education and training	Physical therapies	Psychological therapy					This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were include:53.6 How can nurses prevent the complication of urinary incontinence?		Thomas LH, Croas S, Barret J, Freich B, Leafley M, Suthor CJ, Wakins C. Treatment of urinary incontinence after stroke in adults. Contrane Database of Systematic Reviews 2008, Issue 1. Art. No: CD004462, D01: 10.1002/14651858.CD004462, pub3	For facal incontinence: Change in symptoms, adverse effects or complications - and costs For unreast proximence. Change in incontinence (number of participants regaining continence number of incontinence discusses over 34 hours, inconside by participants or caregiver(e) (Primary advectore), participants and leakage, volume of unine loss, tost and mean number of pads used, symptom socies or participant: Zeerre pool of other unreasy symptom inducing frequency, ungeno, dynaris, polytals, incontinit, data physical measures e.g. post- headt status or measures of physical physical measures e.g. post- headt status or measures of physical physical measures e.g. post- headt status or measures of physical phase headt, head of changes functional ability, knowledge, statistication, quality of the, and economic outcomes impact of continence providences on cost or arbitrice use
How can overuse of the affected arm following a stroke best be addressed?	Uncertainties identified from e patients' questions	No relevant systematic reviews identified	Any age	Exercise	Education and training	Physical therapies					This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:53.2 Research into overuse of the affected limb (particularly the arm) and methods of addressing this			Onange in recovery of arm use and function; adverse effects or complications, and cost
Toyo can stroke survivors and Emilies be helped to cope with speech problems?	Uncertaintile identilied from patients' questions	No relevant systematic reviews identified	Arry age	Physical therapies							Stroke Ranked Bh The uncertainty was submitted by patient group. This is an indicative uncertainty, and the indicated strokes and the stroke strokes indicated S4,731 How to teach indicated S4,731 How to teach before strokes aurivors and families before strokes uservices and families before strokes and families	Instay MK Chally KL Gadwin J. Enclemp VF. Speech and Impurge therapy to raphasia following strokes. Cochrane Databases of therapy to applications of S. Art. No: CD002455. DOI: 10.1002/4651866. CD00245.pu S. Borne, A. Kongo P. Cillesipe pharmacological interventions for perceptual disorders following attribute and other adult incurrent S. Sock and other adult incurrent perceptual disorders following attribute and the stroke of perceptual disorders following attribute and the stroke of S. Spetenstic Reviews 2011, Issue 4. Art. No: CD002008. DOI: Destination of the stroke of Spetenstic Reviews 2010, Issue 7. Art. No: CD002767. DOI: 10.1002/4551856. CD006787 pu 52.		Charge in hunchand communication ("primag): change in communication ability, overal field of event of aphasis, psycholacial impact: ("margine charge- and setting and the setting of applications of a setting of a setting and the setting of a setting and the setting of applications of a setting and the setting of a setting of a setting and the setting of a setting of
How can the delivery of thrombolysis be improved?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age	Drug							This uncertainty was submitted by 2 patients, 1 clinician This is an indicative uncertainty, and the following questions were included: 22 r Keep redeveloping thrombolitic draws, 76 2 Wook draws in Socialing to have been significantly improved if thrombolysis testament were available in all areas on 24/7 basis? 92 4 Work around thrombolysis calending the window of efficiency.		Wardlaw JM, Murray V, Berge E, del Zopo GJ, Thrombolysis for acute informatic sands. Control Diababas Market Schwarz, Schwarz M, Schwarz Na: CD002013. DOI: 10.1002/14651658.CD00213.pub2.	Change in functional outcomes ((deaths or dependency) primary outcome); symptomatic intractanial harenorthage (SCH); either symptomatic (that is, or largeradiny stacciose) with a detendioration in the patient's recordinguial table); or largeradiny stacciosed with a detendioration in the patient's recordinguial table); or days; adverse effects or complications; and cost

How can the risk of anaesthetic induced strokes be reduced?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Drug	Surgery						This uncertainty was submitted by patient group This is an incidence of amesthetic induced stroke; adverse effects or complications; and indicative uncertainty, and the incidence of amesthetic induced stroke; adverse effects or complications; and indicative uncertainty, and the indicative uncertainty, and the indicative uncertainty, and the indicative uncertainty and indicative unce
How often should General Practitioners check drugs and blood pressure (BP) for someone following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Service delivery							Induce that rule.         Incidence of BP being checked           This unrefatively was submitted         Incidence of BP being checked           by plated This is an inclusion         Incidence of BP being checked           gesetions were includence 2.2         How often should doctors check docy and BP?
Is training for carers and "be- frienders" useful at promoting/supporting cognitive or occupational therapy activities for someone following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Mixed or complex	Education and training	Psychological therapy	Physical therapies	Social care	Service delivery		This curcertainty was submitted by patient group This is an indicative underlink, and the following quantum serve following quantum serve to subport the subport of the sub
Is a 'young stroke environment' better than a geriatrio' stroke rehabilitation environment at improving recovery of young people after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Service delivery							This uncertainty was submitted by patient years submitted indicative uncertainty, and the following gastions were set do beter when mixing with other young allow patients compared to being in a compared tob
Is botox effective after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age	Drug							This uncertainty was submitted         Elia AE, Friippi G, C, Calindret BJ. D         Change in spasticity, adverse effects or complications, and costs           by 1 pairs, 1 clinical This is         Abarese A. Stoffaram neurobaris do         Duringe in spasticity, adverse effects or complications, and costs           an includie uncertainty, and         point-stoffaram neurobaris do         point-stoffaram neurobaris do           included: 3. Which stole         point-stoffaram neurobaris do         point-stoffaram neurobaris do           included: 3. Which stole         point-stoffaram neurobaris do         point-stoffaram neurobaris do           patients bendit the most tome         2009 24(9):801-812         point-stoffaram neurobaris do           bath sever most more bendit         224 Codd batom ne bendit         patient bendit tomore bendit           234 Codd batom ne bendit         patients for the matter         patients for the matter
Is community-based stroke care clinically and cost- effective?	Uncertainties identified from	No relevant systematic reviews identified	Any age	Service delivery							This uncarrently was submitted. Socially Marganeer of Up 4 and the teccologiate Guidense by 4 public groups, 3 under the teccologiate Guidense of the teccologiat
Is conversation partner training useful in the management of aphasia after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Physical therapies							stroke ciricis, property funded This uncertainty was submitted by patient This is an inclusional communication ("primary): change in communication at by patient This is an inclusional communication at by patient This is an inclusional communication of primary): change is communication at by patient This is an inclusional communication of primary): change is communication at by patient This is an inclusional communication of primary): change is communication of primary): change is communication of primary is produced in part ( ingrat or psychol, change is communication of the attemption of patient conversions atoms ( patients conversions attemption of p
Is counselling better than anti- depressants for treating depression following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age	Drug	Psychological therapy						This uncertainty was submitted. Trans-Strakes L, Nav A, Sobi L     Hiskelt ML, Andrean CS, Shurak A, Xia     Dialer PB, Wado T, Mula-     L Interventions for trading depression: adverse effects or complications, and cost     L Interventions for trading depression: adverse effects or complications, and cost     L Interventions for trading depression: adverse effects or complications, and cost     L Interventions for trading depression: adverse effects or complications, and cost     L Interventions for trading depression:     adverse trading adverses of     systematic Federations of     systematic Federations of     systematic Federations     ventions of     systematic Federations     sectore adverse adverse adverse adverse     sectore adverse adverse adverse adverse     ventions
Is early mobilisation (within 48 hours) beneficial after stroke?	clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Physical therapies	Service delivery						This unrealistive was submitted         Benchmark         Ben
Is early psychological support helpful after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Psychological therapy	Social care						This currentarity was submitted by patient group. This is an indicative uncertainty, and the following questions are indicative uncertainty, and the following questions are indicative uncertainty, and the following questions are indicated S42.8 bit there value in patient data makes and patient data makes and indicated S42.8 bit there value in providing psychological input at early stage?

clinically and cost-effective for clinicians' questions	systematic reviews	Any age	S	Service Ielivery	1	I		by 1 clinician, 1 clinician group	Fearon P, Langhorne P, Early Supported Discharge Trialists.			Death; physical dependency (dependent on help for transfers, mobility, washing, dressing or toileting); and place of residence "Primary outcomes; activities of daily
someorie following a stroke?	have revealed important continuing uncertainties about treatment effects		G					This is an indicative uncertainty and the following quantization that the following quantization is the second provide the second pro- ting of the second provide the second addressing the second provide the second addressing the second provide discharge for the second provide discharge for the second second provide discharge for the second provide discharge for the second provide provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide discharge for the second provide disch	Services for reducing duration of https/latt.cerk of our de dock of the service of the service of the Systematic Reviews 2012, Issue A. N. N. C. DOUALS, DOU 10.1002/14/5188.C.D000443.pu b.3			living (ADL) soore; extended ADL soore; subjective health status; mood (mood of depression accor; are outcomes (care mood and subjective health status); patient and carer satisfaction and/or service preference
Is group speech and language. Uncertainties identified from therapy better and does it cost i clinicians' questions less than individual speech and language therapy following stroke?	reviews identified	Any age	P	Physical herapies				uncertainty, and the following questions were included.6.4 is group speech & language therapy a) a better use of resources? b) more effective?	Brady MC, Kelly H, Godwin J, Enderby P. Speech and Ianguage therapy for sphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: CO000425. DOI: 10.1002/14651858.CD000425.pu b3.			Change in functional communication ("primary): change in communication ability: overall level of service) of phasics phase communication ability. Overall level of service of phases and phases of the service in the service and service and society, and carer and family satisfaction; change in overall functional status
Is information provision about Uncertainties identified from swaldowing problems adequate after stoke?	No relevant systematic reviews identified	Any age	E	ducation and raining				This uncertainly was sub-initial by clinican This is an indicative uncertainly, and the following questions were included 3.3 De dysphagic patients receive adequate information regarding the case information regarding the case information the case information regarding the case information the case information regarding the case information regarding the case information regarding the case informatio				Change in symptoms; adverse effects or complications; and costs
Is intensive inpatient Uncertainties identified from rehabilitation beneficial late (5- dinicians' questions 10 years) after stroke?	reviews identified	Any age	e	herapies	ervice delivery			This uncertainty was submitted by clinican This is an indicative uncertainty, and the following questions were included:54.3 is interview ingratient rehabilitation late after stroke eq.5 - 10 years) successful?				Change in symptoms, adverse effects or complications, and costs
Is litesty advice useful at promoting lisesty particular of the improvements and reducing risk of stroker?	reviews identified	Any age	đ	Physical herapies				This uncertainty was submitted by figure 1, palenet groups, the indicative uncertainty, and the following questions were mainly approximately approximately approximately advice, approximately approximately approximately advice, approximately approximately approximately advice, approximately appr		Lager KE, Wilson AD, Matri AK, Khuru K, Stroke avrices for risk reduction in the secondary prevention of atrack (Propoco), prevention of atrack (Propoco), prevention at atrack (Propoco), Reviewa 2011, Issue 6. Art. No.: C0009103. DD: 10.1002/14651858.CD009103.	Sille D. Roberts FG, Moore H, Dawy Sills D. Roberts of modified disary birth for preventing cardiovascular disease. <i>Reviews</i> 2014, Issues 7. Art. No.: CR002137, DOI: 10.1002/14601658.CD002137.pub2	stoke, field fallute, peripheral visucute events, atrial fabrillation and urplanned cardiovascular interventiona (convary and visy bypass surgery or angiophats) ("primary outcomes, types of cardiobascular events (myscardial inflation, atroba quality of the measures (including information converses such as testings of health time of vord), process outcomes: changes in saturated and total fai initiae, and classics cardiovance in a faitcarts (weight body mass index supplied or disattice blood pressure, events total). LDL or HEL cholesteriol and tig/yesitid)
Is long term aspirin therapy Uncertainties identified from beneficial for stroke caused by patients' questions clo?	systematic reviews are not up-to-date	Any age	D	Drug				This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:30.5 Do the benefits of long-term aspirin therapy for strokecaused by clot outweigh the disadvantage?			Berge E, Sandercock PAG. Anticoagulants versus antiplatelet agents for acute ischaemic stroke. Cochrane Database of Systematic Reviews 2002, Issue 4. Art. No.: CD003242. DOI: 10.1002/14651858.CD003242.	Incidence of death or dependent in incidence of deep view frameworks (DVT), symptomatic pubmays emblaism (FC), hange in symptoms (FC) propressive stroke/neurological deterioration), recurrence of stroke, symptomatic intracranial haemorrhage, any major extracranial haemorrhage
Is long arm physiohorapy review of exercise programmes beneficial after ascient?	No relevant systematic reviews identified	Any age	P B	Physical herapies				This uncertainty was submitted by patient upon This is an following questions were included? TA' What are the benefits of exercise programmers being given to the programmers being given to review by a physiotherapist so that they can be treatinged to the patient's ability and any programs optimized on the treatinged		Monaghan K, Horgan F, Blake C, Cornal C, Hickey PPM, Lyone BE, Langhorne P. Physical treatment interventions for managing spassicily after stroke (Protocol). Cochrane Database of Systematic Reviews 2011, Issue 7. Art. No.: CD005188. DOI: 10.1002/14651858.CD009188		Activity: impairment; passivelective range of movement; pain; muscle strength; balance; skin integrity; butten of care outcomes; patient reported outcomes; subjective health status; quality of tille; agreement for further treatment; economic outcome: e.g. duration of inpatient stay; and advetse effects or complications
literature useful for preventing clinicians' questions or treating depression after stroke?	reviews identified	Any age	tr	ducation and raining				uncertainty, and the following questions were included:35.4 Does 'mental health' seld-help literature for depression work effectively for those who have had a stroke?	van Straten A, Geraedts A, Verdonck-de Leeuw I, Andersson G, Cuipters P. Brychological treatment of depressive symptoms in patients with medical disorders: a meta- analysis. Journal of Psychosomatic Research 2010 69(11:23-32		Hackett ML, Anderson CS, House A, Xia J. Interventions for treating depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No: CD00347. DOI: 10.1002/14651858.CD003437.pub3	Change in depression: adverse effects or complications, and cost
Is non-inguistic cognitive Uncertainties identified from training effective for aphasia following stroke?	No relevant systematic reviews identified	Any age	P	Physical herapies				This uncertainty was submitted by platent This is an indicative uncertainty, and the following questions were included:73.3 What is the impact on non- linguistic cognitive training on achasia?				Drange in functional communication ("primary): charge in communication ability, overal field of every of aphasis, psycholocali impact: ("magnet com psychologica or social web-being including depression, anviely and distress), patient satisfaction with intervention, number of disposal significant reason), compliance with allocated intervention; concomic outcomes (costs to the patient, carers, families, health service and society), and carer and family satisfaction; charge in overall functional statue.

(e.g. Stroke clubs, ongoing therapy) beneficial at achieving later improvement after stroke?	Uncertanties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Social care	Service delivery					uncertainty, and the following questions were included:54.2 Is later improvement related to the number of activities/opportunities accessed by the individual e.g attendance at stroke clubs, angoing therapy?	Sater K, Todry N, Teasell R. Social support interventions and mood status, post stroke: a review. Hierantarol Journal of Nursing Buudes 2010 47(5):616- 625		Change in symptoms, adverse effects or complications, and costs
Is peer-support useful following hospital discharge following a stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Education and training	Physical therapies	Psychological therapy	Social care			This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:53.1 Value of peer support groups on immediate discharge from hospital		Iiiffe S, Langhorne P, Richards S, Martin F, Harris R. Hospital at home early discharge. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD00356. DOI: 10.1002/14651858.CD000356.pub3.	Motality, readmissions, general and disease-specific health status; functional status, psychological web-heire; chical complications; paster statistation; care satisfaction; care burden; staff views (including general practitioners' satisfaction); discharge destination from hospital at droubing and hospital and hospital at home; cost (this includes the costs to the patient and their family, to general practice, to the hospital and social or voluntary service costs)
Is PEG insertion (feeding tube directly into the tummy) better than naso-gastric tubes (feeding tube via the nose) at helping people move from being mit-by-mouth to being able to eat/drink following a stroke?		Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any sge	Diet	Devices					This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included.57.2 Can naso-gastic tubes actually inhibit the swallow process leading to an inability to progress from nil-by-mouth to trials of oral intek? Its o, is this and argument for early PEG insertion?	adults with swallowing disturbances. Cochrane Database of Systematic Reviews	Bahn PMW, Bath-Hexatl FJ, Smithard D, Hetrevertiols for dysphagia in acute stroke. Cochrane Database of Systematic Reviews 1996, Jasue 4. Art. No.: CD000323. DOI: 10.1002/14651858.CD000323.	Intervention tallures as defined by any event leading to failure to introduce the tube, recurrent displacement and treatment introduce the tube, for the tube, leadings of the tube, no adherence to reatmend "yrinnary outcomes; nutrition, quality of life, length of hospital stay, and costs and economic issues.
is physiotherapy early after stroke beneficial?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any sge	Physical therapies	Service delivery					This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included-28.1 How important is physioherapy in the initial stages of recovery? 108.6 The efficacy of therapy interventions for patients early after stroke onset		Bernhardt J, Thuy MNT, Collier JM, Legg LA. Very early versus designed mobilisation after stroke. Cochrane Database of Systematic Reviews 2009, Issue 1. Art. No.: CD006187. DOI: 10.1002/14651868.CD006187 pub2 Cocke EV, Tallis RC, Clark A, Pomeroy MA, 2010 Jam, Elinacy of Iuncicional entrols function easily after stroke. These Transformatic controlled trial. Neurorehabilitation and neural repar, Vol 241, 10.085	Charge in symptoms, adverse effects or complications, and costs
Is regular monitoring (for example; of blood pressure) by a stroke specialist nurse helpful after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Physical therapies	Service delivery	r				This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.85 Investigate potential for ongoing monitoring (eg. BP) by specialist stroke nurse in primary care.			Change in symptoms; adverse effects or complications ; and costs
is self-practice of repetitive, high intensity, task-specific activities beneficial to motor recovery following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any sge	Exercise	Physical therapies					This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were includes:10.4 is self-practice of repetitive, high intensity, task specific activities beneficial to the motor recovery of patients with stroke?10.8 Implementing intensive repetitive practice for patients with stroke			Change in motor recovery: adverse effects or complications, and cost
Is speech and language benergy helpful patients more than Tylear after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews i dentified		Physical therapies						This uncertainty was submitted by a planting roughts, in planting, 2 and a planting roughts, in planting, 2 and a planting roughts, and the following uncertainty, and the following people with dyspatial, Le is people with dyspatial, Le is people with dyspatial, Le is submitted. The planting effectiveness of intervention on animagent? 62.6 How long poet- site and the planting effectiveness of intervention on a migrammatul clear people with dyspatial to be submitted of my states but with it had speech sensity and up speech animagent? 16.8 How have man a speech sensity and up speech and but a but as the beginning and to blant to get my speech and but a but as the planting place early on ? 3.6 Is the early and the state leaves and and the state leaves and people with aphasia respond with lo later stage place early on ? 3.6 Is the early and the state leaves and and the state leaves and and the state leaves and and the state leaves and and the state leaves and people with aphasia respond and lo later stage place early on ? 3.6 Is there any improvement (clear and but and and the state leaves and and and and and and and and			Change in functional communication ("primary): change in communication ability: overall field of careful of aphasis, psycholaco illimpasi, ("ingenic on psychological with plateworks, number of disposis (any resson), compliance with allocated intervention, number of disposis (any resson), compliance with allocated intervention, control costones (costs the padient, caref, any million, haith service and access), and caref and family satisfaction; change in overall functional struct
Is stem cell therapy beneficial for recovery after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Vaccines and biologicals						This uncertainty was submitted by patient & Carer This is an indicative uncertainty, and the following questions were includes:107.12 Can stem cell research help to 'grow' a damaged part of the brain? 90.1 Relevance and opportunities of adult stem cell research in stroke recovery, especially in brain areas related to language processing	Sahr FMW, Senga K. England T. Codory simulating factors (inclucing enthrepotein, granulocity accounts simulating analocity accounts simulating codrares Database of Systematic Review 2013, issue 6. Art. No.: CD055207. POI: 10.1027/4851858. CD005207.pu b4.		Change in functional outcomes such as death or dependency/disability (primary outcome), detention or recurrence, section adverse event or complications, number of people with an interiori and stoke lesion volume, tab tests (hermatibiding macassic (during of som after treatment); CD34- court; red cell court (RCC), white cell court (VCC); platelet count (PC))

										 · ·			1	
Is simulation provided by Uncertainties detrified from relatives during operations detries during patients' questions effective at improving recovery after stroke?	reviews identified	Any age	Social care								This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included-51.5 What are the best stimuli for recovering stroke patients and should thes be provided by staff or relatives with open visiting?	c		Change in symptoms, adverse effects or complications, and costs
Is strok-specific conseing helpfu aher stroke?	No relevant systematic reviews identified	Any age	therapy	Social care							This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:37.5 is there a special type of 'stroke courseiling' available for people following stroke?	•	Satter K, Foley N, Tessell R, Social support interventions and modol status post strokes: a review. Hernational Journal of Nursing Studies 2010 47(5):616-625 Turner-Strokes L, Nair A, Sedki L, Diater PB, Wade DT, Mul-discipilinary rehabilitation for acquired brain injury in adults of working age. Contraine Database of Systematic Reviews 2005, Issue 3. Art. No.: DOb(17). DOI: 10.1002/14651658.CD004170.pub2	Change in health-related quality of life: change in post-stroke depression levels (croset and duration); adverse effects or complications; and cost
Is Istematicative useful in the prevention, treatment of same and rehabilitation of same?	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Service delivery								This uncertainty was submitted by other This is an indicative uncertainty, and the following questions were included 43.2. to prevent, times and rehabilities to prevent, times and rehabilities to prevent, times and rehabilities to the UK on the effectiveness of techevalitance for post-stroke patients?	Care.2010;26(2):149-155 Scottish Intercollegiate Guidelines Network (SIGN) Management of		Change and management of symptoms; adverse effects or complications, and cost
Is the water swallow test or Uncertainties identified from purce suitable start in the clinicians' questions assessment of swallow in acute stroke patients?	No relevant systematic reviews identified	Any age	Diagnostic								This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:6.5 Should patients on the acute stroke unit have their swallow assessed with the water swallow test or puree swallow test?			Diagnostic; adverse effects or complications, and cost
Is thickened fluid or plain water best at stopping aspiration (choking) following a stroke?	No relevant systematic reviews identified	Any age	Diet								test / This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:11.1 More research around thickened fluids - do they reduce aspiration - would plain water be better.		Geeganage C, Beavan J, Ellender S, Bath PMW. Interventions for dysphagia and nutrifional support in acute and subacute stroke. Cochrane Database of Systematic Reviews 2012, Issue 10. Art. No.: CD000323. DOI: 10.1002/14651858.CD000323.pub2	Incidence of aspiration; adverse effects or complications, and costs
Is issue planninogen Uncertainties identified from activator (TRA) hepful in the long-term recovery of stroke?	Existing relevant systematic reviews are not up-to-date	Any age	Drug	Vaccines and biologicals							This uncertainty was submitted by other This is an indicative uncertainty, and the following questions were included:43.3 What is the recovery rate for those who receive TPA vs those who do not receive TPA (tissue plasminogen activator)?		Wardiaw JM, Murray V, Berge E, del Zoppo GJ. Thrombolysis for acute ischaemic stroke. Cochrane Database of Systematic Reviews 2009, Issue 4. Art. No. CD000213. DOI: 10.1002/14651858.CD000213.pub2.	Change in functional outcomes ((clearths or dependency) primary outcome); symptomatic intractional hearnorthage (SCI): either symptomatic (that is, temporally associated with a deterioration in the patient's neurological state), or flata(that is, learnall grietly to death), and occurring within the first seven to 10 days; adverse effects or complications; and cost
What are the best drug Uncertainties identified from treatments to manage seizures for someone following a stroke?	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Mixed or complex	Drug	Education and training	Psychological therapy	Physical therapies	Service delivery	Social care		This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:29.3 Why do you have to have 2 seizures before going on medication?	Kwan J, Wood E, Antiepilepic drugs for the primary and secondary prevention of seizures after stroke. Cochrane Database of Systematic Reviews 2010, Issue 1. Art. No.: CD005398. DOI: 10.1002/14651858.CD005398.pu b2.		Proportion of patients who apperienced seturuse (primary outcome), proportion of patients who advected emission for a pre-defined period of the (eq. 12 or 24 months), advecte events or complications, compliance with treatment, and adlectivanes, proposition of patients who disof or were depending tild of an trequi- regular physical assistance from another person for advinities of daily initial, such as provide the data of the data
What are the best motor referenting strategies for patients with cognitive or language deficits following a stroke?	No relevant systematic reviews identified	Any age	Exercise	Physical therapies							This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:108.13 Exploring the best strategies for motor relearning in patients with cognitive or language deficits			Change in cognitive or language deficits; adverse effects or complications, and cost
What are he best services to sporty orgy stype of the services of the services in occupational services in occupational place environment?	No relevant systematic reviews identified	Any age	Service delivery								This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:103.12 What is the provision of services (coverng access, intensity and duration) available within the UK for the support of younger stroke survivors in occupational rehabilitation within a work-place environment?			Change in symptoms, adverse effects or complications, and costs
What are the best treatments for an recovery and function following a stroke?	Reliable up-to-date systematic revealed important continuing uncertainties about treatment effects	Any age	Exercise	Physical therapies							Stroke Ranked 4th This uncertainly was solumited by 1 patient. 1 researcher; 1 guidelien This is an inclative uncertainly, and the following updators were included.30. 1 unproved after major stroke? 8.0 Lopes visual feedback help upper limb recovery in stroke solutions 2000 stroke the solutions of the stroke stroke public that straining, respetitive solutions and straining in spetiting gelectromechanical and improve upper limb function	http://www.sign.ac.uk/pdf/sign118 .pdf 4.6.2 Aphasia. Section 4.3 Upper limb function		Change in recovery of arm use and function; adverse effects or complications, and cost

What are the best treatments Uncertainties identified from for dysarthria following a clinicians' questions	No relevant systematic reviews identified	Any age	Physical therapies							This uncertainty was submitted by 1 clinician; 1 guideline This		Scottish Intercollegiate Guidelines Network (SIGN). Management of patients	Change in symptoms of dysarthia; adverse effects or complications; and costs
stroke?	reviews identified		merapies							is an indicative uncertainty, and the following questions were included:6.3 Does dysarthria therapy work/ 86.15 Interventions for dysarthria		with atrices in Fedulations, and management of comprisions, and discharge planning A national clinical gradient, action and the state of the state in the state of the state of the state in the state of the state of the state is state of the state of th	
What are the best treatments Uncertainties identified from for orvival intention (reglect) following a stroke?	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Exercise	Education and training	Diet	Drug	Physical therapies	Psychological therapy	Complementa ry lherapies	by clinician This is an indicative uncertainty, and the following questions were included:83.4 Can any quality of life improvements be made by any form of treatment/coping strategy interventions for visual inattention?	rehabilitation for spatial neglect following stroke. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD003586. DOI: 10.1002/14651858.CD003586.pu b3.		Functional disability, activities of daily living ("primary outcomes); performance on standardised neglect assessments: target accorditation (single livet, double letter, and adverse events or complicatione.
What are be at treatments is opsisicily following a stoke?	No relevant systematic reviews identified	Any age	Exercise	Drug	Education and training	Psychological therapy	Physical therapies			This uncertainty was submitted by 1 patient groups ( arear; 1) clinical:, 1 guideline This is an local transmission of the second second clickwise guideline the second indicated clickwise and physical is apastoloy, 25 do Doos the medications and physical is and boot and the near do the second second and patients and physical is and boot and the and boot and the and boot and the physical second table new enarchysis and table passing the physical second physical second table passing the physical second table physical second physical second table physical second physical second table physical physical second physical secon	Sonthin herecollegisted Guidelmer Neetons (SIGN), Management of patients with stoke. In analogement of complications, and discharge planning A management of complications, and discharge planning A management of complications. T18, Available from Appliview signa, ac.kkpdflogn116 dpl 4.6.2 Alphasia. Section 4.9 Pool-stoke spatiology.		Change in symptoms of spatitoly; adverse effects or complications, and cost
What are the best treatments for speech dyspraxia following stroke?	No relevant systematic reviews identified	Any age	Physical therapies							This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:7.7 What is the best approach for treating speech dyspraxia? What works and what does not work?	5		Change in symptoms of dyspraxia; adverse effects or complications; and costs
What are the best treatments Uncertaintices identifies from for availowing difficulties?	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Exercise	Education and training	Diet	Drug	Physical therapies	Psychological therapy		This uncertainty was submitted by 2 cinicians, 1 guidelines This is an indicative uncertainty and the following guesticns were included:11.2 Swallowing therapy- is it effective in improving available with the exercises work (SIGN 119 touches on this but need mere research) 84.4 Research into new treatments for difficulty in swallowing after stroke, 96.16 Compensatory approaches but	Rehabilitation, prevention and management of complications, and discharge planning A national cinical guideline. Edinburgh: SIGN; 2010. (SIGN 118). Available from http://www.sign.ac.uk/pdf/sign118 .pdf. Section 4.7.1, Nutrition and swallowing, & 4.7.4 Dysphagia. Also refer to SIGN 119 5.2. Texture modification and 5.1 Diet		Change in symptoms; adverse effects or complications ; and costs
What are the best treatments Uncertainties identified from for Ennitus following stroke? patients' questions	No relevant systematic reviews identified	Any age	Drug	Devices						This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:100.12 There should be more research into timitus following stroke		Philips JS, McFerran D. Timitas Retaining Therary (TRT) for timinitas Cochrane Database of Systematic Reviews 2010, Bases J. Art. No.: C0007330. DOI: 10.1002/14651858.CD007330.pub2.	Change in in formula severity and disability. (Primary outcome); change in tensius perception, loudness or intensity, change in depressive symptoms, and change in global wellbeing
What are beat reatments to improve balancy, and and parients' questions mobility following a stroke?	No relevant systematic reviews identified	Any age	Exercise	Education and training	Physical therapies					Stocke Ravked 7th This uncertainly was submitted by 1 pailent: 1 patient group: 1 uncertainly, was builted by 1 uncertainly, was the following questions were included:30.3 Which physical therapies are most auccessful in improving could make my time belef? 88.6 Visual and auditory feedback, decision alimotation, of monetaind auditory balance, gait or mobility (816.5 Belactiveness of therapies have the data of the patients with stricke	Sonthin Intercollegate Guidelines Weeknonk (SIGN), Management of patients with stroke. International constraints of the complexition and discharge planning A management of complexitions. Editory SCH, 2010, (SIGN) Editory SCH, 2010, (SIGN) Editory SCH, 2010, (SIGN) Editory SCH, 2010, (SIGN) Editory SCH, 2010, (SIGN) Poly Complexition, SCH, 201		Change in balance, gait and mobility: adverse effects or complications, and cost
What are the best ways for Uncertainties identified from nurses to prevent complications after stroke?	No relevant systematic reviews identified	Any age	Drug	Education and training	Physical therapies	Social care				This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:35.4 How can nurses prevent post-stroke complications?		Lager KE, Wilson AD, Matri MK, Khuni K Strote services for inter (reduction in the secondary prevention of stroke (Protoco). Cochrane Database of Systematic Reviews 2011, Isaac S, Art No.: C0006/10.0.Dct 10.1022/146/1565.cD009103.	Cauntitative changes (or strapet achievement) in blood pressure, lipid profile (total cholesterek, lipid neimil (lipoprotein (LDL), low density lipoprotein (LDL), trajkycerieles), giycaemic control in diabetes mellios (the 1Ac), blood mass index secondary prevention medications ("primary ucaunes); secondary cardiovascular events: stroke, myocardial infarction or vascular desh.

What are the best ways of	Uncertainties identified from	No relevant systematic	Any age	Education and	Drug	Psychological	Social care				Stroke Ranked	2nd This			Smith J, Forster A, House A, Knapp P,	Management of long term consequences: adverse effects or complications, and
helping people come to terms with the long term	patients' questions	reviews identified		training		therapy					patient groups,	s submitted by 2 , 1 clinician This			Wright JJ, Young J. Information provision for stroke patients and their caregivers.	cost
consequences of stroke?											is an indicative the following qu	uncertainty, and			Cochrane Database of Systematic	
											included:34.5 V				Reviews 2008, Issue 2. Art. No.: CD001919, DOI:	
											most effective r	methods of			10.1002/14651858.CD001919.pub2.	
											supporting peo term2.94.56 Ho	ple in the longer ow to help people				
											come to terms	with the lasting				
											effects of stroke	e. 94.67 How to				
											develop and su perseverance a	upport				
											The longer roa	ad". 108.14				
											Effectiveness d	of long-term				
											stroke support stroke survivors	services for s and their				
											carers					
What are the best ways to manage and/or prevent	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews	Any age	Exercise	Drug	Physical therapies	Psychological				Stroke Ranked	l 6th This s submitted by 1	Scottish Intercollegiate Guidelines Network (SIGN). Management of			Change in symptoms, adverse effects or complications, and costs
fatigue following a stroke?	cillicialis questions	have revealed				uleiapies	unerapy				patient. 2 clinici	ians, 1 patient	patients with stroke:			
		important continuing uncertainties about									group, 1 clinicia quideline This	an groups, 1	Rehabilitation, prevention and management of complications.			
		treatment effects									uncertainty, and		and discharge planning A			
											questions were	e included:	national clinical guideline.			
											Research into f	fatigue after ts 40% of stroke	Edinburgh: SIGN; 2010. (SIGN 118). Available from			
												e research into	http://www.sign.ac.uk/pdf/sign118			
											chronic fatigue.	. Can post-stroke	.pdf. Section 4.14 Post-stroke			
											fatigue be treat manage fatigue	ted? How do I	Fatigue			
											after my stroke	? How can				
											nurses prevent	t the complication				
											of fatigue? Phar and exercise in	irmacological				
											post-stroke fati					
What are the best ways to	Uncertainties identified in	No relevant systematic	Amu 000	Education and	Developic -*	Dava	Dispisal				 This up	una admit- 1			Posttick Intercollegists Cuidelin	Changes in uniners and ferred excisences observe effects or com-
manage urinary and faecal	research recommendations	No relevant systematic reviews identified	Any age	Education and training	Psychological therapy	Drug	Physical therapies	1			This uncertainty by 1 guidelines	<ol> <li>1 patient This</li> </ol>			Network (SIGN), Management of patients	Change in urinary and faecal coninence: adverse effects or complications, and cost
incontinence following a			1			1		1			is an indicative	uncertainty and	1		with stroke: Rehabilitation, prevention and	
stroke?					1			1			the following qu included:96.17	uestions were Management of			management of complications, and discharge planning A national clinical	
1	1		1	1	1	1		1			urinary and fae	cal continence	1		guideline. Edinburgh: SIGN; 2010. (SIGN	
											88.2 Incontinen	nce - how is the			118), Available from	
											bladder damag stroke and how	ged during a			http://www.sign.ac.uk/pdf/sign118.pdf. Sections 4.8.2 Urinary incontinence, 4.8.3	
											damaged blad	ider be repaired?			Urinary catheterisation, 4.8.4 Faecal	
											-				incontinence.	
What are the best ways to	Uncertainties identified in	Reliable up-to-date	Any age	Exercise	Education and	Drug	Physical	Psychological			 This uncertainty	v was submitted	Scottish Intercollegiate Guidelines			Change in symptoms; at least 50% pain reduction; proportion below 30/100 mm
reduce or prevent shoulder	research recommendations	systematic reviews	,		training		therapies	therapy			by guidelines T	This is an	Network (SIGN). Management of			(no worse than mild pain): patient global impression: functioning: adverse event
subluxation, decrease pain and increasing function after		have revealed important continuing									indicative uncer following questi	ertainty, and the	patients with stroke: Rehabilitation, prevention and			(AE) withdrawal; serious AE; death
stroke?		uncertainties about									included:96.11	Strapping,	management of complications.			
		treatment effects									taping, slings a	and wheelchair	and discharge planning A			
											attachments for preventing sho	r reducing or	national clinical guideline. Edinburgh: SIGN; 2010. (SIGN			
											subluxation, de	creasing pain	118). Available from			
											and increasing	function	http://www.sign.ac.uk/pdf/sign118			
													.pdf . Section 4.12 1-8, Prevention of post-stroke shoulder pain.			
													SIGN 4.13 1-14 Treatment of post-			
													stroke soulder pain.			
What are the effects of	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Psychological	Social care						This uncertainty by patient This	y was submitted				Change in stroke symptoms: adverse effects or complications; and cost
religious beliefs on recovery after stroke?	patients' questions	reviews identified		therapy							by patient This uncertainty and	is an indicative				
											uncertainty, and questions were	included:42.6				
											What is the effe	ect of a positive				
											belief in God/pr recovery?					
What are the key components	Uncertainties identified from	Reliable up-to-date	Any age	Exercise	Education and	Drug	Devices	Physical	Service delivery		This uncertainty	y was submitted	Scottish Intercollegiate Guidelines			Change in symptoms; adverse effects or complications, and cost
of an effective stroke unit?	patients' questions	systematic reviews have revealed			training			therapies			by 1 patient, 1 g	guideline This is ncertainty, and	Network (SIGN). Management of patients with stroke:			
1	1	important continuing	1		1			1	1		an indicative un the following qu	uestions were	Rehabilitation, prevention and			
1		uncertainties about			1			1			included:30.6 V	What are the	management of complications,			
1	1	treatment effects	1		1			1	1		major consider designing effect	rations in	and discharge planning A national clinical guideline.			
1	1		1		1			1	1		designing effect units? 96.1 Key	y components of	Edinburgh: SIGN; 2010. (SIGN			
1					1			1			the Stroke Unit:	: Further	118), Available from			
1					1			1			research is required to the components of	uired into which	http://www.sign.ac.uk/pdf/sign118 pdf_4.6.2 Aphasia_Section_3.2			
1	1		1		1			1	1		multidisciplinar	rv team stroke	.pdf 4.6.2 Aphasia. Section 3.2 Organisation of hospital care			
1					1			1			unit care are eff	fective, cost				
1					1			1			effective and th beneficial to pa	ne most atient outcome				
L						1		1								
What are the relative risks and		Reliable up-to-date	Any age	 Drug	1			1				y was submitted		ato A, Romualdi E, Dentali F,		Death; fatal and non-fatal CHD, CVD and stroke events; combined endpoint (fatal
benefits of statins after stroke?	patients' questions	systematic reviews have revealed			1			1			by 2 patient gro	oups This is an rtainty, and the		W. Statins for acute ischemic Protocol). Cochrane		and non-fatal CHD, CHD and stroke events); change in blood total and low density lipoprotein (LDL) cholesterol concentration; revascularisation; adverse events;
1		important continuing			1			1			following questi included:94.3 N	tions were	primary prevention of Databas	se of Systematic Reviews		quality of life; and costs
1		uncertainties about			1			1			included:94.3 N	More research	cardiovascular disease. 2009. Is	sue 1. Art. No.: CD007551. 1002/14651858.CD007551.		
1		treatment effects			1			1			needed on stati evidence of sev	tins - anecdotal vere vomiting etc	Systematic Reviews 2011, Issue	.1002/14651858.CD007551.		
1					1			1			<ul> <li>need to be be</li> </ul>	etter targeted and	1. Art. No.: CD004816. DOI:			
1					1			1			effects monitore	ed. 71.1 What	10.1002/14651858.CD004816			
1					1			1			percentage of p effects from sta	people get side atins - peripheral				
1					1			1			neuropathy has	s been a big				
					1	1		1			problem for me	e? -				
What can carers do to help	Uncertainties identified from	No relevant systematic	Any age	 Exercise	Education and	Drug	Devices	Complementar	Physical		This uncertainty	y was submitted	1		Aziz NA, Leonardi-Bee J, Phillips MF,	Death or poor outcome (deterioration, dependency, institutionalisation), change in
prevent further strokes?	clinicians' questions	reviews identified	1.1	1	training	1 -		y therapies	therapies		by clinician This	is is an indicative	1		Gladman J, Legg LA, Walker M. Therapy-	ability to perform activities of daily living, "primary outcomes: death, performance in extended activities of daily living (EADL), subjective health status or quality of
	1				1			1			uncertainty, and questions were	d the following			based rehabilitation services for patients living at home more than one year after	in extended activities of daily living (EADL), subjective health status or quality of life, patients and carer's mood, re-admission to hospital and days spent in hospital,
						1	1	1		1	questions were What steps sho		1		stroke. Cochrane Database of Systematic	me, pairena and carer s mood, re-aumission to nospital and days spent in hospital,
			1 1									ould carers take				and patient and carer satisfaction with services
											to try and preve	ent further			Reviews 2008. Issue 2. Art. No.:	and patient and carer satisfaction with services
												ent further				and patient and carer satisfaction with services

free contraction of the	1	In	1. 1		-				r	r					I
adherence of drugs by somone following a stroke?	elinicians' questions	No relevant systematic reviews identified		1	Drug							This uncertainty was submitted by 2 clinician groups This is an indicative uncertainty, and the following questions were included:95.3 What are the determinants of adherence of medications/therapies? 95.2What are the effect of non- adherence of medications/therapy on clinical outcomes?			Adhence to treatment, change in symptoms, advense effects or complications, and costs
What is the best amount and intensity of spech and isinguage thereby for sphasia following a siroler?	Uncertainties dentified from dimiciant' questions	Existing relevant systematic relevas are not up-to-date	Any age		Physical therapies							This uncertainty was submitted by 3 clinician; a guideline This is an indicate uncertainty, and by 3 clinician; a guideline This is an indicate 6.1 How others that a submitted the submitted the submitted people with aphasia receive the submitted the submitted the submitted encogen bench the submitted the submitted encode the submitted the submitted the submitted the submitted encode the submitted the submitted the submitted the submitted encode the submitted the submitted the submitted the submitted the submitted encode the submitted the submitted the submitted the submitted the submitted encode the submitted the submitted the submitted the submitted encode the submitted the submitted the submitted the submitted the submitted encode the submitted t	Enderby P. Speech and Ianguage therapy for aphasia following stroke. Cochrane Database of Systematic Reviews 2012, Issue 5. Art. No.: COM0425. DOI: 10.1002/14651858.CD000425.pu 3. Scottish Intercollegiate		Change in functional communication ("primary): change in communication ability: overall field of aeros to hypothological or social version development of the second second second second second intervention; connoun coutomes (costs the patient; careful second service and society), and carer and family satisfaction; change in overall functional status
arm treatment after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age		Exercise	Physical therapies						This uncertainty was submitted by 2 cliniciam This is an indicative uncertainty, and the following questions were limb treatment should 1 be receiving 7.4.2 fow Iong post stroke is upper limb rehabilitation effective?	sensor impainment in the upper limit to the upper limit to the upper limit to the upper limit to the upper limit handlow in individuals with stoke: a meta-saraylas.	French B, Thomas LH, Leathley MJ, Suthon CJ, McAdam J, Forster A, Langhorne P, Price CIM, Walker A, Warkins CL: Repetive task training for improving functional ability after stocko- Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD006073. DD: 10.1002/14651858. CD006073. pub2.	Change in recovery of arm use and function; adverse effects or complications, and cost
What is the best physiotherapy regime for recovery after stroke?	Uncertainties identified from carers' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	1	Exercise	Physical therapies						by carer This is an indicative uncertainty, and the following questions were included:105.12 Which physiotherapy regime is	Winter J, Hunter S, Sim J, Crome P. Hands-on therapy interventions for upper limb motor dysfunction following stroke. Cochrane	Policek A, Baer G, Pomercy VM, Langhome P. Physioherary treatment approaches for the recovery of postural control and lower limb function following stroke, Cochrane Database of Systematic Reviews 207, Issue 1, 4rt. No.: CD001520, DOI: 10.1002/14651858.CD001920.pub2.	Change in symptoms of stroke, adverse effects or complications; and costs
What is the best timing, content and dosage for upper limb rehabilitation following a stroke?	Uncertainties identified from dinicians' questions	No relevant systematic reviews identified	Any age		Exercise	Physical therapies						This uncertainty was submitted by clinician group This is an indicasive uncertainty, and the following questions were included:108.1 What is best practice in the rehabilitation of the upper limb in patients with stroke with respect to timing, content and dosage?			Change in upper limb recovery and function; adverse effects or complications, and cost
carers to manage depression in people with aphasia following stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		Mixed or complex	Education and training	Physical therapies	Psychological therapy	Service delivery	Social care		This uncertainty was submitted by patient & carer This is an indicative uncertainty, and the following questions were included:106.12 How carers can best manage depression post stroke in people with aphasia.		J. Interventions for treating depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 4. Art. No.: CD003437. DOI: 10.1002/14651858.CD003437.pub3	Symptoms of depression of dystapmic, change in symptoms, [Primary symptoms; psychological distances, andreis, ogninia, activites of daily bying, disability, adverse events or complications, general health, ability to perform social activities, mood of principal caregiver, quality of life and stress.
emergency management of attoke?	Uncertainties identified from chinicians' questions	No relevant systematic reviews identified			Service delivery							This uncertainty was submitted by 1 patient group, 2 famician group, 2 researchers This is an induced and the second second second included 45.3 What is the perception of stroke at orient emergency triasment? 45.4 What are the healthcare professional's perceptions of sched the second second second second intervent second second second was predicted and the scheduler to the second second second second to improve of access the main decision of second second second to second second second second to second second second to second second second second to second second second second second second to second the second second second second second second second second second second second to second second to second the second		Scottish Intercollegate Guideline Network (SIGN), Management of patient with stoke: Rehabilitation, prevention and calcular person and a calcular stoke of the scattering patient of a calcular stoke of scattering patient of a calcular stoke of table (Network SIGN), 2010, (SIGN 118), 180, Natable for stoke of the stoke of table (Network SIGN), 2010, SIGN 118), 180, Network SIGN, 2010, SIGN 118, 180, Network SIGN 118, 180, SIGN 118, SIGN 118, 180, SIGN 118, 18	Change in symptoms, adverse effects or complicationa, and costs
What is the best way for nurses to prevent malnutrition after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	I	Diet	Physical therapies						This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.7i How can nurses prevent the complication of manutrition?			Change in nutrition levels; adverse effects or complications ; and costs

Million to the house of a	the event of all and the additional d	Manufacture and a set of the	I towned and	 0.111	Davas Dhawla i	 		 				hadden of a state in the last of the state in the state in the state of the state in the state of the state o
stroke nausea?	Uncertaintise identified from dinicians' questions	No relevant systematic reviews identified		Liet	Drug Physical therapies				This uncertainty was submitted yy clinician group This is an ndicative uncertainty, and the olowing questions were ncluded:95.7ii How can nurses prevent the complication of post stroke nausea?			Incidence of post stroke nauses. Change in symptoms: adverse effects or complications : and costs
What is the beat way of diskwing solve or in a primary care setting?	Uncertainties identified from patients' questions	Reliable up-b-date systematic revers systematic revers importent confining uncertainties automatic treatment effects	Any age	Service delivery					This uncertainty was submitted by patient groups. 2 clinician proper Thrue, and the following uncertainty, and the following uncertainty, and the following uncertainty and the following uncertainty and the following the follow-uplater care when a follow-uplater care when a follow-uplater care when the following of the strategies of the the evidence for this? What is he evidence for this? What he evidence for the strate for the strate strate for the strate for the strate for the strate strate for the strate for the strate for the strate strate for the strate for the strate stra	Supported Discharge Trialists. Services for reducing duration of hospital care for acute stroke patients. Cochrane Database of		Death: physical dependency (dependent on help for transfers, mobility, wathing, desting of totelleng) and place of resistory Shrang vacances, activities of days depression score); carer outcomes (carer mood and subjective health status); apatient and carer satisfaction and/or service preference
someone with aphasia?	patients' questions	reviews identified		Education and training	Physical therapies				Fhis uncertainty was submitted by patient This is an indicative nucertainty, and the following questions were included:72 information about stroke in non- verbal format.			Change in functional communication ("primary): change in communication ability, overall fevel of severity of aphasias: prochosoial impact ("impact on psychological or accal web-being including depression, analysi and distress), patient satisfaction with intervention, number of dioposal (or pression), compliance with allocated service and society), and carer and family satisfaction; change in overall functional status.
What is the best way of helping patients understand their rehabilitation programme following a stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Education and training					This uncertainty was submitted yo researcher This is an ndicative uncertainty, and the oldowing questions were ncluded.81.1 How can we get adients to better understand heir rehabilitation programme?	Bowen A. Norap P. Cillepie D. Nocison D. U. Val. A Non- pharmacological interventions for perceptual disorders following athlea and other adult-sequence, contrast Database following Systematic Reviews 2011, Issue 4, Art. No.: CODODSD DCE 10.1002/4651858.CD007038.pu b2.	Smith J. Forster A. House A. Knapp P. Wright J., Young J. Information provision for stroke patients and their caregivers. Contraine Database of Systematic Resources and States J. A. No.: Resource J. States J. A. No.: Resource J. Resource J. A. No.: Resource J. Resource J. Resource J. Distribution of the States J. Systematic resources and the Systematic Concernsol English (No.: Resource) States J. Systematic Resources J. Systematic Res	Change in knowledge and patients' or caver's mood state (anxiety and depression) or both ("Primary outcomes), activities of addly living, participation, social activities; perceived health status; quality of life; statistaction with information; hospital admission; aevice contast or formal profession(a cardinate; compland- with treatment/relaxibilitation; death or institutionalisation or both; and cost to health and social services
implementing research findings to improve patient outcomes following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified		Education and training	Service delivery				This uncertainty was submitted by patient groups, I clinician This is an indicative uncertainty, and the following exestions were included:84.2 How escarch findings can actually be implemented in a consistent submitted patients. 94.104 is there scoretaion Detweni Increased escarch and improved patient uncomes 97.48.4 How to correlation Detweni Increased escarch and improved patient increased in the protoco constants of the score increased in the protocol canoning within 3 hours.		Sortish Herechtlingste Guldelines Newerk (SRGN), Managemeirt di patieste with strake Rehabilitation, prevention and managemeirt di contolications, and discharge patiente A rational discussion discharge patiente A rational discussion discharge patiente A rational discussion discharge patiente A rational discussion discharge patiente A rational discussion discussion discussion discussion http://www.sign.ac.ab/pdfsign118.pdf. Section 8 Implementing guidelines.	
managing people who have Transient lochaemic Attack (TA) (e.g. General Practitioner or hospital consultant clinics; direct access or onward referral)?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Service delivery					This uncertainty was submitted by clinician group This is an indicative uncertainty, and the ollowing questions were included 39.4 Evaluation of tilfferent models of access to transient lschemic Attack TM) services in different tettings e.g. direct access to failly clinics in secondary care versus immediate assessment and management in primary are with onward referral to secondary care.			Change in symptoms, adverte effects or complications, and cost
What is the best way of managing the long term needs of stroke survivors? (including the roles of primary care health practitioners and consultants)	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Service delivery					This uncertainty was submitted yr I patient group, 2 clinician groups This is an indicative uncertainty, and the following juestions were included:94.34 should there be long term ollow-up by consultants, sepecially medication? 97.2 conger term management of utoke in the community?the loe of primary care?3.3 How to address the needs of stroke patients in the longer?term (2 rears after stroke),	Trune-Grades L, Nar A, Seddi L Didder FB, Wado LT, Mai- diacpinary enhabitation for acquined train night in adult of acquined train night in adult of displatmatic Reviews 2005. Its accurates a Art Mac Co00470 Dot 10 1002/r 4651656. CD004170 pu 52		Changes in level of Impairment and activities (distability, residual symptoms (s.g. poshtamatica annuals (PTA), post-conscions on symptoms). Luccional independence including mobility, cognitive functioning, and ability to perform basic advities of daily invite (AQ), care trubued and strates, psychotocal silguitanet, and integration or activities; neended activities of daily living (EADL), health-related quality of the for patient and care; patient and carer mood; and satisfaction with services

	systematic reviews have revealed	Any age	Education and training	Physical therapies	Psychological therapy	Social care				This uncertainty was submitted by 1 patient, 2 patient groups This is an indicative uncertainty	House A, Knapp P, Wright JJ, Young J. Information provision for	Smith J, Forster A, House A, Kna Wright JJ, Young J. Information p for stroke patients and their careg Cochrane Database of Systematic	wision or both (*Primary outcomes); activities of daily living; participation; social activities; perceived health status; quality of life; satisfaction with information;
	important continuing uncertainties about treatment effects									and the following questions website be constructed with one thread comprising a matrix probability of the second second second probability of the second second second probability of the second second second second second second second second entry to subsequent entries? 4.2.2 Now beet provide better information about altercare information about setter and community support with static case be test good signpositing so people est offormation when the pred II.	stroke patients and their caregivers. Contrane Database of Systematic Reviews 2012, Issue 11. Art. Soc. 2000/1918, Doi: 10.002/14651858.CD001919.pu b3	Candinana Data Barana di Spetanata Control 19 a. Dot Control 19 a. Dot 10. 1002/14651858. CD001919 put	hepipal admissions, service contacts of health professional contacts; compliance with retearmine the services of the services of the services of the services of the services.
supporting familes when clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	 Mixed or complex	Education and training	Physical therapies	Service delivery	Psychological therapy	Social care		This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:33.3 When the families of stroke patients are told that their relative will die - and they don't how can we impact on this?	outcomes in caring for the dying. Cochrane Database of Systematic Reviews 2010, Issue 1, Art. No.: CD008006, DOI:		Physical symptom severity, psychological symptom severity, quality of life, adverse effects or complications, adverse effects or complications (primary automes): advanced care plan, communication between healthcare teams and familiae, primary and the symptometry of the symptometry of the symptometry of the satisfaction, staff confidence, cost of intervention and care, medication/treatment use and spiritual needs
What is the best way of Uncertainties identified from supporting family members of patients' questions acide survivors?	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Mixed or complex	Education and training	Psychological therapy	Physical therapies	Social care	Service delivery		by It patient, 1 clinician Thesi in indicative uncertainty, and indicative uncertainty, and indicative uncertainty, and indicative uncertainty, and indication of the second second and support of family of stoke survivors, especially children und terenager? While is being done to help them missage the previously? 88.5 How can we best support young people whose journer has had a stoke surport young people whose journer has had a stoke study of young people whose journer has a stoke? Young adds with parents who have had a stroke struggle to cope.	Haman M, Babre E, Wild E, Bieler I, Herzog W, Effect af Jahrenberg (Betra data) with chronic physical devices a meta-analysis. Physiotherapy and Physiotherapy and Physiotherapy 7	Smith J, Forster A, Hossae A, Kow Wright JJ, Yoang J, Miomatian p Iot anole patients and their carge Reviews 2008, Issae J, 24, No.: CD01919, DOL 10.10021465 IISS8.CD001919 put	vision ers.
What is the best way to Uncertainties detrified from address table below of childran's questions (inpaired perception) after stroke?	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Exercise	Drug	Education and training	Psychological therapy	Physical therapies			by clinician This is an indicative uncertainty, and the following guestions were included:35.5	pharmacological interventions for perceptual disorders following stroke and other adult-acquired,		Change in perception; adverse effects or complications, and cost
What is the best way to address participation restartions for someone distances are address and someone distances a and/or distances and/or di	systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Mixed or complex	training	Physical therapies	Psychological therapy	Service delivery	Social care		by guidelines This is an indicative uncertainty, and the following questions were included-96.23 Social work orientated or other interventions aimed at addressing participation restrictions.	Scottish Intercollegiate Guidelines Network (SIGN), Management of patients with stroke: Rethabilitistion, Intervention and management of complications, and discharge planning A national chinad guideline Centru dys. Staff August 2010, (SIGN Edinburgh: Staff August 2010, (SIGN Edinburgh: Staff August 2010, SIGN and Staff August 2010, SIGN		Change in symptoms, adverse effects or complications, and costs
addreas realinoming patients questions difficulties after stroke?	systematic reviews are not up-to-date	Any sge	Psychological therapy							by patient This is an indicative increativity, and the following control of the following control of the following control of the following of the Difficulty in relationships	Harmann M. Bazne E. Wild S. Biele I. Herzog M. Effect al 1996 (2014) (2014) (2014) (2014) (2014) in the treatment of adult platers which chronic physical diseases: a mela-analysis. Physical diseases where the second second technologies Caladamises (2014) (2014) (2014) (2014) Partabilitation, provention and endoscience physical diseases and discharge Intering A and a discharge Intering A and disch		Change in symptoms, adverse effects or complications, and costs
What is the beat way to Uncertainties identified from address social isolation after clinicians' questions stoke?	No relevant systematic reviews identified	Any age	Education and training	Psychological therapy	Physical therapies	Social care				This uncertainty was submitted by 2 clinicians This is an indicative uncertainty, and the following questions were included:38.6 How can we avoid patients becoming socially isolated? 18.1 What percentage of stroke patients become socially isolated following stroke?		Ellis G. Mart J. Langhore P. De Wirrer S. Strade liabon workers and a patients and carety. and in Database of Systematic Reviews based of Systematic Reviews based S. Art. No.: CD005068, DOI: 10.1002/14651656.CD005066.put	r death, place of residence, dependency, mental health (including anxiety and '' idual depression), knowledge about stroke, use of services, satisfaction with services, ne participation 010,

asses, address and support be needed of careful to a support and the need of careful to a support and/or the hash and a and/or?	reviews identified	Any age	Maxes or complex	Education and training	Psychological therapy	Physical therapies	Diagnostic	Service delivery	Social care	This uncertainty was submitted by 2 parkers, 2 parkers, 2 parkers, 1000 2 clinicians This is an including uncertainty, and the following the second second second second second the second second second second second beam much time and research assessed and addressed? 93. How much time and research accesser? 73.1 how can spouse of people who had had a strok beat be supported by 91.5 histomation on casing with stroke for casers as they don't understand her discussion of the support, 54.43 how to help casers help with psychological as well as physical disabilities, and and the second sec	5. 5. 5. 5. 1.	Winner S. Stroke liaison worken for since patients and contracts, in individual Database of Systematic Reviews 2010, Isaa S. An No. COMOSGE DC 10.1000/HASHISK.CD000568.pc.02 In 10.1000/HASHISK.CD000568.pc.02 Individual Stroke Company and Company and Company and Company and Company and Company and Company	Death or a poor outcome (deterroration, dependency, institutionalisation), dependent, requiring institutional care, pendent formance in personal activities of daily alving deeating, deterring, bashing, subleting, simple mobility and transferst Primary outcomes subject-methal subscheduling for the patient mode. Carel quality of lite and mode, and patient and sater satisfaction with samples
What is the best way to avoid Uncertainties identified from delayed diagnosis of stroke? cliniciand questions	Existing relevant systematic reviews are not up-to-date	Any age	Diagnostic							This uncertainty was submitted by 2 clinician groups. The is an indication of the second second second indication of the second second second detayed diagnostic diardia (details) and a second second second second clientify any sector second second second second second second second diagnostic and managing stoke. The campaign should be the any any second second second diagnostic and managing stoke. The campaign should be second second second second second second second second second diagnostic and managing stoke. The campaign should be second	n bo d f or	Brazzell M. Sandercock PAG. Chappell PM. Celam MS. Rybell E. Avettis N. Wardswa MJ. Deeks J. Magnetell E. Avettis N. Wardswa MJ. Deeks J. Magnetell effects of the second second second second manual relicions in patients presenting with role appropriate. Cachrane on the second second second hsse 4. Art. No.: CD007424. DOI: 10.1002/1465188. CD007424. pub2.	Diagnostic accuracy, time to diagnosis, adverse effects or complications, and costs
with camp, spaans and/or restease legis following a stroker?	No relevant systematic reviews identified	Any age	Exercise	Drug	Physical therapies					This uncertainty was submitted by 3 patient group: patient and the following quantities and the following quantities causes camp, in my log when water 22.0 Is there any research into mucic camp or the leg (stroke side) 76.0 sW can make resident log and have more research into physiotherpay to help inductary in help	l n sat	for shoulder pain. Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD008271, DOI: 10.1002/14651858.CD008271.pub2.	Management of cramp, spaam and or restless legs; adverse effects or complications, and cost
What is the best way to define "Uncertainties identified from relabilition and many parents" questions before the section of t	Existing relevant systematic reviews are not up-to-date	Any age	Service delivery							This uncertainty was submitted by 4 pailent group This is an intervention of the second second second included 34.82 (How to improve planary case support to attract 44.33 (How to improve planary case support to attract 44.33 (How to improve planary case support to attract page) and the modeling how to planary the modeling how to home # possible .94.84 (How to ensure applicable .94.84 (How to ensure support) attract to planary group home to the to improve the planary group home to must see the support of the second second second second second the second second second second second second second second second the second	e ; ; ;	Oze S, Smith J, Green J, Heidy J, Barna G, Gladwei E, Centono D C, Physica C, Gladwei E, Centomo D C, Physica Care. Cothrane Database of Systematic Reviews 2013 kases J. At. No. : CD004294. D OI: 10.1002/1465/1685.CD004294 pub3	Function in activities of daily introj (ADL) such as mobility or transfere, esting, binding, diseasing, continues, persona can inclusity, and transfere primary binding, diseasing, continues, persona can activity and transference primary binding, personang, control and the status, model and the series and adverte events.
stoke care in remole and patients' questions	reviews identified	Any age	Service delivery							This uncertainty was submitted by 1 painter, 2 painter group This is an indicative uncertainty were included;7.4 What are the particular problems for those living in remote, nurt areas face in returning to work after having indicated?73.2 (e.g. SIGN) for stroke retubatisation implemented between urban and rural heathace setting? 9.4 9 100 rurad afteriores of apport softerer?	694. 2		Access to stroke care; change in symptoms; adverse effects or complications, and cost
What is the best way to Uncertainties identified from diagnose and assess depression in people with aphasia following stroke?	No relevant systematic reviews identified	Any age	Diagnostic							This uncertainty was submittee by patient & carer This is an indicasive uncertainty, and the following questions were included:106.1 How best to recognise/assess depression i people with aphasia post stroke.			Mentification and treatment of depression; adverse effects or complications; and costs

ensure controlity of care for someone holowing a stroke?	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age		ervice elivery						by 2 patter groups, 2 clinication This is an indicative uncertainty were included 33 2 Does continuity of care (e.g of consultant, physica and GPb) and GPb (and GPb) (and GPb) of patter and an and an and and graphical generation of the second of graphical generation (and graphical GPb)(many care 84.8 (and graphication) (and graphication) critication (and graphication) (and graphication) critication (and graphication) (and graphication) providing continuity and follow up:	c elsophany rehabilitation for acquired brain mysh mAshta series acquired brain mysh mAshta series of Systematic Reviews 2005. Int 1020-44551885.C.D004171.D0F 110 1020-44551885.C.D004171.put Services for reducing duration of hosponiat Careford acte activation Systematic Reviews 2012, tasue Systematic Reviews 2012, tasue Systematic Reviews 2012, tasue S. A. NN. C.D00443.D0Cl 10 1022-4851885.C.D00443.put L3		Continuity of care, charge in symptoms: adverse effects or complications, and cost
What is the best way to help. Uncertainties identified from people address the long term emclional effects of stress following a stroke?	No relevant systematic reviews identified	Any age	Ec	ducation and § aining	Social care	Psychological therapy				This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:71.2 How can people be helped to address the long term emotional effects of stress?	AA, Oh D. The effect of mindfulness-based therapy on anxiety and depression: a meta- analytic review. Journal of		Management of long term emaotional effects . adverse effects or complications, and cost
people deal constructively with patients' questions the uncertainty of prognosis?	No relevant systematic reviews identified	Any age		ducation and R aining t	Psychological therapy	Social care				This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.57 How to help people deal constructively with the uncertainty of prognosis.			Managment of uncertain prognosis: adverse effects or complications, and cost
people recover from aphasia patients' questions	Existing relevant systematic reviews are not up-to-date	Any age		hysical erapies						Stroke Ranked 3rd This uncertainty was submitted by 1 patient, 1 carer This is an indicative uncertainty, and the following questions were included:25.2 What treatments exist to diminish the effects of aphasiaidysphasia or lessen pahsais itsel7 31.2 More research needed into aphasia.	Systematic Reviews 2012, Issue 5. Art. No.: CD000425. DOI:		Change in functional communication ("primag): change in communication ability, coverall field of service of patholic portfolia ability of patholic portfolia ("primage in the service of the service of the service of the service of the with intervention, munities of disposals (any reason), complement and intervention, control coulomes (costs the patient), carefolia, patholic service and society), and carer and family satisfaction; change in overall functional tabut
What is the best way to help Uncertainfies identified from people with aphasia following dinicians' questions stroke return to work?	No relevant systematic reviews identified	Any age		hysical erapies						This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:54.5 What would help people with aphasia return to work after stroke?			Return to work
people with aphasia to return patients' questions to driving after stroke?	No relevant systematic reviews identified	Any age	th	hysical erapies						This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:100.11 There is a lack of research into people with aphasia and driving			Return to driving
anoke survivors and families cope with memory loss?	No relevant systematic reviews identified	Any age	Ē	xercise E t	Education and training	Drug	Psychological F therapy t	Physical herapies		The uncertainty was submitted by patient group. This is an indicative uncertainty, and indicative uncertainty, and indicated 34.2 fill file two to teach indicated 34.2 fill file two to teach active any university and families before strategies to cope with memory teas, speech problems		Speech and language hereary to caphabia blowing stoke. Contranto Butabiase da Net. ED000455: DOI: 10.1002/456/1862.ED000455.pub3. Blowen A. Knapp P. Gillespie D. Noccion D. J. val A. Noophermaccingcial data and the stoke and other adult-anguled, many-gogessibe barrin langu. Contrant Database of Systematic Reviews 2011. Buse 4. Art. No. 2007058. DOI: 10.1002/456/1862.CD00058. DOI: 10.1002/456/1862.CD00058. DOI: 10.1002/456/1862.CD00058. DOI: 10.1002/456/1862.CD00788. DOI: 10.1002/456/1862.CD00788. DOI: 10.1002/456/1862.CD00787.pub2.	Change in memory: family function; adverse effects or complications, and cost
improve confidence after patientic questions socker?	Existing relevant systematic reviews are not up-to-date	Any age	D	rug t	Education and training	Psychological therapy				the following questions were included:44.54 how can we support somebody to be confident?94.265 how to help people build confidence: shift from vicem to survivor: 94.72 How effective is one-to-one input when re-building confidence positratke?94.75 Explore better ways of re- skilling people which floxs on confidence building as well.	phamacological interventions for perceptual disorders following stratus and other adult-sequence, particular and other adult-sequence, particular and particular adult- contrares bataseases of Systemic Reviews 2011, Buse 4 , Ar. No. : CD007038, DOI: 10.1002/46/5188.C.D007038.pu b2	Legg L, Drummond A, Langhore P, Occupational therapic (or palieties with problems in activities of daily hing after strates. Costrate allocations of Systematic Resolution (Section 2014) (Section 2014) CO003585. DOI: 10.1027/1461858.CD003585.pub2	Change in confidence: adverse effects or complications, and cost
What is the best way to Uncertaindies identified from improve onal care after stroke? dinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Ec	ducation and F aining t	Physical therapies					by 2 clinician This is an indicative uncertainty, and the following questions were included:14.1 Post stroke oral	Systematic Reviews 2006, Issue		Dentar Jaque: denture plaque denture cleanfiness scale (primary outcomes); patient satisfaction; and comfort and appearance, presence of oral disease, staff oral health incoviletge and attitudes

	<b>1</b>					r					1		
What is the best way to Uncertainties identified from improve recognition of patients' questions unusual symptoms of stroke?	reviews identified	Any age	Diagnostic							This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included:94.83 How to improve recognition of unusual symptoms.			Change in symptoms, adverse effects or complications, and costs
What is the best way to Uncertainties identified from improve the production of carers' questions structured sentences in people with sphasis following stroke?	No relevant systematic reviews identified	Any age	Physical therapies							This uncertainty was submitted by patient & carer This is an indicative uncertainty, and the included;106.13 How best to to improve the production of structured sentences in people with aphasia.			Change in functional communication ("primary): change in communication ability, overall level of servity of aphasis, psycholocali impact: (impact on psychological or social web-beng including depression, anxiely and distress), patient satisfaction with intervention, number of disposal cay research, complexione with allocated intervention; units of disposal cay research, complexione with allocated intervention; economic outcomes (costs to the patient, careers, families, health service and society), and carer and family satisfaction; change in overall functional status
What is the best way to improve understanding (cognition) after stroke?	No relevant systematic reviews identified	Any age	Exercise	Education and training	Drug	Psychological therapy	Physical therapies			Stroke Ranked 1st This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:31.6 More research into impaired understanding.		Hoffmann T, Bennett S, Koh CL, McKenna KT. Occupational therapy for cognitive impairment in stroke patients. Cochrane Database of Systematic Reviews 2010, Issue 9. Art. No.: CD006430. DOI: 10.1002/14651858.CD006430.pub2.	Change in cognition; adverse effects or complications, and cost
What is the best way to (Incretainties identified from increase awareness of risk of patients' questions socke amongst general public and health professionals?	No relevant systematic reviews identified	Any age	Education and training	9						stroke in the population and more effective means of increasing it in primary care94.1 How to increase awareness of TIA and Sstroke in the general public and in health care professionals.	http://www.sign.ac.uk/pdf/sign118		Awareness of risk of stroke among professional and the general public
What is the best way to keep. Uncertainties identified from feeding tubes in place following a stroke?	No relevant systematic reviews identified	Any age	Diet	Devices						This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:95.11 What are the best methods for keeping feeding tubes in place?			incidence of disturbed feeding tubes; adveres effects or complications; and cost
What is the best way to Uncertainties identified from manage altered mod and patients' questions emotion after stroke?	No relevant systematic reviews identified	Any sge	Exercise	Drug	Education and training	Physical therapies	Psychological therapy			This uncertainty was submitted by patient group. This is an indicative uncertainty, and the (following questions were included 24, 48 How best to help expelle manage mood and emotion post stroke.	Wheeler BL, McGilloway E. Music therapy for acquired brain injury. Cochrane Database of Systematic Reviews 2010, Issue	Smith, Forster A, Houte A, Koage P, Wijfrigh JJ, Young J, Homarskin provident for stroke patients and their caregivers. Cochrane Database of Systematic Reviews 2006, Issue 2, Art No.: 10.1002/14651850. CO09195.pub2. An Advance C, House A, Halthe C, Isbervertions for preventing depression after atmosk. Cochrane Database of Neurocochrane Database of NeuroCococean Disk. Issue 3, Art 10.1002/14651856. CD003868.pub3.	Change in management of attered moods and emotion: family function; adverse effects or complications, and cost
What is the best way to Uncertainties identified from manage and prever thousdar pain after stoke?	Reliable up-to-date systematic reviews have revealed important confinuing uncertainities about treatment effects	Any age	Exercise	Drug	Education and training	Psychological therapy	Physical therapies			stimulation, massage and acupuncture to treat post-stroke shoulderpain, development of management algorithms for the assessment, prevention and treatment of post-stroke shoulder pain 94.41 How best to treat a painful shoulder?	118). Available from http://www.sign.ac.uk/pdf/sign118 .pdf. Section Prevention of post- stroke shoulder pain 4.12.1.8. Treatment of post-stroke shoulder pain 4.13.1-14.		Al Isata 2010, pain reduction, proportion below 30100 mm (no worse than mid pain), paient (poli mpression, functioning; adverse event (AE) withdrawal; serious AE; death
What is the best way to manage analysis of partic chinciant' questions after protein?	Reliable up-to-date systematic reviews have revealed have revealed uncertainties about treatment effects	Any age	Eousion and training	f Psychological therapy	Drug					by 1 clinician, 1 clinician group This is an indicative uncertainty, and the following questions were included:35.3 How do you	Interventions for treating anxiety	Hacker ML, Anderson CS, House A, Xia J. Interventional Enricing dependance in Interventional Enrich and Annual Company September 2008, Issue J. Annual Company September 2008, Issue J. Annual Company Intervention Company Company Intervention Company Company Intervention Company Company Intervention Company Company Intervention Company Interv	Change in panic attacks and anxiety: adverse effects or complications, and cost

What is the best way to manage care guilt caring for someone following a stroke?		No relevant systematic reviews identified		Exercise	Drug	Education and training	therapies			This uncertaining was advantited by painter group This is an indicative uncertaining, and the hollowing uncestations were included: 100.1 Mink research a cart with research a cart with a state of the a cart with a state of the a state of the state of the state of the state of the state of the a state of the state of the state of the state of the state of the a state of the state of the state of the state of the state of the a state of the state of the a state of the state of the a state of the state of the state of the state of the state of the state of the
What is the best way to manage central poststoke (neuropathic) pain?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Exercise	Psychological therapy	Education and training	Drug	Physical therapies		This uncertainty was submitted Willien PJ, Deny S, Moore RA. by 3 clinicity. Idination group: Landinging bet nave and volvine This is an indicative uncertainty. jean. Contraine Database of Systematic Reviews 2011, Issue and the biological states of the biological states and volvine particity. Jatent global impression: functioning: adverse event (AE) withdra enloyability of pusitions neuropathic pain s of Bifful to 10.102/1455188.CD008044.pu b3 neuropathic pain s of the ann neuropathic pain s of Bifful to 10.102/1455188.CD008044.pu b3 neuropathic pain
What is the best way to manage feelings of panic due to aphasia following stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Drug	Psychological therapy	Physical therapies				This uncertainly was submitted by patient This as inclusion uncertainty, and the following questions were included 51.2 Panic because of aphasia.
What is the best way to manage involuntary reactions following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age	Exercise	Education and training	Drug	Physical therapies	Psychological therapy		This userstaining was exhibited by galantic Acaser This is an indicative userstaining, and the belowing 2011 Revised responses eg. Twaning and galeting a hard release. We would like is throw more at both help to all the people to respond help to all the people to all the people
What is the best way to manage pain in patients with communication problems following stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Drug	Physical therapies					This usertaining vas submittes     Bask J. Mugae WL, Dileo C.     Pain       by chricking This is an indicative Wheeler BL. Michigaway E. Malic     Uncertaining, and the following     If wain you want the set of
What is the best way to manage problems with false teeth after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age	Education and training	Physical therapies					This uncertainity was submitted by setting trong This is an Industry upon This is an Industry
What is the best way to manage psycho-social problems after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Education and training	Psychological therapy					This uncertaining was submitted by dividing group This is an indicative uncertaining, and the following cuestions were included 37.4 Trainment of active dividing after active dividing after active dividing after active dividing after the submitted after active dividing after the submitted active acti
What is the best way to prevent deterioration in function after discharge from rehabilitation following a stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Service delivery						The uncertainty was submitted by critical This is an indicative uncertainty, and the following two may crass is there is deterioration interact of improvement in function after discharge from refuel. A how can we prevent this?
What is the best way to promote self-magement and self-help after stroke?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any sge	Education and training	Psychological therapy	Social care				This user thinking was submitted     Chang G (S) Pulock A Campbel     Change in self-management and self-help: advense effects or complication for and the following quastrians     Campbe in self-management and self-help: advense effects or complication for and the following quastrians       This is an indicative uncertainty     Capative relabilitation for executive dynamics of the following quastrians     Capative relabilitation for executive dynamics of the following quastrians     Capative relabilitation for executive dynamics of the following quastrians       self management for poople     whit states or other station for executive dynamics of the following quastrians     Capative relabilitation for executive dynamics of the following quastrians       self management for poople     Gamage in complexity of the following quastrians     Capative relabilitation for executive dynamics of the following quastrians       self management for poople     Systematic Reviews 2013, Issue 4     A, An No. CDOMSH 1. DOK       stote - and what are the top of the following information

What is the best way to provide information after stroke? What is the best way to support a positive sense of support a positive sense of self-after stroke?	Uncertainties identified from patients' questions	Relative up-to-state systematic reviews have revealed important continuing uncertainties about treatment effects No relevant systematic reviews identified	Any sge Any sge	Education and training Exercise	Psychological therapy Education and training	Physical therapies Drug	Social care Physical therapies	Social care	Psychological therapy		understand information given? Why not wait until a family member is present before giving news? 942 How to provide better information about likely length of recovery. This uncertainty was submitted by 2 clinicians This is an infocative uncertainty, and the following questions were included:4.4.4 bo health care	House A, Knapp P, Wright JJ, Yang J, Mormadian provision for intercepting: Cookrame Database of Systematic Revenues 2012, Issue 11.4.4. No.: C0001919. Do: 0002714651868. CD001919.pu b3           Bowen A, Kotupp P, Gillespie D, Niccleann DJ, Vall A. Non- pharmacological interventions for pharmacological interventions for pharmaco	Trame-Großese I, Nair A, Stedk L, Olsier PB, Warde JT. Mair - Capitel and an expired brain righty in adultation of warding and the comparison of the comparison of the comparison of the comparison of the comparison of the Issue 3. Art. No CD004/TX DDI: Issue 3. Art. No CD0	Change in terminative and patients or canner mood table (sinsing) and depression) or both ("Primary outcomes); activities of add) kings, participations social activities, perceived health status; quality of life; statistication with information; heapinal admission; activition; death or institutionalisation or both; and cost to health and social services.
											professionals support somebody's positive sense of self following stroke? 44.1 How do people regain their sense of 'self' following a stroke?	non-progressive brain Injury. Codrane Database of Systematic Reviews 2011. Issue 4. Art. No.: CO007038. DOI: 10.1002/14651858.CD007038.pu b2.		
What is the best way to support independent living after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age	Education and training		Psychological therapy					This uncertainty was submitted by patient group. This is an indicative uncertainty, and the following questions were includes 34.89 How to best help people get on with living their lives, especially if living alone.		Legg L. Drummond A. Langhorne P. Occupational hearsy for patients with problems in activities of daily living after tracke. Corchrane Database of Systematic Reviews 2006, Issue 4. Art. No.: 10 1002/14651886 CD003585 pub2 Stroke Unit Trailasts' Collaboration. Organized ingates (stroke unit) care for stroke. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD000197. DOI:	Change in indepent living: adverse effects or complications, and cost
What is the best way to support people with stroke during divorce?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Social care	Psychological therapy						This uncertainty was submitted by patient group This is an indicasive uncertainty, and the following questions were included:100.15 Coping with stoke and divorce. Who helps people who have no family or friends?		Salter K, Foley N, Tessell R. Social support interventions and mood status post stroke: a review. International Journal of Nursing Studies 2010 47(5):618-625	Change in symptoms, adverse effects or complications, and costs
support return to work after stroke?	Uncertainties identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Service delivery							This uncertainty was submitted by 6 cincians, 1 paired group this is an indicative uncertainty of the lobioting pairs of the assess fitness to return to work? 33 21 How should fitness to return to work be assessed? 32 22 When should fitness to 32 22 When should fitness to 32 22 When should fitness 32 24 Mon should fitness 32 24 Mon should fitness 32 24 Mon should fitness 32 24 Mon should fitness 47 3 What are the particular problems didle popels lace if they wish to return to work after treatment. How diffective is it? 346 How do you best sustain exploylement?		Trane-Orobese I, Nar A, Seida I, Dieter PB, Wade JD. Matic disciplinary rebabilitation for acquires brain input in adults of working age. Containe and the control of the control of the control brave. 3. Art. No.: CD004170. DOI: 10.1022/14651858.CD004170.pub2.	Changes in level of impainment and activities (distability, residual symptoms (e.g., post-traumatic amounts) (PTA), cost-toussion symptoms); incricinal independence including mobility, cognitive functioning, and ability to perform basic advinues of ability (PDA); certer budy in advises, psychostical displanterat, independence including mobility (PDA); certer budy integration or activities; extended activities of dairy living (EADA); health-related quality of life for patient and carer; patient and carer mood; and satisfaction with services.
What is the best way to support stroke survivors to form learning alliances and relationships to inform their own care and treatment and influence others?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any sge	Social care							This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included.07.2 What environments support stroke survivors to form learning alliance and relationships to inform their own care and treatment and influence others?			Change in symptoms, adverse effects or complications, and costs
What is the best way to teach carers to allow stroke survivors to do things for themselves?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Mixed or complex	Education and training	Psychological therapy	Physical therapies	Social care	Service delivery		This uncertainty was submitted by patient group This is an indicative uncertainty, and the following questions were included 94.88 How to teach carers to allow survivors to do things for themselves.	Fearon P. Langhorne P. Early Services for meta-cing duration of Services for meta-cing duration of Services for Centro and Services and Services and Systematic Centrom Cababase of Systematic Reviews 2012, Issue 9, Art. No. I CODOCAS, DOCI 10 1002/1451888.CD000443.pu b3		Death physical dependency (dependent on help for transfers, mobility, wathing, desang or tolering, and place of relations or "Ymany automass; activities of daily living (ADL) score; estended ADL score; subjective health status; mood (mood or dependent noce); sub-educounce; (correct and subjective health status); pallent and care satisfaction and/or service preference
What is the best way to treat a reduction in the sense of smell following stroke?	I patients' questions	No relevant systematic reviews identified		Drug	Surgery						This uncertainty was submitted by patient This is an indicative uncertainty, and the following questions were included:102.12 The reduction of the sense of smell which I believe is often overfocked.			Change in symptoms, adverse effects or complications, and costs
What is the best way to treat depression in people with aphasia following stroke?	Uncertainties identified from carers' questions	No relevant systematic reviews identified	Any age	Drug	Physical therapies	Psychological therapy					This uncertainty was submitted by patient & carer This is an indicative uncertainty, and the following questions were included:108.11 Most effective treatments for depression post stroke in people with aphasia.			Change in symptoms of depression; adverse effects or complications; and costs

line in the second s				1-	1		1	1		 1 1				<b>.</b>
What is the best way to treat emotional lability after stroke?	clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Drug	Education and training	therapy					by 1 patient group, 1 clinician This is an indicative uncertainty and the following questions were included:35.1 How best to treat emotional tability non- pharmachologically after a stroke. 67.7 1 am emotionally labile and 1 have been told that this is an accepted part of stroke but what research is being done in this area?	emotionalism after atroke. Cochrane Database 010, listoa 2, Art. No.: CD003690, DOI: 2, Art. No.: CD003690, DOI: 53.		Change in emotional lability: adverse effects or complications, and cost
What is the best way to treat visual problems after stroke?	Uncertainties identified from patients' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Exercise	Diet	Drug	Education and training	Psychological therapy	Physical therapies		Stroke Ranked 5th This uncertainty was submitted by 1 patient, 1 guidelines This is an indicative uncertainty, and the following questions were included:31.5 More research into visual problems. 96.12 Interventions for visual field detects, treatment of eye movement disorders, visual neglect	Scottan Intercollague Guidelines Network (SIGN), Management of paletes with stroke. International constructions and management of complications, and discharge planning A matchard clinical guidelines. Matchard Children (Sandard), Stroke 118, Available from http://www.sign.ac.uk/pdflight18 pdf. Section 4.5.1 + 4.5.5 Visual Problem		Management of visual problems; adverse effects or complications, and coats
What is the cost and clinical effectiveness of admission to general medical (acute admission) wards with orward referral to a stroke uni of compared with direct admission to a stroke uni?	Uncertaintiles identified from clinicians' questions	No relevant systematic reviews identified	Any age	Service delivery							This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:38.3 A trial of the cost and inicial effectiveness of admission to general medical (acute admission) wands with convari referral to a stochustic to a stock unit. This is needed given that currently 60% of stroke patients are admitted to acute medical wards.	,		Change in symptoms; adverse effects or complications, and cost
What is the cost effectiveness of increased intensity of therapy in stroke units?	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Service delivery							This uncertainty was submitted by clinician group This is an indicative uncertainty, and the following questions were included:108.7 Cost effectiveness of service delivery models to increase the intensity of therapy in stroke units	,		Change in symptoms, adverse effects or complications, and costs
What is the effect of early mobilisation after stroke?	Uncertainties identified from dinicians' questions	No relevant systematic reviews identified		Physical therapies	Service delive						This uncertainty was submitted by clinician This is an indicative uncertainty, and the following questions were included:92 Impact of early mobilisation in stroke (question missed out of original list)			Change in symptoms, adverse effects or complications, and costs
effectiveness of long term or lifelong physicherapy following a stroke?	Uncertaintiles identified from clinicians' questions	Existing relevant systematic reviews are not up-to-date	Any age	Physical therapies	Service delive						This uncertainty was submitted by clinican This is an indicative uncertainty, and the following questions were included: 103.11 A cost bendf sanaysis of the Diack box of physiotherapy in the 1 j rehabilitation phase 20/ong term maintenance of function to give a cost per AUA for physiotherapy for stroke as parctised in the UK today.		deficits. Cochrane Database of Systematic Reviews 2009, Issue 3. Art. No.: CD00675, DOL Society 2009, Society 2009, Society 2009, Society 10, 10, 10, 10, 10, 10, 10, 10, 10, 10,	Gait function, veaking ability, patient's ability to wait in a functional context gat speed measured out a short distance () meters or less); patient of the adverse events or complications; death; or disability; need for institutional care; and cost
What is the impact and cost- effectiveness of congrems of filebing rehabilitation following arous?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age	Physical therapies	Service delive	ry ,					by 1 patient, 4 patient groups, 1 clinician, 3 clinician groups This	disciplinary rehabilitation for acquired brain iniury in adults of	Aziz NA, Leonardi-Bee J, Phillips MF, Gladman J, Legg LA, Walker M. Therapy- based rehabilitation services for patients living at home more than one year after	Dath or poor outcome (destructance, dependency, trainstituionalisation), damge in ability to perform dativities of dativity (primary outcomes, dath, performance) in electroded activities of dativity (EXDL), subjective health status or quality of and patient and carer satisfaction with services

increased intensity, frequency and duration of physiotherapy on stroke recovery?	Uncertainties identified from clinicians' questions Uncertainties identified from	No relevant systematic reviews identified		Physical therapies Drug					This uncertainty was submitted     Ohange in symptoms, solvene effects or complications, and costs       by derivative uncertainty, and the includate is uncertainty and the includate is 20 to 0.000 theready, is subject 70 to 0.000 theready, is subject 70 to 0.000 theready, is subject 70 to 0.000 theready is subject 70 to 0.000 there
Hiromboyas on encolon, cognition and communication for someone following a arcke?	Understand Satisfied Intel	No relevant systematic reviews identified	,⊷n dig€	er ug					by 2 dincises The is an indicative concritinity, and the lobbing quantum were lobbing quantum were indicative and the lobbing quantum were indicative and the indicative states of the motophysis which is an editor-based restored length of any and more the physical addresses of patients and be welcomed by patients and be welcomed by there been any released horizond there been any released horizond
and intensity of therapy for patients with stroke?	Uncertainties identified from	No relevaré systematic reviews identified	Any age	Physical therapies	Service delivery				The successary was submitted by 1 padder This is an indicative of the submitted of the submitted provide of the submitted submitted submitted provide of the submitted
What is the optimal staffing levels within stroke units?	Uncertaintiles identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Service delivery					This uncertainty was submitted by 1 chinking prop. 1 guidelines This is an indicative questions, and
What stimulation techniques are useful for enhancing the engagement of stroke patients with severe cognition and communication impairment?		No relevant systematic reviews identified	Any age	Exercise	Education and Physical training therapies	Devices			This uncertainty was submitted by clinicative uncertainty, and the closuring questions. This is an indicative uncertainty, and the closuring questions were included 8.8 and uncertainty and the closuring questions and closure and for entrancing the encagagement of stroke patterns with server cognition and communication implamment?
	Uncertainties identified from clinicians' questions	No relevant systematic reviews identified	Any age	Physical therapies					This uncertainty was submitted by 2 changes in Inductional communication ( cymmany, change is nonmunication) by 2 changes in Inductional This is an overall evel of severity of dephasics productorials, complication with blowing calculary dephasics productorials, complication with provide calculary dephasics productorials, and carer and family satisfaction, change in over status and and calculary dephasics productorials, an

When is the best time to move someone from a najor stroke unit to a smaller rehabilitation unit nearer to their home?	clinicians' questions	No relevant systematic reviews identified	Any age	Service delivery							by clir uncer quest How o time t recov stroke	uncertainty was submitted inician This is an indicative trainty, and the following tions were included:79.2 do we know the optimal to move someone evering from stroke from a se unit to a smaller bilitation unit nearer the e7				Timing
receive speech and language therapy (community or hospital) following stroke?	Uncertainties identified from dinicians' questions	No relevant systematic reviews identified		Physical therapies	Service delivery						This u by clir quest Would therap room	uncertainty was submitted inician This is an indicative rtainty, and the following tions were included:7.2 Id speech & language pp outside the therapy be beneficial, e.g. In munity context?				Change in functional communication ("primary): change in communication ability, overall level of avery of aphasia, psycholocali impact, "Impact on psychological or social vell-breig including depression, anviely and distress), patient satisfaction with intervention, number of diopoda (sing reason), complications with allocated intervention, contenic outcomes (costs to the patient, careers, families, health service and society), and carer and family satisfaction; change in overall functional status
are best at improving quality of life after stroke?	Uncertainties identified from clinicians' questions	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Exercise	Drug	Education and training	Complementar y therapies	Devices	Physical therapies		This used by clir uncer quest Does impro- we m to que patier their c exerci prism	uncertainty was submitted inician This is an indicative rtainty, and the following disons were included:83.3 is orthogise intervention ove quality of life and can beasure any improvement ality of life after - giving a ni davice/information on condition, after orthogic cises and after ns/occlusion?	rehabilitation for spatial neglect following stroke. Cochrane Database of Systematic Reviews 2013, Issue 7. Art. No.: CD003566. DOI: 10.1002/14651858.CD003586.pu b3.			Functional disability, activities of daily living ("primary outcomes); performance on standardised registed assessments: target carcinolition (single) tetted, ouble tetter, double tette
Which psychological treatments are effective after stroke?	Uncertainties identified from patients' questions	Existing relevant systematic reviews are not up-to-date	Any age	Drug	Psychological therapy						by par indica follow includ psych	uncertainty was submitted atient group This is an asive uncertainty, and the wing questions were ded:94.45 Which hological treatments work for people with stroke?	Campbell Burton CA, Holmes J, Murray J, Gillespie D, Lightbody CE, Watkins CL, Knapp P. Interventions for treating anxiety after stroke. Cochrane Database of Systematic Reviews 2011, Issue 12. Art. No.: CD008860. DOI: 10.1002/14651858.CD008860.pu h2		Hackett ML, Anderson CS, House A, Hathe C, Interventions for preventing depression after stroke. Cochrane Database of Systematic Reviews 2008, Issue 3. Art. No.: CD003899. DOI: 10.1002/14651858.CD003899.pub3.	Change in symptoms: adverse effects or complications, and cost
Which psychological treatments improve mood after stroke?	Uncertainties identified in research recommendations	No relevant systematic reviews identified	Any age	Psychological therapy							by gu indica follow includ interv behav	uncertainty was submitted uidelines This is an ative uncertainty, and the wing questions were ded:96.21 Psychological eventions (eg cognitive wioural therapy) for post- te mood disturbances	Scottish Intercollegiate Guidelines Network (SIGN), Management of palients with stroke: Retabilitistion, prevention and management of complications, and discharge glanning A national chicral guideline. Edinburgh: SGNs, 2010, (SIGN 118), Available from http://www.signa.cuk/gdt/ligh118 pdf 4.6.2 Aphaeia. Section 4.15 Disturbances of mode and emotional behaviour			Change in moods: adverse effects or complications, and cost
Which gench and language therapy realmonts work best for aphasia fotowing a stroke?	Uncertainties identified from cliniciant' questions	Reliable up-to-date systematic-reviews have revealed uncertainties about treatment effects	Any age	Physical therapies							by 2 c Th's is and the were sport to varies ware ware sport evolution instan- instan- condi-	uncertainty was submitted inclusions; 2 quidelines is an inclusion a contrainty included 52. What included 52. What included 52. What included 52. What included 52. What included 52. What includes 52. What incl	Network (SIGN). Management of patients with stroke: Rehabilitation, prevention and management of complications,			Change in functional communication (primag): change in communication ability, overall fived of service of application point of the prima of the prima or social version of service and service of the prima of the prima of the prima index of the prima of the prima of the prima of the prima of the prima intervention; eccondition courtoms; clocits to the patient; clears; milles, headin service and society), and carer and family satisfaction; change in overall functional status.
Which treatment are the best at at preventing stroke and subsequent stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Exercise	Drug	Education and training	Physical therapies	Complementar y therapies	Devices		by 1 p is an i the fo includ done What furthe	uncertainty was submitted patient group, 1 other This indicative uncertainty, and allowing questions were ded:43.1 What can be to prevent a stroke? 94.14 t can be done to prevent er stroke when reason for stroke/TIA unknown?		Lager KE, Wilson AD, Mistri AK, Khuni K, Stroke services for risk reduction in the secondary prevention of stroke (Protocol). Cochrane Database of Systematic Reviews 2011, Issue 6. Art. No.: CD009103. DOI: 10.1002/14651858.CD009103	Curioni C, Andr? C, Veras R, Weight reduction for primary prevention of stoke control of the prevention of stoke Cochrane Database of Systematic Cochrane Database of Systematic Reviews 2006, Issue 4, Art. No.: CD006082. DOI: 10.1002/14651858.CD006062.pub2.	Countrative changes (or target achievement) in blood pressure, tipoi profeta (total cholesterch, tipo camo (hop), low dannih (poporien (hDL), trighyceristes), glycasemic control in diabetes mellitua (HD HA), tody mass index (BMI) or validade achicouscular risk scene, any indicated or gladet adherence to been and a scene (hop) (hop) (hop) (hop) (hop) (hop) (hop) (hop) (hop) events: stroke, myocardial infarc
reducing/preventing depression in patients after stroke?	Uncertainties identified from patients' questions	systematic reviews are not up-to-date	Any age	Education and training		Psychological therapy					by 1 p This is and th were best f follow we de What treatm psych depre	uncertainty was submitted patient, 2 patient groups is an indicative uncertainty, the following questions included:37.4 What is the form of help for depression wing stroke? 55.6 How do eal with depression? 94.49 It are the most effective ments - medication, hological, other - for ession?			Hackett ML, Anderson CS, Houze A, Hathof C. Interventing depreseinant atracks. Chathase of Systematic Reviews 2008, Issue 3. Art. No.: CD003689. DOI: 10.1027/4651885. CD0036989. pub3 Hackett ML, Anderson CS, House A, Xie Hackett ML, Anderson CS, House A, Xie Hackett ML, Anderson CS, House A, Xie Martine State (State C), State A, All Martine State (State C), State A, Art. No:: CD003457. DOI: 10.1002/14651858. CD003437. pub3	Change in depression: adverse effects or complications, and cost
Which treatments are best for management of long-term headache/migraine after stroke?	Uncertainties identified from patients' questions	No relevant systematic reviews identified	Any age	Exercise	Drug	Education and training	Psychological therapy	Physical therapies			by pa indica follow includ heads	uncertainty was submitted atient group This is an afive uncertainty, and the wing questions were ded:99.1 ache/migraine post stroke a term)				Al least SOF: pain reduction; proportion below 30/100 mm (no worse than mid pain); patient global impression; functioning; adverse event (AE) withdrawa; serious AE; death

Witch treatments are best for Uncertainties identified from replatamus (involutionary eye movements) after stroke?	Reliable up-to-date systematic reviews have revealed important continuing uncertainties about treatment effects	Any age	Exercise	Education and training	Drug	Devices	Complementar y therapies	Physical therapies			uncertainty, and the following	Henderson CA, Angilley J, Dhillon B, Langhorne P, Livingstone K, Murro FA, Orr H, Rowe FJ, Shahani U. Interventions for disorders of eye movement in patients with stroke. Cochrane Database of Systematic Reviews 2011, Issue 10. Art. No.: CD008389. DOI:		Functional ability in admitted of daily living "(primary automos): functional ability in admitted admitted and living, any moment balance, nuclear deproted fails, depression and anxiety, discharge destination or residence after strake, quality of lits and social isolation; adverse events or complications, and death.
What are the best ways to Uncertainties identified from improve cognition after stroke?	No relevant systematic reviews identified	Adult	 Environmental	Exercise	Mixed or complex	Education and training	Drug		Service delivery	Psychological therapy	Stroke Priority Setting Partnership Ranked 1		Chung CSY, Pollock A, Campbell T, Durward BR, Hagen S, Cognitive rehabilitation for executive other adult non-progressive acquires than damage (Protocol). Cochrane Database of Systematic Reviews 2010, Issue 3, Art No. CD008391. DOI: 10.1002/14651858.CD008391.	Global executive function ", executive function component outcomes, (dysexecutive syndrome, inhibitor, concept formation, planning, and flexibility), functional ability in activate of dash (wing; functional ability in setended activities of dash (wing; monole al weak) were purported and an intervent activation and activity were purported and activate accidance, adverse events, and death "Privaty outcome