

Book of Abstracts

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All-Island Stroke Conference



"At the end of the day we're kind of motoring along on our own": The perspectives of people with aphasia, family members, and speech and language therapists' on the role of family therapy following stroke

Poster

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Introduction

Post-stroke aphasia significantly impacts the lives of both the person with aphasia (PwA) and their family, often profoundly changing family roles and dynamics. Research on family therapy (FT), a method used to support families through adjustment periods after significant events, has demonstrated benefits in an acquired brain injury population. However, there is a lack of research on the use of FT with PwA, particularly in an Irish context.

This study aimed to investigate the experiences and perceptions of PwA, their family members and speech and language therapists (SLTs) on the need, value, and challenges of providing FT in contexts where one family member has aphasia.

Methods

This qualitative study utilised an exploratory-experiential approach. Eight interviews were conducted with PwA and their family. Two focus groups were held with seven SLTs. Reflexive thematic analysis was applied to systematically code the data to explore patterns of meaning across multiple stakeholders.

Results

Five themes were generated through the analysis process: (1) That's it. You're on your own; (2) Psychosocial challenges faced by PwA - diverse solutions for a diverse disability; (3) The cautious boundaries of SLTs working with families; (4) Doing my best and imagining what's possible: SLT roles in FT; and (5) "There is just so much going on" - The luxury of time and timing. These themes highlighted the intense period of adjustment post-stroke, barriers faced by PwA and their families in accessing support, and the resources and collaborative approaches required to support families living with aphasia.

Conclusion

This study provides evidence of the need for communication-accessible FT services for PwA and their families after stroke. Systemic change and improved coordination between healthcare services could facilitate greater collaboration between SLTs and family therapists, supporting more holistic, family-centered stroke rehabilitation.

Ethics

Yes. Ethical approval was granted for this study by the School of Linguistic, Speech and Communication Sciences Research Ethics Committee, Trinity College Dublin.

10 Year Comparison of Mortality Rates in an Acute Stroke Service

Poster

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Introduction

Stroke is the second leading cause of death in Ireland with the overall national in-hospital mortality rate plateauing and remains stable at 11%. (NOCA, 2024). Continuous audit and quality improvement is essential in the delivery of stroke care, benchmarking local and national data.

Methods

Patients admitted with Stroke in 2015 were compared to 2025 admissions looking at mortality and other parameters such as age, AF, length of stay (LOS), type of stroke and pre Modified Rankin Score. (mRs)

Results

In 2015, 353 acute strokes were admitted compared to 393 in 2025, with a mortality rate of 13% in 2015 v's 16% in 2025. The mean age in 2015 was 81 years v's 84 years in 2025. Haemorrhagic strokes accounted for 34% of deaths in 2015 v's 36% in 2025. 55% of our patients in 2015 had AF, the majority (46%) having known AF, but only 31% of those known cases were anticoagulated on admission, in comparison to 83% of patients with known AF anticoagulated on admission in 2025. The average timing of death from admission was 27 days in 2015 v's 18 days in 2025 and with the average pre mRs being 0-2 in 2015 in comparison to 2-3 in 2025 this reflects our frailer older cohort of patients.

Conclusion

Looking back on our own data there has been an increase of 11% in acute strokes presenting over the 10 year period. Our cohort of patients are older and frailer, aligning with our demographic area as reflected by the pre mRs. On a positive note there has been an increase in primary prevention practices for AF and this is reflected in the number of patients presenting to hospital with known AF already on an anticoagulant.

References

National Office of Clinical Audit (2024)

A Profile of The Inpatient Stroke Physiotherapy Service in Tallaght University Hospital

Poster

Ms. Sarah Conaty¹, Ms. Gillian Harte²

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Introduction

Stroke is the leading cause of acquired disability in Ireland, with approximately 6,000 people admitted to hospital with stroke annually. Understanding patient characteristics and rehabilitation needs is essential for service planning. This service evaluation profiled patients managed by the inpatient stroke physiotherapy service at Tallaght University Hospital to inform service planning, resource allocation and discharge planning.

Methods

A retrospective service evaluation was conducted for patients admitted between January and June 2024. Descriptive statistics summarised demographics and clinical characteristics. Mann–Whitney U, Chi-square and multinomial logistic regression analyses were performed where appropriate, with statistical significance set at $p < 0.05$.

Results

Of 133 patients admitted with stroke, 117 (88%) were referred to physiotherapy. Patients receiving physiotherapy had a longer median length of stay than those not referred (10 vs. 5 days; $p = 0.003$). The median number of physiotherapy treatment sessions was 4 (range 1–84) with most sessions lasting 30 minutes (71.8%). Pre-stroke, 76.9% were functionally independent (Modified Rankin Score (mRS) = 0). At discharge, functional decline occurred in 68.4%, median mRS change was +2 (IQR 0–3). Each one-point increase in pre-admission mRS was associated with a threefold increase in the odds of discharge to long-term care (OR 3.20, 95% CI 1.44–7.12; $p = 0.004$). Overall, 54.7% were discharged home, 17.9% to inpatient rehabilitation and 3.4% to long-term care. 53% required ongoing physiotherapy after discharge, most commonly inpatient rehabilitation (15.4%) or Early Supported Discharge physiotherapy (14.5%). Each one-point increase in discharge mRS increased the odds of referral to inpatient rehabilitation by 48% (OR 1.48, 95% CI 1.07–2.06; $p = 0.019$).

Conclusion

Most patients admitted with stroke required inpatient physiotherapy and experienced functional decline. Functional status was associated with discharge destination and ongoing rehabilitation needs. These findings may inform workforce planning, discharge pathways, resource allocation, and support earlier identification of discharge destination.

A Single-Centre Retrospective Audit of Final Clinical Diagnoses in Patients Triggered as Fast Positive in a Dublin Teaching Hospital

Poster

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Introduction

The FAST (Face, Arm, Speech, Time) assessment is a widely used clinical screening tool designed to facilitate the rapid identification of patients with suspected acute stroke, enabling timely triage and urgent intervention. Early recognition is critical, as prompt treatment significantly improves patient outcomes and reduces long-term morbidity. However, while FAST is highly sensitive, it may also capture a range of non-stroke conditions that mimic stroke presentations.

Methods

A single centre retrospective audit was conducted on all consecutive FAST calls between January 2025 and October 2025 in a regional thrombolysis centre. Patient data were identified through hospital stroke activation logs and electronic medical records, and relevant clinical information was extracted for analysis.

Results

Final diagnoses were determined based on comprehensive clinical assessment, neuroimaging findings, and specialist review, where applicable. Each case was subsequently categorised into predefined diagnostic groups to facilitate analysis. These categories included confirmed stroke, transient ischaemic attack, migraine, Bell's palsy, vertigo, seizure, syncope, subdural haematoma, cerebral amyloid angiopathy, infection and an "other" category for less common or atypical diagnoses.

Conclusion

The FAST assessment identified a high proportion of patients with a final diagnosis of acute stroke/TIA. Nevertheless, a majority of patients presenting as FAST positive were stroke mimics related to other neurological, systemic conditions & other miscellaneous causes. Findings highlight that while the FAST assessment is effective for rapid recognition, a significant proportion of FAST positive patients will be stroke mimics which has implications for resource utilisation.

A Systematic Review examining the experiences and perceptions of Stroke Survivors using Religious Coping

Poster

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Introduction

It is widely accepted that religious and spiritual coping strategies strongly influence the experience of people living with long-term conditions, but there has been little attention paid to the evidence base for their role in stroke rehabilitation and recovery. Furthermore, the main emphasis of most studies has been on the quantitatively measurable effects of religious coping rather than on the subjective, qualitative experience of religion and spirituality among stroke survivors. This systematic review aims to make a distinct contribution to the existing body of research by synthesising qualitative evidence on the lived experiences of stroke survivors who engage in religious coping during their recovery.

Methods

Following the utilisation of the JBI Critical Appraisal Tool, a final eight studies were deemed suitable for this systematic review, and a thematic analysis was performed. The studies had a publication date range of 1996 - 2024, and covered North America, Europe, the Middle East, Australia, and Asia.

Results

Four overarching themes were found: Connectedness to God, Comfort, Meaning, and Purpose, Social Community and Family, and Reconstruction of Life.

Conclusion

While the literature overwhelmingly supports the positive impact spiritual and religious coping can have on recovery from chronic illness, there are notable gaps in the exploration of negative spiritual and religious coping, such as the potential for estrangement from God. The absence of such findings in stroke literature raises important questions around sampling bias, where participants with strong religious affiliations and positive coping experiences are more likely to participate in these studies

References (if needed, max. 2)

Arafat, R., Ratna, S., Mustikasari, & Majid, A. (2018). Spiritual coping in people living with stroke. *International Journal of Caring Sciences*, 11(2), 658–662.

Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. Guilford Press.

A Time in Motion Analysis of Non-Clinical Duties in the Acute Stroke Team

Poster

Ms. Sinead Coleman¹, Mr. Alex Murphy², Ms. Amy Daly³, Ms. Alexandra Bell⁴, Ms. Orla Kennedy⁵, Ms. Julieanne Kirwan⁶, Prof. Joseph Harbison⁷

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Introduction

The National Clinical Guideline for Stroke for the UK and Ireland (2023) recommends that stroke patients receive three hours of active therapy daily and are managed within a designated stroke unit. This acute urban hospital operates a six-bed Acute Stroke Unit (ASU) and manages over 300 stroke admissions annually. Limited capacity means many patients are cared for on outlying wards despite efforts to cohort patients adjacent to the ASU. This study aimed to quantify the indirect (non-clinical) time spent by the Acute Stroke multidisciplinary team (MDT) reviewing outlying stroke patients over two audit weeks.

Methods

Data were collected over two weeks in 2025 and 2026 using a bespoke data collection tool. Staff recorded transit time from the ASU to outlying wards and between outlying patients, time spent on additional activities related to outlying placement (e.g., stroke-specific education), and the number of staff attending each review. Data were analysed using Microsoft Excel.

Results

During both audit weeks, three patients were cohorted adjacent to the ASU, while nine were managed on outlying wards across multiple hospital locations. Average indirect time spent reviewing outlying patients over the two-week period was: medical team 5h 24m, physiotherapy 4h 56m, speech and language therapy 54m, and occupational therapy 1h 11m.

Conclusion

Significant MDT time is consumed by indirect activities when caring for outlying stroke patients, reducing time available for direct therapy. These findings highlight inefficiencies in service delivery and provide a quantitative basis for advocating for expanded stroke unit capacity and improved patient cohorting. The methodology is reproducible and may be used to evaluate future service improvements and measure the impact of enhanced cohorting on MDT efficiency.

References

National Clinical Guideline for Stroke for the UK and Ireland. London: Intercollegiate Stroke Working Party; 2023 May 4.

Advanced Practice Across Disciplines: An innovative interdisciplinary model for integrated post-stroke care

Poster

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Introduction

Stroke survivors frequently experience ongoing physical, cognitive, communication and psychosocial needs beyond routine medical follow-up. Although guidelines recommend a structured six-month review, Ireland lacks a dedicated interdisciplinary post-stroke review pathway.

The Stroke Service at Tallaght University Hospital established an innovative Interdisciplinary Stroke Clinic, providing a single point of access to Clinical Specialist Health and Social Care Professionals (HSCPs) and an Advanced Nurse Practitioner. This abstract describes how advanced and specialist practitioners collaborate to deliver integrated, person-centred post-stroke care.

Methods

A prospective service evaluation included consecutive stroke survivors attending the clinic between March 2023 and May 2026. Participants assessed using the Greater Manchester Stroke Assessment Tool (GMSAT). Quantitative data on unmet needs and management actions were analysed descriptively. Patient questionnaires exploring experiences of the integrated service were analysed using thematic analysis.

Results

Between March 2023-May 2026, 675 patients attended. GMSAT assessment identified fatigue (64%), mobility limitations (49%), falls (44%) and dysphagia (30%) as the most common ongoing issues. The most frequently reported unmet needs were mobility (18%), fatigue (13.5%), pain (8.5%), memory (5.5%), speech (5%) and mood (3.6%). Findings informed collaborative assessment and management by the interdisciplinary team. Clinical activity extended beyond traditional professional boundaries through advanced clinical decision-making, initiation of management, direct access to investigations and referral pathways, and integrated care coordination. Patient feedback highlighted the value of coordinated, holistic care delivered through a single access point.

Conclusion

This innovative model demonstrates how advanced practitioners from multiple disciplines can collaboratively deliver comprehensive post-stroke reviews within an integrated stroke pathway. Combining advanced assessment, clinical decision-making, management initiation and co-ordinated follow-up through a single service reduces fragmentation of care, improves access to specialist expertise and supports timely, person-centred intervention. This model provides a scalable example of interprofessional advanced practice in Irish stroke services.

An Evaluation of the Goal Priorities in Sub-Acute Stroke Survivors Using the Canadian Occupational Performance Measure

Oral

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Introduction

Although stroke guidelines advocate for person-centred rehabilitation, practice remains influenced by biomedical approaches, with limited attention to the meaningful goals of stroke survivors across the trajectory of stroke recovery. The Canadian Occupational Performance Measure (COPM) supports client-centred goal setting and evaluation of occupational performance. This study explored goals identified by stroke survivors and examined changes in occupational performance and satisfaction during the transition from hospital to home.

Methods

Participants were recruited across five sites in Northern Ireland and the Republic of Ireland within three months of stroke onset. A pre-test/post-test design was used with assessments completed at baseline and three-month follow-up. Using the COPM participants identified up to five goals and rated their occupational performance and satisfaction. Health-related quality of life was assessed using the EQ Visual Analogue Scale (EQ-VAS), and functional ability was measured using the Functional Independence Measure (FIM). Changes in outcome scores were examined using Wilcoxon Signed ranks test. Correlation analysis of change scores for the COPM, EQ-VAS and FIM was completed.

Results

Sixty-five participants were recruited (mean age = 71 years (SD=9.89); 63.1% male). Self-care goals were predominantly identified (n=158), followed by leisure (n=75) and productivity (n=67). Significant improvements were found between baseline and follow-up for the COPM performance, COPM satisfaction, FIM and EQ-VAS (all $p < 0.05$). Significant positive correlations were found between change scores for the COPM performance and FIM ($\rho = 0.351$, $p = 0.012$); COPM satisfaction and FIM ($\rho = 0.401$, $p = 0.004$); and COPM satisfaction and EQ-VAS ($\rho = 0.295$, $p = 0.038$).

Conclusion

Stroke survivors identified varied and individualised occupational goals not captured by generic measures. Occupational performance and satisfaction improved significantly during the transition from hospital to home. The COPM is flexible and responsive to the changing goals of stroke survivors at various stages across the recovery trajectory.

Ethics

Yes. Ethical approval was obtained from the Office of Research Ethics Committee (REF: 14/NI/1149) for the Northern Ireland sites, and the Faculty of Health Sciences REC, Trinity College Dublin (ref 181102) and HSE North East Area REC (ref REC/19/030) for the Republic of Ireland sites.

An Exploration of Adult Stroke Survivors' Lived Experience of Early Supported Discharge (ESD) in a Rural Irish Community Using a Photovoice Approach

Poster

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Introduction

Early Supported Discharge (ESD) is best practice for stroke rehabilitation, however, there remain access inequalities, especially in rural Ireland (Smith et al., 2021). There is limited qualitative research on patients' lived-experiences of ESD. Photovoice is a novel and inclusive method of capturing and exploring this. The aim of this study was to explore adult stroke survivors' lived experience of ESD in a rural Irish community using Photovoice.

Methods

This qualitative study combined photovoice and phenomenology approaches. Convenience sampling was used for recruitment. Data was collected via photographs and subsequent focus groups, guided by SHOWED, data was analysed using the Braun and Clarke six-step method. COREQ reporting guidelines were followed.

Results

Four of 15 eligible participants took part. Participants, all male, mean age 75, reported largely positive experiences of ESD. Key themes included home as a healing place, support for success and the importance of goal-directed and patient-centred rehabilitation with noted physical, emotional, and functional improvements.

Conclusion

Photovoice is an acceptable and effective method of exploring the lived experiences of ESD for rural Irish stroke survivors. The conclusions, while limited by a small sample size, have important implications for clinical practice and service delivery including alignment with guidelines and expansion of ESD services.

References

SMITH, S., WALSH, B., WREN, M.-A., BARRON, S., MORGENROTH, E., EIGHAN, J. & LYONS, S. 2021. Geographic inequalities in non-acute healthcare supply: evidence from Ireland. HRB open research, 4, 111.

Ethics Approval

Yes. Ethical Approval was obtained from the Research and Ethics Committee at Sligo University Hospital on 20th October 2025.

Benchmarking HSCP Performance in Acute Stroke Care: An urban vs national analysis

Poster

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Introduction

In Ireland, acute stroke data are routinely collected to monitor population needs, service utilisation, and quality of care. Health and Social Care Professionals (HSCPs)—physiotherapists (PT), occupational therapists (OT), and speech and language therapists (SLT)—contribute discipline-specific data aligned with national standards. This evaluation compared HSCP performance in a city-centre hospital with a fully urban catchment to national averages from the Irish National Audit of Stroke 2024.

Methods

HSCP data were submitted via a secure national portal and analysed using descriptive statistics in Microsoft Excel. Local PT, OT, and SLT data were compared with national averages.

Results

Data completeness was substantially higher locally (OT 93%, PT 84%, SLT 93%) than nationally (OT 39%, PT 49%, SLT 45%). Patient demographics were similar: locally 54% male, mean age 72, versus 58% male, mean age 72 nationally.

Timely assessment was higher locally: PT 93% vs 51% nationally, and OT 69% vs 37%. PT outcome measure completion was also higher (81% vs 68%). Mobility and activities of daily living outcomes were comparable.

Reported insufficient therapy was higher locally (OT 33% vs 12%; SLT 54% vs 30%). Dysphagia prevalence at presentation was lower (40% vs 58%), while absence of communication deficits at discharge was higher (41% vs 32%).

Conclusion

This evaluation demonstrates high data completeness and faster HSCP assessment in an urban stroke service, with comparable outcomes. However, higher insufficient therapy in OT and SLT may reflect capacity constraints, increased demand, or more comprehensive reporting.

These findings highlight strengths in early multidisciplinary intervention while identifying workforce and resource challenges. Continued data monitoring and targeted service planning are needed to optimise stroke rehabilitation and ensure equitable access.

References

National Office of Clinical Audit (2025) Irish National Audit of Stroke National Report 2024 and Organisational Audit Report 2025.

Branching Out From Stroke – A case report of Twig-like MCA following Intracerebral Haemorrhage

Poster

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Introduction

Twig-like MCA (T-MCA) is a rare cerebrovascular anomaly where the proximal segment of M1 is absent or narrowed and is replaced by a web like network of small fragile vessels. It is also known as "rete mirabile" or unfused MCA with a prevalence of less than 1%.

Methods

Case report.

Results

43-year-old woman, sudden onset right-sided headache and retro-orbital pain associated with vomiting presented to her local emergency department. CT brain and angiogram confirmed a right temporal lobe ICH, right middle artery stenosis and a small distal MCA aneurysm. Transferred to neurosurgery. Catheter angiogram occlusion of right MCA and a small aneurysm of right MCA. Aneurysm not amenable to intervention. Bleed felt secondary to occlusive vasculopathy (moyamoya) and referred to her local stroke service for onward referral to specialist vascular neurosurgical unit. Discussed with vascular neurosurgery unit in London, imaging review not consistent with moyamoya but twig-like MCA. Admission arranged for considered EC-IC bypass to reduce future bleeding risk. Successfully underwent pial-dural-myo-syngiosis bypass.

Conclusion

Twig-like MCA is a congenital developmental anomaly of the main M1 segment of MCA. It differs from moyamoya angiopathy, which is a progressive, occlusive disease primarily affecting the internal carotid artery terminus. Whereas moyamoya more frequently presents with ischaemia, T-MCA has a much higher incidence of microaneurysms and haemorrhagic stroke. Surgical interventions including EC-IC bypass are applicable to both conditions.

Ethics

Yes. Southern Trust Health and Social Care, Patient Consent received. Not requiring trust ethical committee approval.

Burden of Chronic Covert Brain Infarcts in Patients with Ischaemic Stroke or Transient Ischaemic Attack

Oral

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Introduction

Covert brain infarction (CBI) is a common incidental finding in older individuals and is linked to an increased risk of acute ischaemic stroke (AIS) and cognitive impairment. However, the prevalence, aetiology, and prognostic relevance of CBI in patients with recent stroke or transient ischaemic attack (TIA) is understudied.

Methods

PREVENT-Stroke is an ongoing prospective cohort study that enrolls patients with recent AIS/TIA. We assessed the frequency and determinants of CBI using multivariable logistic regression. CBI was characterised as lacunar (subcortical infarct <1.5 cm within the territory of the small, penetrating cerebral arteries) or non-lacunar. Neurovascular imaging was reviewed by a single reader. Patients with prior history of stroke/TIA were excluded. All statistical analyses were performed using Stata version 17.

Results

153 out of 197 (78%) patients had first-ever AIS (median age 68 years [IQR 56–76], 35% female). 75 out of 153 (49%) patients had ≥ 1 CBI (61 (40%) lacunar, 29 (19%) non-lacunar, 16 (10%) both). Chronic lacunar infarction was associated with a moderate-to-severe Fazekas score (OR 4.93, 95% CI 2.05–11.87), intracranial atherosclerotic disease (ICAD; OR 2.62, 95% CI 1.20–5.74), and smoking (OR 2.21, 95% CI 0.90–5.43). Non-lacunar infarction was associated with diabetes (OR 4.00, 95% CI 1.35–11.86), ICAD (OR 3.46, 95% CI 1.26–9.51), and a moderate-to-severe carotid plaque-RADS score (OR 2.44, 95% CI 0.95–6.24) but was not associated with atrial fibrillation (AF; OR 0.63, 95% CI 0.13–2.94).

Conclusion

CBI is very prevalent in first-ever AIS/TIA patients. The presence of CBI should prompt evaluation for ICAD. Cerebral small vessel disease is strongly associated with lacunar infarction, and atherosclerosis is strongly associated with non-lacunar infarction, whereas no significant association was observed with AF.

Ethical Approval

Yes. The PREVENT-Stroke study received ethical approval from The Mater Misericordiae Hospital Research Ethics Committee (REC Reference: 1/378/2526) and UCD School of Medicine Undergraduate and Taught Masters Research Ethics Committee (Ref. No.: UTMREC-SM-E-26-715-Lee-McCabe).

Burden of Intracranial Atherosclerosis in an Irish Ischemic Stroke or TIA Cohort: Associations with stenosis severity and vascular risk factors

Oral

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Introduction

Intracranial atherosclerosis disease (ICAD) is a leading cause of stroke worldwide and is associated with a high risk of recurrence. However, epidemiological data on its burden, distribution, and contribution to stroke aetiology in an Irish stroke population is unknown.

Methods

PREVENT-Stroke is an ongoing prospective observational cohort study which enrolls patients with recent ischemic stroke or high-risk TIA. Neuro-vascular imaging is reviewed by a single reader. ICAD is defined as the presence of any atherosclerotic plaque (irrespective of stenosis) in the middle cerebral artery (MCA), anterior cerebral artery (ACA), posterior cerebral artery (PCA), vertebral, basilar or intra-cranial internal carotid artery. Significant stenosis was defined as >50% and suspected culprit plaque defined as any plaque proximal to the ischemic region. Associations between vascular risk factors and ICAD were assessed using logistic regression.

Results

Among 197 patients 132 (67.69%) were males. ICAD was identified in 84 (42.6%). Significant stenosis was present in 49 (24.9%) patients and 58.3% of those with ICAD. Suspected culprit plaque was identified in 54 (27.4%) patients, representing 64.3% of patients with ICAD. 23 (43%) patients with suspected culprit plaques had <50% stenosis. Lesion location was as follows: vertebral artery 45 (54%), PCA 38 (45%), MCA 36 (43%), basilar 9 (11%), and ACA 7 (8%). Age (OR 1.03; 95% CI 1.00-1.05; $p = 0.024$), hypertension (OR 2.52; 95% CI 1.27-5.02; $p = 0.009$) and smoking (OR 2.13; 95% CI 1.01-4.50; $p = 0.046$) were associated with ICAD.

Conclusion

ICAD is frequently present and causally implicated in ischemic stroke and TIA cohort and may be an under-recognised contributor to stroke burden in an Irish population. These data emphasise the importance of routine intra-cranial imaging as part of evaluation of ischemic stroke/TIA.

Ethics

Yes. The PREVENT-Stroke study received ethical approval from The Mater Misericordiae Hospital Research Ethics Committee (REC Reference: 1/378/2526) and UCD School of Medicine Undergraduate and Taught Masters Research Ethics Committee (Ref. No.: UTMREC-SM-E-26-721-Moloughney-McCabe)

Cast on your Brain

Poster

Ms. Kim Martin

Our Lady of Lourdes Hospital

Introduction

When you look in the mirror to shave/ brush your teeth you don't see an injury. You can't always see a stroke. People you meet on the street will often comment "god you look great you don't look like you have had a stroke". This is frustrating for patients who are dealing with daily struggles of fatigue, low mood and adjustment after a stroke.

This tool helps explain that a cast is on their brain. No one can see the plaster delicately minding the injured brain. The brain is healing and needs protection and time as with a broken bone. The healing is not seen to the naked eye or to family/ friends. The brain takes time to heal. It can help patients to understand that the healing journey takes time and to be patient with it.

Methods

One of the most common emotional stresses is patients reporting "I look fine, everyone thinks I'm fine, but I'm not fine". Using the Cast on Brain as an analogy to help explain their recovery and rehab journey in a less medical way has helped to process the invisible injury and the often-lonely road on recovery. Your stroke is like breaking a limb...the brain needs to heal; you can see a cast on your body but not on your brain; Using this visual representation can help to envisage recovery.

Results

The Cast on Brain video has helped me to understand my stroke more than anything

Sometimes I feel my stroke is invisible and I use this to tell people about my recovery.

I'm not lazy, I'm not unmotivated, I'm doing my best every minute of every day you just can't see my healing.

Clinical Audit of Occupational Therapy Fatigue Assessment and Intervention Post Stroke in the Acute Stroke Unit

Poster

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Introduction

National Clinical Guideline for Stroke for the UK and Ireland (2023) states that post-stroke fatigue should be anticipated and formally assessed. Central fatigue is a highly prevalent secondary condition among stroke survivors, negatively impacting occupational performance/quality of life (Alghamdi et al., 2021). It was hypothesised within the acute stroke OT service that post stroke fatigue assessment/intervention are not prioritised.

Methods

A clinical audit evaluated the standard of acute stroke OT assessment/intervention of post stroke fatigue. Sixty patients (30 on initial audit, 30 on 6-month re-audit) across acute and early/late sub-acute phases were included for data saturation purposes. Patients were identified from iPMS referrals/waitlists. Clinical notes were retrospectively audited using EVOLVE. An Excel-based audit tool was developed from guidelines and relevant literature.

Results

Initial audit findings indicated 100% non-compliance with fatigue screening, formal assessment, periodic review and management education. Interventions included integrating symptom severity screening into initial OT assessment supporting clinical reasoning for further input. Use of evidence-based fatigue management/energy conservation education booklet was encouraged and fatigue schedules developed for use in therapy/ADL timetabling. From baseline to re-audit compliance improved as follows;

- ☐ Post stroke fatigue screening: 0%-70%.
- ☐ Standardised assessment tool: 0%-58%
- ☐ Periodic re-assessment: 0%-23%
- ☐ Management strategies: 0%-36%
- ☐ Onward referrals/signposting: 23%-30%

Conclusion

While compliance improved, further QI is required. It is recommended that the acute stroke OT department should consider CPD opportunities, development of a document that includes stroke specific fatigue standardised assessment/re-assessment checklist, management strategies and onward service signposting.

References (if needed, max. 2)

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Ethics

Yes - GUH Clinical Audit Committee.

Code Stroke, the Dizzy Patient in the ED: A quality improvement project to improve management of acute dizziness at the front door

Oral

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Introduction

Dizziness is a common presenting symptom to the ED. Focused assessment is vital in achieving a diagnosis and appropriate management plan. Failure to recognise atypical stroke symptoms including dizziness is a missed opportunity for hyperacute interventions.

Methods

100 consecutive patients presenting with dizziness/vertigo from February 2021 served as the baseline audit (cycle 1). A re audit of one hundred patients completed following the implementation of a dizzy pathway alongside monthly teaching sessions (cycle 2). Teaching included 2.5hour workshops on Timing, Triggers and Targeted bedside examination (TiTrATE) alongside HINTS+ and BPPV assessment. More than 120 clinicians and students attended the monthly educational sessions. Diagnostic approach and management audited and compared to baseline. Electronic records containing scanned emergency department flimsies reviewed

Results

Mean age 58 (range 27-92) and 63% females in cycle 1 compared to 61 (range 20-94) and 57% females, cycle 2. Compared to Cycle 1 there was an improvement in Dix-Hallpike (↑30%) and diagnosis of BPPV (↑46%). There was a reduction in hospital admissions (↓52%); from 24% to 11%. There was no difference in brain imaging which remained high at 53%, compared to a baseline of 48%. HINTS + documented in 49% of patients in the re-audit compared to 8% cycle 1.

Conclusion

Our study shows a reduction in the number of admissions, greater use of HINTS+ and Dix-Hallpike. Increased diagnoses of BPPV but no change in Brain imaging. Ongoing work will continue with monthly sessions to focus on appropriate application of HINTS+ and indication for imaging.

Co-Designing a Secondary Prevention Education Booklet for Stroke Patients Receiving Early Supported Discharge: An Experience-Based Co-Design Study

Poster

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Introduction

Early Supported Discharge (ESD) is a relatively new service model in Ireland. A recent scoping review and survey of stroke nurse specialists and ESD patients established the need for a stroke secondary prevention resource as part of ESD. The aim of this study was to co-design a patient-centred secondary prevention education booklet for stroke patients receiving ESD.

Methods

The Experience-Based Co-Design (EBCD) framework¹ was used, aligned with the development phase of Medical Research Council guidance for complex interventions. Stages 2 and 3 were addressed through the preceding surveys of nurses (n=20) and patients (n=25). Stage 4 comprised a co-design workshop with patients (n=3), CNS/ANPs (n=4) and the research team (n=2), structured around evidence integration, priority setting, format selection and content development. In stages 5 and 6 the draft booklet was reviewed page by page across two workshops and one in-person patient workshop, with consensus confirmed at each page. We completed content analysis on the information collected at the workshops.

Results

Nurses prioritised clinical accuracy, requesting extended FAST signs, anticoagulant and statin information and baseline bloods, alongside practical detail on prescription renewal, and driving. Patients prioritised personalisation, including space for medication lists, blood pressure readings, cholesterol targets and goals; visual accessibility through contrast, larger font and aphasia-friendly design; and information management via a glossary and post-stroke diary. A physical booklet was selected, preferred by 95% of nurses and 68% of patients over an application (5% and 16%), with QR-code digital access. The final resource covered eight content areas.

Conclusion

EBCD produced the first co-designed secondary prevention booklet for ESD stroke patients in Ireland, created with stakeholders. The small workshop size and residual power dynamics are limitations. The next phase involves evaluating the booklet within ESD practice.

Ethics

Yes - Ethical approval was granted by the RCSI Research Ethics Committee (REC202507002). All participants received a participant information leaflet and provided written informed consent prior to taking part in the co-design workshops.

Co-Designing An Integrated and Empowering Life After Stroke Pathway

Guided by the Lived Experience of Stroke Survivors

Poster

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Introduction

The European Stroke Organisation (ESO) recognises long-term survival after stroke in the Stroke Action Plan for Europe (SAPE) 2018-2030. Little attention has been paid to developing, and evaluating, longer-term care after stroke. Data across Europe on life after stroke is patchy and anecdotal. The Irish CLASP project 'Codesigning a Life after Stroke Pathway' team engaged in a co-design process to identify the essential components of an integrated life after stroke support pathway.

Methods

We conducted a realist review and explored what is meant by the term life after stroke, 'when do we consider when people start to get on with everyday life after stroke and what are the active ingredients that help them get there'. We used the Stanford design thinking method to design a life after stroke care pathway in partnership with our public and patient involvement (PPI) and stroke advocacy partners. We conducted an extensive consultation process to 'sense-check' findings.

Results

We developed five initial programme theories with an expert panel and two final mid-level programme theories addressing what works, for whom and in what contexts when striving for a personally meaningful life after stroke which highlighted an enabling health system and the need for trial, error and goal readjustments. We co-designed a support pathway for life after stroke informed by an evidence-base that supports a personally meaningful life after stroke, explored through a realist lens and programme theory development.

Conclusion

One of the four overarching targets for SAPE 2030 is the implementation of national stroke plans that encompass the entire chain of care, including life after stroke. Integrated pathways have clear potential to dramatically reduce the burden of stroke and its long-term consequences and empower people to have a meaningful life after stroke.

Ethics

Yes - RCSI REC approval

Complex Specialist Rehabilitation in Stroke on a Level 1 Facility: Nurses and healthcare assistants perspective and the patient's place within it

Poster

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Introduction

Stroke is a major cause of long-term disability requiring complex specialist rehabilitation beyond the acute hospital setting into community based-services. Nurses and Healthcare Assistants (HCAs) play a central role in supporting recovery, promoting independence, coordinating care throughout patient's rehabilitation. However, limited research has explored how frontline staff understand complex specialist rehabilitation and how they incorporate patient-centred care into everyday practice.

AIM: to explore what complex specialist rehabilitation means to nurses and HCAs working in stroke rehabilitation services, how patients are involved as active partners in their rehabilitation.

Methods

A qualitative exploratory design was used, involving focus group: 13 staff nurses and HCAs employed within a stroke rehabilitation service. Participants shared their perspectives on complex rehabilitation at the National Rehabilitation Hospital, challenges encountered in practice and reflect on patient involvement in goal setting and care planning. Data were analysed using thematic analysis.

Results

Five key themes emerged:

1. Managing complex physical, cognitive, communication, and psychosocial challenges experienced by patients following stroke.
2. Importance of multidisciplinary teamwork in supporting patients' goals.
3. Balancing clinical priorities with patients' preferences, values, and aspirations.
4. Recognising patients as partners in rehabilitation.
5. The value of effective communication within the interdisciplinary team.

Participants highlighted that successful rehabilitation requires specialist knowledge, strong therapeutic relationships, flexibility, and meaningful patient engagement. Although patient-centred care was considered fundamental to rehabilitation, several barriers were identified, including service pressures, communication, challenges involving patients and families, and limited resources.

Conclusion

For nurses and HCAs working in specialist stroke rehabilitation services, rehabilitation extends beyond physical recovery. It involves holistic and coordinated care that enables patients to achieve meaningful goals and maximise independence. Ensuring that the voices of patients and their families are embedded throughout the rehabilitation process is essential.

Defining Clot Homogeneity in Acute Ischemic Stroke (Ais): a data-driven threshold

Poster

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Introduction

Clot composition in AIS may influence thrombectomy outcome, but there is no clear method to classify clots by distribution of components and heterogeneity of composition. A clearer definition is needed to better understand how clot homogeneity and heterogeneity relate to clinical characteristics.

Methods

269 AIS clots from the RESTORE registry were stained with Martius Scarlet Blue. Two histopathologists independently classified the clots as Homogeneous Red Blood Cell (RBC)-rich, Homogeneous Fibrin/Platelet-rich, or Mixed based on the appearance and distribution of dominant components. By optimising accuracy, sensitivity and specificity of the percentage composition, we identified a data-driven cut-off to separate the three homogeneity groups. This threshold was then applied to the RESTORE stroke clot registry of 3,576 clots to study associations with stroke etiology, clot size, occlusion pattern, and NIHSS score on admission.

Results

Using a threshold of 75%, stroke etiology differed significantly across clot homogeneity groups (χ^2 (3, 1.071) = 31.96, $p < 0.0001$), with RBC-rich clots more frequently associated with large artery atherosclerosis and fibrin/platelet-rich clots with cardioembolism. Mixed clots were associated with

larger clot size ($H(2) = 86.20$, $p < 0.0001$) and a higher frequency of occlusions involving more than one vascular segment ($p < 0.001$). No association was observed between clot homogeneity groups and vascular territory (anterior vs posterior, $p = 0.40$), or NIHSS score on admission ($H(2) = 1.875$, $p = 0.39$).

Conclusion

An empirical cut-off may provide a simple and reliable classification of clot homogeneity with clinical relevance. Future work will explore further statistical approaches for robust threshold definition.

Ethics

Yes. This study was approved by the National University of Ireland Galway Research Ethics Committee (Study No. 16-SEPT-08) and the relevant regional hospital ethics committees at Beaumont Hospital (Dublin, Ireland), Sahlgrenska University Hospital (Gothenburg, Sweden), the National Institute of Neurosciences (Budapest, Hungary), and Metropolitan Hospital (Athens, Greece).

Delayed Discharges in a Hyperacute Stroke Unit

Poster

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Introduction

Hyperacute stroke units (HASU) face significant pressures maintaining patient flow to allow access to emergency treatments, particularly in endovascular centers. The inability to transfer patients to referring primary stroke centers, stroke rehabilitation centers or discharge to a community setting in a timely manner can significantly impact the quality of care delivered. We sought to describe current barriers to timely discharge or transfer from an endovascular HASU.

Methods

A cross-sectional point-prevalence audit was conducted on all stroke inpatients on a single day. Patients were classified as either requiring ongoing hyperacute stroke care or medically fit for transfer or discharge (MFFTD). For patients deemed MFFTD, data were collected on date of fitness for transfer/discharge, estimated duration of delay, and primary barrier prolonging hyperacute stay. Data were analysed descriptively.

Results

Twenty-six inpatients were included in the study, with equal sex distribution (13 female, 13 male). Mean age was 71.8 years. Median length of stay for the overall cohort was 29 days (range 1–166 days). Of the 26 inpatients, 6 (23.1%) were deemed MFFTD at the time of assessment. Among these patients, the median duration spent in the HASU after date of MFFTD was 24 days (range 1–54 days), representing a total of 144 delayed hyperacute bed days. The most common barrier to timely HASU discharge was awaiting off-site inpatient stroke rehabilitation, affecting 4 of 6 MFFTD patients. One patient was awaiting long-term care placement, and one was awaiting repatriation to a referring primary stroke center.

Conclusion

Nearly one in four HASU inpatients in this point-prevalence audit were deemed MFFTD but remained in a hyperacute stroke bed with substantial delays observed. Limited access to off-site stroke rehabilitation was identified as the principal barrier to patient flow. Addressing post-acute care bottlenecks may improve patient flow and optimise resource utilisation.

Developing a Multiple Errands Test in the Acute Hospital Context

Poster

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Introduction

A Multiple Errands Test is a series of tasks performed in a real world setting as part of a patient's assessment and rehabilitation. It provides an opportunity to progress cognition, communication and physical ability whilst also observing behaviours not typically measured on standardised assessments. Within current stroke services in Carlow/Kilkenny, patients do not have access to Early Supported Discharge or specialist community neuro-rehabilitation teams, as is recommended in the National Clinical Guidelines for Stroke (2023).

In the absence of such service, we aimed to develop a site-specific multiple errands test which looks at the communication and cognitive profile set in a salient environment

Methods

Following benchmarking against comparable hospital sites, process mapping and risk assessments a bespoke draft MET and qualitative assessment form was created. The MET was subsequently piloted with a cohort of acute stroke patients who met predefined inclusion criteria. Eligible patients were provided with self-rating scales pre and post participation in the MET, with specific feedback provided on performance by SLT and OT to further guide therapy goals and needs on discharge

Results

Following implementation of the MET, subtle executive functioning difficulties affecting community participation and activities of daily living were identified that had not been detected through standardised SLT and OT assessments. Identification of these deficits enabled more targeted interdisciplinary intervention and the development of personalised compensatory strategies to support functioning in real-world environments. Findings from self-rating measures and informal feedback from patients and relevant stakeholders indicated improvements in confidence, insight, and preparedness for discharge

Conclusion

By evaluating communication and cognition from numerous perspectives, the MET creates an opportunity to assess more meaningful and contextual functional tasks which reflect the demands of community living.

References

National Clinical Guideline for Stroke for the UK and Ireland. www.strokeguideline.org. 2023.

Developing and Implementing a Post-Stroke Return-to-Driving Pathway Across Acute and Early Supported Discharge Stroke Services at St. Vincent's University Hospital: A quality improvement initiative

Poster

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Introduction

Driving is an important instrumental activity of daily living that supports independence and community participation after stroke. The 2023 National Clinical Guideline for Stroke recommends that all patients receive driving advice, assessment of driving related impairments, and referral for specialist assessment where indicated. An Occupational Therapy (OT) service evaluation within the Stroke Early Supported Discharge (ESD) service identified the absence of a standardised return-to-driving pathway, assessment process, and documentation. This quality improvement initiative aimed to align local practice with national guidance.

Methods

This quality improvement initiative was informed by literature review, clinical expertise, national ESD OT consultation, Traffic Medicine webinars, and SVUH stakeholder engagement. Interventions included updating patient information, implementing a post-stroke return-to-driving pathway, delivering MDT education, and developing an OT off-road driving assessment template. Resources were adapted from existing frameworks developed by the Occupational Therapy Departments at Cork University Hospital and University Hospital Limerick.

Results

A standardised return-to-driving pathway was implemented across inpatient and ESD stroke services. Updated patient information, clinical guidance, multidisciplinary education, and an OT off-road driving assessment template were introduced. The initiative standardized practice, improved continuity of care, enhanced alignment with national guidance, and established sustainable clinical resources.

Conclusion

This quality improvement initiative addressed a gap in stroke rehabilitation by improving patient safety, standardising OT practice, and strengthening continuity of care. Future evaluations will explore patient experiences, staff compliance with the pathway, and the impact of the OT off-road driving assessment guide on ESD patient and service outcomes.

References

Intercollegiate Stroke Working Party. National Clinical Guideline for Stroke for the UK and Ireland. London: Intercollegiate Stroke Working Party; 2023. Available from: National Clinical Guideline for Stroke. Accessed July 23, 2026

Development of a 24/7 Nurse-Led Stroke Ambulatory Bay: Improving access to specialist stroke care and patient flow

Oral

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Introduction

Timely access to specialist stroke assessment and management is essential to optimise patient outcomes and reduce delays in care. In BHSC before May 2025, ambulatory stroke patients were managed through the TIA clinic on the stroke unit 08:00 - 20:00. Outside these hours, patients often remained within the Emergency Department (ED). To improve access to specialist stroke services and reduce delays in care, a nurse-led initiative was undertaken to establish a 24/7 Stroke Ambulatory Bay (SAB).

Methods

The existing ambulatory pathway was redesigned and expanded into a 24-hour service. A dedicated Stroke Ambulatory Bay, of two reclining armchairs within a private room on the stroke unit, was established. To support safe implementation, an admission criterion was developed to identify suitable patients. A SAB nursing admission document was also introduced to provide a standardised approach to assessment and documentation. Activity data was collected during the first 12 months following implementation to evaluate service utilisation and impact on patient flow.

Results

During the first 12 months of the 24/7 service, admissions to SAB increased by 101 patients. Patients admitted to the SAB experienced timely access to specialist stroke multidisciplinary team assessment, stroke nursing expertise and medical. The extended pathway reduced the number of patients remaining in the ED overnight while awaiting specialist stroke assessment. In addition, accommodating ambulatory patients within the SAB improved stroke unit bed utilisation, allowing patients with more severe strokes to access inpatient beds quicker. This reduced delays to specialist stroke care and minimised risks associated with prolonged stays in the ED.

Conclusion

A dedicated 24/7 nurse-led Stroke Ambulatory Bay transformed an existing restricted ambulatory pathway into a round-the-clock service, improving access to specialist stroke care while enhancing patient flow and stroke bed capacity.

Development of a Frailty Index and assessment of safety of long-term colchicine according to frailty status in the CONVINC trial

Poster

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Introduction

Emerging evidence supports the use of colchicine in secondary prevention of stroke and it is now approved in Europe for prevention in coronary disease. No data exist on the safety profile of colchicine in frail individuals. We aimed to examine the safety profile of colchicine in frail adults enrolled in the CONVINC trial.

Methods

CONVINCE was a phase III trial of low dose colchicine following non-disabling ischaemic stroke and high-risk TIA. A frailty index (FI) was constructed from the CONVINCE dataset using rules described by Theou, Rockwood, et al. Participants were categorised as non-frail, pre-frail and frail. Serious adverse events (SAEs) were classified using a hierarchical severity scale (4. Death, 3. Disability, 2. Hospitalisation, 1. All other SAEs, 0. No SAE), participants were assigned to their most severe SAE category. System Organ Class (SOC) was used to categorise SAEs by biological system involvement.

Results

In 3,144 randomised CONVINCE patients, 20.5% were non-frail (n=644), 44% pre-frail (n=1383) and 35.5% frail (n=1117). The mean frailty index was 0.2 (SD 0.1). There was no evidence that frailty modified the risk of any SAE when taking colchicine (OR 1.4, 95% CI 0.93, 1.39, p for interaction = 0.2). Within the frail subgroup, colchicine was not associated with increased risk of any SAE (OR 1.1, 95% CI 0.87, 1.39, p = 0.44), or fatal SAEs (OR 1.01, 95% CI 0.59, 1.76, p = 0.96). Frail patients treated with colchicine did not have increased risk of gastrointestinal SAEs (OR 1.4, 95% CI 0.64, 3.16, p = 0.40), or of other SAEs of interest classified by SOC.

Conclusion

We did not identify increased risk of SAEs in frail individuals taking colchicine in the CONVINCE trial, supporting the use of colchicine regardless of frailty status in clinical practice.

Development of a Physiotherapy-Led Post-Stroke Spasticity Service in the West of Ireland: A Case Report and Service Innovation

Poster

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Introduction

Post-stroke spasticity (PSS) is a significant contributor to disability, pain, and functional impairment following stroke. Severe or disabling spasticity is reported in approximately 10% of patients with moderate to severe weakness following stroke (Zeng et al., 2021). National Stroke Guidelines recommend that patients with persistent or progressive focal spasticity and identifiable therapeutic goals should be offered intramuscular botulinum toxin (IM BoNT) within a specialist multidisciplinary rehabilitation setting.

In Ireland access to specialist spasticity services remains limited. A 2023 report identified only 11 physiotherapists qualified to deliver IM BoNT, with no adult service located in the West of Ireland.

Methods

A post stroke specialist spasticity service was developed by a Clinical Specialist Physiotherapist (CSP), this involved postgraduate education in injection therapy, establishment of clinical mentorship and governance structures, liaison with a national clinical interest group, establishment of coordinated referral and rehabilitation pathways.

Since establishment, the service has delivered IM BoNT injections to 13 patients, from acute, rehabilitation and community settings. Integration between the local services and the CSP has enabled timely assessment and intervention, coordinated goal setting, and structured rehabilitation follow-up.

Results

We present the case of a woman with PSS who underwent specialist assessment and intervention. Her care pathway included planned readmission to a rehabilitation unit following IM BoNT, interdisciplinary goal setting involving occupational therapy and physiotherapy, and ongoing follow-up by the CSP following discharge. The patient achieved meaningful gains, as demonstrated using standardized measures (ARMA and Modified Tardieu scale) and goal attainment scaling.

Conclusion

This innovative model of care demonstrates how investment in advanced practice physiotherapy roles can facilitate the development of specialist services in underserved regions. Early access to coordinated spasticity management and improved collaboration across acute, rehabilitation, and community settings will improve outcomes for people living with PSS.

Ethics

Yes. Mayo University Hospital REC

Development of the Physiotherapy (PT) & Occupational Therapy (OT) Common Assessment Tool for Stroke/Neurology

Poster

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Introduction

Interdisciplinary collaboration is increasingly recognised as essential for delivering comprehensive, patient-centred healthcare. Occupational therapists (OT) and physiotherapists (PT) routinely completed separate initial assessment forms for stroke and neurology patients, despite significant overlap, with 27 duplicated assessment areas. This duplication did not reflect the collaborative nature of stroke rehabilitation. A common assessment tool (CAT) was therefore developed to streamline documentation, improve efficiency, strengthen interdisciplinary collaboration and enhance patient experience. The primary aim of this quality improvement project was to design and implement a joint OT/PT CAT. Secondary aims were to reduce duplicated documentation, improve interdisciplinary communication and consistency, minimise repetitive questioning for patients and promote collaborative early rehabilitation in the acute hospital setting.

Methods

A joint CAT was developed by combining shared assessment sections while retaining profession-specific content. The form was piloted over four weeks. Following the pilot, OT's and PTs participated in a structured feedback session to refine the tool, ensuring it met the needs of both professions while maintaining efficiency.

Results

Therapists reported that replacing two assessment forms with the CAT reduced documentation burden and improved efficiency, allowing more time for patient care. The CAT also strengthened interdisciplinary work by supporting a unified approach to assessment, early goal setting and care planning. Implementation challenges included; ensuring discipline-specific information was retained and supporting staff to adapt to new documentation practices. These were addressed through regular communication and collaborative refinement of the tool. Early interdisciplinary communication was enhanced, particularly benefiting stroke and neurology patients, where coordinated therapy interventions are essential.

Conclusion

The CAT reduced duplication, improved documentation efficiency and strengthened interdisciplinary collaboration. This project demonstrates that a simple documentation change can positively influence multidisciplinary team working, improve service efficiency and enhance patient-centred care in acute stroke and neurology rehabilitation.

Diagnostic Accuracy of Portable Electroencephalography for Acute Stroke Detection in Prehospital and Emergency Settings: A systematic review

Poster

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Introduction

Accurate prehospital and emergency triage for acute stroke remains challenging due to the limitations of clinical scales in distinguishing stroke mimics and identifying large vessel occlusion. Portable electroencephalography has emerged as a potential point-of-care adjunct for rapid cerebral dysfunction assessment. This systematic review synthesizes the diagnostic accuracy and feasibility of electroencephalography-based tests applied within 24 hours of symptom onset in prehospital and emergency settings.

Methods

Following PRISMA 2020 and PRISMA-DTA guidelines, databases including PubMed, CINAHL, Scopus, and ProQuest were searched through February 2026. Eligible studies evaluated electroencephalography in adults with suspected acute stroke, transient ischemic attack, stroke mimics, or large vessel occlusion. Methodological quality was appraised using QUADAS-2, and evidence certainty was evaluated using GRADE.

Results

Seven studies comprising 745 analyzed participants met inclusion criteria. Five studies investigated large vessel occlusion or large ischemic stroke, while two evaluated broader stroke classification. Quantitative electroencephalography features, particularly frequency ratios and hemispheric asymmetry indices, demonstrated promising diagnostic performance with areas under the curve ranging from 0.80 to 0.91. However, all included studies exhibited a high overall risk of bias, and evidence certainty was judged as low to very low. Technical failure rates and uninterpretable recordings reached up to 35% in certain dry-electrode cohorts, and no study directly evaluated ischemic versus hemorrhagic stroke differentiation.

Conclusion

Portable electroencephalography exhibits a consistent diagnostic signal and technical feasibility for acute stroke triage, but current evidence lacks the methodological rigor required for standalone clinical implementation. Future prospective studies with consecutive enrolment and standardized protocols are required to establish its clinical utility.

Discharge Summary Quality in Acute Stroke Care: A Quality Improvement Initiative

Poster

Dr. Louise Malbasha¹, Dr. Hoay Chang², Dr. Rory Durcan³, Dr. Patricia Fearon⁴, Prof. David Williams⁵, Prof. Karl Boyle⁶, Dr. Anne Marie Liddy⁷, Dr. Sofia Galego⁸

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Introduction

Clear discharge communication is essential for post-stroke continuity of care following stroke or transient ischemic attack (TIA). Incomplete or inconsistent documentation may result in gaps in secondary prevention, follow-up planning, and patient safety. Although clinical guidelines emphasise the importance of accurate discharge documentation, adherence in routine practice may vary.

Methods

A retrospective review of all discharges from a dedicated stroke unit over a 5-week period was performed. Patients with confirmed diagnosis of stroke or TIA were included in the primary analysis and were assessed against predefined criteria, including documentation of stroke subtype, imaging findings, antithrombotic plan, secondary prevention measures, driving advice, and follow-up arrangements.

Results

During the study period, 57 patients were discharged. Fourteen were excluded due to alternative diagnoses, leaving 43 patients with confirmed stroke/TIA. Of these, 10/43 (23.3%) had no discharge summary. Among completed discharge summaries (n=33), diagnosis was documented in 33/33 (100%) and imaging findings in 32/33 (97.0%). Aetiological classification using TOAST/ASCOD was documented in 6/33 (18.2%). An antithrombotic plan was included in 28/33 (84.8%), and follow-up arrangements in 29/33 (87.9%). Secondary prevention targets were documented in 8/33 (24.2%), while driving advice was included in only 6/33 (18.2%). Only 1/33 (3.0%) discharge summaries included all assessed domains.

Conclusion

This audit identified significant deficiencies in discharge communication following stroke/TIA, affecting both completion rates and documentation quality. While core diagnostic information was generally well recorded, critical elements relating to secondary prevention, aetiological classification, and patient safety were frequently omitted. The finding that nearly one quarter of patients had no discharge summary, and only 3% of completed summaries met all assessed standards, highlights a substantial opportunity for quality improvement. Development of a standardised stroke discharge proforma, followed by re-audit, may improve documentation quality, continuity of care, and patient safety

Door to CT median times: In-hours Versus Out of Hours - Internal MUH review of NOCA INAS KQI 4

Poster

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Introduction

Mayo University Hospital received the 2025 INAS from NOCA, while some KQI's are meeting the national targets, others required closer analysis. identifying factors that impacted KQI-4 median door to CT time was our focus. NOCA-2025: MUH=92mins Target=60mins

Methods

Embracing the need to look at the past, identify where we are at present in order to plan for the future. Q1-2026 data of confirmed strokes in MUH was gathered to identify what impacted our numbers. Initially we reviewed Age, Distance to hospital, Onset time to hospital and Door to scan time.

Results

FAST bleeps in Q1-2026 n=133. Confirmed Stroke presenting n=49 Median=225mins (3.75hrs) National target 60mins or less. The breakdown of door to CT times for confirmed stroke patients in MUH: FAST+ve In Hour n=13(161mins/2.7hrs), FAST+ve In hours excluding 1 long waiter n=12 (59mins); FAST+ve Out Of Hours n=11(69mins); Non-Fast Arrived In-Hours n=15(339mins/ 5.7hrs); Non-Fast Arrived Out-of-Hours n=10(311mins /5.2hrs)

Conclusion

MUH door to CT time for true FAST+ve patients is 59mins for patients arriving in-hours of 9-5 and 69 mins for patient out of hours. Mayo have an older population with multiple co-morbidities. Discussions have been held regarding introducing BEFAST but with our patient population this may lead to extra unnecessary radiation exposure. Quality-Improvement; Trial of additional information when booking CT-scans if patient was de-escalated from FAST pathway due to symptoms resolved, NIHSS=0, and longer than 24hrs. We also contacted NOCA to see if option available to acknowledge incidental findings of stroke that skew door to CT results.

Eagle's Syndrome in an 18-year-old Male Rugby Player with a with a Right Carotid Artery Dissection, Leading to a Right M1 Occlusion

Poster

Dr. Emma McCann¹, Dr. Daniel McKernan², Dr. Ian Rennie³, Dr. Peter Flynn⁴, Dr. Cathy Patterson⁵

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Introduction

Eagles Syndrome is a significant rare anatomical variant characterised by elongation or abnormal angulation of the styloid process. It predisposes to increased risk of carotid artery dissection in trauma. We present this case of an 18-year-old male presenting as a wake-up stroke, presenting with new dense left sided hemiparesis at 04:30am. He was last seen well at 23:00 the previous night.

There was a head injury sustained playing rugby 3 days prior to presentation.

NIHSS initially 12: left sided hemiparesis, mild left sided sensory loss, left sided inattention and dysarthria.

CT Brain and Angiogram reported:

M1/M2 thrombus with corresponding right MCA territorial infarction.

IV Thrombolysis was administered prior to transfer to the Regional Thrombectomy Centre.

NIHSS was 13 on arrival. Repeat imaging demonstrated the above but in addition also a right ICA dissection.

He proceeded to Endovascular Thrombectomy under General Anaesthetic.

Methods

TCI 2c outcome, 4 passes required. 2 stents placed in right ICA. Tirofiban and intraarterial Aspirin given. Post thrombectomy he was transferred to ICU for 24 hours prior to being stepped down to the Stroke Ward with a NIHSS of 3.

The Neuroradiology MDM consensus was the imaging demonstrated an elongated styloid process. In the context of dissection of the right internal carotid post traumatic injury suggested Eagles Syndrome.

He recovered well with a NIHSS of 1 on discharge.

His discharge plan included:

Dual antiplatelets for 6 months

Repeat CT Angiogram in 5 months

Outpatient ENT follow up

Results

This case highlights the importance of consideration of Eagles Syndrome as a possible underlying aetiology of carotid artery dissection, especially in young individuals playing contact sport.

Patient Consent

Yes- consent gained via telephone 27/07/26

Early Mobilisation Post-Thrombolysis is Safe and Improves Outcomes in Mild-Moderate Acute Stroke Patients

Poster

Ms. Mary Harte¹, Ms. Evelyn Newell²

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Introduction

Thrombolysis (tPA) is the delivery of a clot lysing agent which aims to dissolve the clot in the cerebral artery and is a standard treatment in acute ischaemic stroke. The practice of ≥ 24 -hour bed-rest post-tPA is common practice. This study aimed to compare outcomes of early mobilisation (≤ 24 hours post-tPA) with outcomes of ≥ 24 -hour bed rest in those with mild-moderate stroke and determine its safety in clinical practice.

Methods

A literature review was conducted leading to the development of a protocol for early mobilisation post-tPA. Retrospective data on patients receiving tPA between January-July 2023 (pre-early mobilization protocol) were analysed. Data from eligible patients between July 2023-April 2024 (post-early mobilization protocol) were analysed. Baseline demographics and outcomes were compared between the two groups. Primary outcome was physical function (modified rankin scale (mRS) at discharge. Secondary outcomes included adverse effects, length of stay, and discharge destination.

Results

11 patients met the criteria for early mobilisation in both groups. There were no significant differences in age, the National Institutes of Health Stroke Scale (NIHSS) pre-tPA and mRS at baseline between the two groups ($p > 0.05$). 8 patients in the early mobilisation protocol were male (72.73%), median (IQR) age was 61 (54-78) years, NIHSS was 6 (3-8) pre-tPA and 1 (0-2) post-tPA. Patients had a median (IQR) mRS score of 0 (0-0) pre-stroke and time to early mobilisation was 12 (12-17) hours. Patients in the early mobilisation group had significantly lower mRS on discharge ($p = 0.007$), shorter LOS (Median (IQR) 5 (4-7) days, $P = 0.13$) and higher rates of discharge directly home compared to those pre-early mobilisation protocol. No adverse effects occurred.

Conclusion

Compared with 24-hour bed rest early mobilisation (< 24 hours) for minor-moderate stroke patients was safe and associated with significantly better physical function. outcomes.

Early Supported Discharge for Stroke: A one-year service profile using a digital platform

Poster

Ms. Claire Prendergast¹, Ms. Michelle Mc Ardle², Ms. Kim Martin³

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Introduction

The Early Supported Discharge (ESD) for stroke team is a therapy and nursing team engaged in the treatment of acute stroke patients in the Northeast and are tasked with facilitating the early discharge of acute stroke patients so they can receive rehabilitation at home. We are in partnership with MyPatientSpace since 2024, and with their expertise have built a digital platform which has allowed a detailed analysis of our stroke service. We are presenting data that profiles this team's intervention for 2025

Methods

The platform that we co designed with MPS, specifically for the community nature of this team has allowed bespoke data collection of our cohort and a paperless model. This evolved in a PDSA cycle manner as we tested what data reflected the input of the team and the profile of patient we were encountering. Efficiencies gained from being digital were reinvested into the developing of the data points and has resulted in the availability of real time data for our entire team.

Results

The data extrapolated from the platform for 2025 under several headings shows that 110 patients were treated by ESD Louth, 65 men, thirty-two patients under the age of sixty years. The type of stroke was predominantly ischemic (101) and the majority of patients were referred from the acute services (87). This is just a sample of information we have captured.

Conclusion

The adoption of a digital solution for administration and data management has undoubtedly contributed to the efficient work practices of this ESD team. The accessibility of real time data keeps the team alert to trends in patient presentation and also assists in planning for the service needs in this region e.g. vocational, group work and psychological.

Electrical Stimulation of the Hemiplegic Upper Limb in Sub-Acute Stroke

Poster

Ms. Eve O' Sullivan

St Vincent's University Hospital

Introduction

The National Clinical Guidelines for Stroke (2023) recommend the use of electrical stimulation (ES) in managing the hemiplegic upper limb. Although ES has been used since the 1960s, primarily for foot drop its application has expanded in recent years. Despite this, implementation in acute stroke services remains variable.

Methods

A review of hemiplegic upper limb management within the acute hospital was conducted. A national working group of acute stroke therapists was established to compare treatment pathways and ES use across sites. Gaps in access and training were identified. Clinical reasoning guides, programme setup documents, and streamlined treatment documentation were introduced to facilitate efficient ES use. A literature review highlighted optimal outcomes when ES is initiated 5–6 days post-stroke. A local audit of practice was completed. National ES training was coordinated and delivered, with pre- and post-training questionnaires collected.

Results

A high proportion of patients received high-intensity ES for upper limb rehabilitation locally. Key barriers included limited training, time constraints and gaps in therapists' knowledge of indications and contraindications, and

Conclusion

Implementation of ES within an acute stroke service is feasible and can achieve high-intensity delivery for upper limb rehabilitation when supported by structured protocols and training. However, variability in therapist knowledge, limited training, and time constraints remain key barriers. Due to staff rotations, ES training should be re-delivered every six months to maintain competency. Expansion of nationally coordinated training could further support standardised implementation across both acute and community settings, enhancing continuity and access to ES across a broader range of rehabilitation and acute care populations. This highlighted the need for expanded ES training nationally and increased device availability across acute settings. There is also scope to extend therapy beyond standard hours, with family-supported interventions.

Embracing Technology: Integrating Electrical Stimulation into post-stroke physiotherapy practice

Poster

Ms. Caoimhe Mackey¹, Ms. Deirdre Molloy², Mrs. Javeria Rizvi³, Ms. Elizabeth Buckley⁴, Ms. Aifric MacDiarmada⁵, Mr. Ciaran Browne⁶

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Introduction

Stroke is the leading cause of disability worldwide (World Stroke Organisation 2025) resulting in high economic and clinical burden. Hence, restoration of motor function is a key feature of stroke rehabilitation. The National Clinical Guidelines for Stroke recommend Electrical Stimulation (ES) for those with motor weakness (Intercollegiate Stroke Working Party, 2023). However, uptake of this technology in practice is low.

The Connolly Hospital Physiotherapy Department aims to provide a quality, evidence-based physiotherapy service. The aim of this project was to integrate ES into stroke rehabilitation services.

Methods

This project focused initially on increasing physiotherapist access to ES and subsequently on staff education and engagement to ensure successful practice change.

Results

The use of ES has been successfully incorporated into post-stroke physiotherapy practice in Connolly Hospital. Fundamental to this practice change has been the procurement of ES devices through Clinical Programme Funding. All staff working in stroke rehabilitation were trained in their use and a framework for ongoing education was developed. A quality service has been ensured through the standardisation of patient selection, risk assessment and record keeping. When surveyed, patient feedback has consistently been in support of ES with patients reporting that ES had either a “positive” or “very positive” impact on recovery.

Conclusion

ES can be successfully integrated into practice but not without challenges, including, time restraints and competing clinical demands. Key to the success of this project is the collective and sustained motivation of staff working in the Connolly Hospital Stroke Service to provide a quality service to those who need it most.

References

Intercollegiate Stroke Working Party, 2023. National Clinical Guideline for Stroke for the UK and Ireland [online]. London: Royal College of Physicians. Available from: <https://www.strokeguideline.org/>
World Stroke Organisation. 2025. [ONLINE]. Available at: About WSO | World Stroke Organization.

Emergency Readmissions following Discharge: Mater Misericordiae University Hospital Stroke Service Evaluation

Poster

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Introduction

Unplanned readmission is a recognised quality metric. Therefore, in this service evaluation, we aimed to analyse unplanned readmission data for the MMUH stroke service.

Methods

Data of MMUH patient episodes for 2024-2025 was analysed. Patients' first recorded stroke inpatient admission and any emergency readmissions within 6 months of their discharge were identified. The primary diagnosis of each episode was categorized into one of 27 subcategories, divided between 4 main groups: 1) Confirmed Cerebrovascular Diagnosis; 2) Confirmed Neurological Diagnosis; 3) Unconfirmed Neurological Presentation; or 4) Confirmed Systemic Diagnosis / Other.

Results

A total of 956 patients were included. Demographic analysis showed Group 2 to have the youngest mean age (59.1) and to be predominantly female (70%). Groups 2 and 3 had shortest length of stay compared to Groups 1 and 4 (3.6-3.7 vs 10.3-11.4). There was a 5.3% overall mortality rate during inpatient admissions, with a 7% mortality rate among Group 1. The overall 6-month emergency readmission rate was 20.3%. Group 4 had the highest readmission rate (31.3%) and were more likely to have frequent readmissions (4.5% twice; 4.5% 3+ times). Within Group 1, the TIA subcategory had the highest readmission rate of 24%. Cause of first readmission fell under Group 1 in 3.8% of patients and Group 4 in 10.4%. On the other hand, over a 6-month period, patients had a 4.4% chance of being readmitted for a Group 1 cause. Group 1 discharges had a 5.3% chance of being readmitted under Group 1 within 6-months. The most common subcategory of readmissions for Group 1 patients were Ischaemic Stroke (2.4%), Respiratory Conditions (2.3%), and TIA (1.7%). Median time to first readmission in Group 1 was 45 days.

Conclusion

This analysis establishes a baseline for the stroke service, allowing for future quality improvement.

Ethics

Yes - Clinical Audit & Effectiveness Committee at Mater Misericordiae University Hospital

Enhancing Stroke Rehabilitation Through Neuromuscular Electrical Stimulation

Poster

***Ms. Alexandra Bell¹, Ms. Sinead Coleman², Ms. Amy Daly³, Mr. Alex Murphy⁴, Ms. Orla Kennedy⁵,
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Introduction

Stroke is a leading cause of long-term disability and often results in impairments affecting the upper limb, lower limb, and swallowing function. The National Clinical Guideline for Stroke for the UK and Ireland (2023) recommends that patients receive at least three hours of active therapy daily and highlights adjunctive technologies, such as neuromuscular electrical stimulation (NMES), to support muscle activation, motor relearning, and increased therapy intensity. This project aimed to enhance stroke rehabilitation in this acute urban hospital through structured NMES implementation.

Methods

Funding was obtained to procure NMES devices targeting common stroke-related impairments. Therapists across the acute stroke rehabilitation service received training in the safe and effective use of the equipment. Clinical protocols were developed to guide patient selection, treatment parameters, and integration with existing therapy programmes. Following training, NMES was introduced as an adjunct to conventional rehabilitation for suitable patients.

Results

NMES is now routinely integrated into stroke rehabilitation and is widely adopted by the multidisciplinary team. Patient acceptance has been positive. Devices in use include the Saebo Stim One for upper and lower limb stimulation, the Phagenesis system for dysphagia, and the FESIA gait trainer for gait rehabilitation. These technologies enable increased therapy intensity, improved targeting of muscle activation, and enhanced functional task practice.

Conclusion

NMES has become a valuable addition to the stroke rehabilitation toolkit. It supports increased therapy intensity and, in some cases, enables independent patient use outside supervised sessions. This aligns with guideline recommendations and demonstrates the feasibility of integrating electrical stimulation into routine clinical practice while supporting improved rehabilitation outcomes.

References

National Clinical Guideline for Stroke for the UK and Ireland. London: Intercollegiate Stroke Working Party; 2023 May 4. Available at: www.strokeguideline.org.

Establishing A Public and Patient Involvement (PPI) Panel to Underpin the Development of a Psychosocial Intervention Focusing on Identity Reconfiguration in Young Adult Women Stroke Survivors

Poster

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1. Croí, The Heart & Stroke Foundation, 2. Croí, The Heart & Stroke Foundation, 3. University of Galway

Introduction

Public and patient involvement (PPI) in research strives to ensure that the perspectives of patients and members of the public shape, influence and enhance the quality, relevance and impact of research. This case study introduces a PPI panel that has been established to inform a PhD research project which aims to develop the evidence-base for a psychosocial intervention to be delivered by Croí Heart and Stroke Centre, Galway, focusing on identity reconfiguration in young adult women stroke survivors.

Methods

The PPI panel, formed in May 2026, consists of four young adult women who have experienced stroke. Three to four PPI panel meetings are projected to take place online or in-person each year throughout the four-year PhD project. Levels of PPI engagement will be based on pre-existing guidelines, whereby panel members will be informed about, consulted on, and involved in key aspects of the research, with members sharing insight, advice and feedback throughout all project phases.

Results

An introductory PPI panel meeting, which provided the opportunity for panel members to meet and become familiar with the project, took place online on the 9th of June 2026. Topics of discussion included the proposed project phases and areas for consideration in the context of young women and post-stroke identity, including pregnancy and childbirth, contraceptive care, hormonal impact, and barriers to communication about post-stroke psychosocial and identity challenges.

Conclusion

Going forward, the panel will continue to collaborate with the research team to inform all phases of this project. This aligns with Croí's commitment to engaging in PPI to guide and influence the organisation's involvement in stroke research, ensuring that research is conducted in an acceptable way and has real-world impact.

Patient Consent

Consent was sought and confirmed from PPI panel members to submit this case study abstract, and confidentiality of PPI panel members has been maintained.

Evaluating StrokeCog-R: A pilot randomised controlled trial of a cognitive rehabilitation intervention for post-stroke cognitive impairment

Oral

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Introduction

Post-stroke cognitive impairment (PSCI) affects up to 40% of stroke survivors within one year and is associated with reduced independence and quality of life. Despite guideline recommendations, access to cognitive rehabilitation remains limited. StrokeCog-R is a cognitive rehabilitation programme targeting executive function, memory and attention in adults with mild-to-moderate PSCI. This pilot randomised controlled trial evaluated the feasibility, acceptability, and preliminary efficacy of StrokeCog-R compared with usual care.

Methods

Adults with mild-to-moderate PSCI were identified through consecutive screening of stroke admissions at an Irish acute stroke unit and randomised (1:1) following multi-stage eligibility screening. StrokeCog-R comprised five weekly group sessions delivered by trained psychology assistants under clinical neuropsychologist supervision, supported by home practice and telephone follow-up. Primary outcomes were recruitment and retention. Secondary outcomes included cognitive function and self-efficacy at four-month follow-up, summarised using Hedges' *g*. Qualitative focus groups explored intervention acceptability.

Results

Twenty-seven participants were randomised (StrokeCog-R *n*=13; usual care *n*=14) over 16 months following screening of 1,174 stroke admissions, representing a recruitment rate of 1.7 participants per month. Overall retention at four months was 77.8%, with high intervention attendance among participants commencing StrokeCog-R. Preliminary effect estimates were small and imprecise, with executive function (*g*=0.21) and working memory (*g*=0.28) favouring StrokeCog-R, while memory, global cognition, and self-efficacy showed minimal between-group differences. Qualitative focus groups indicated high acceptability, with participants describing benefits from fatigue management, greater understanding of stroke, practical cognitive strategies, and the supportive in-person group format.

Conclusion

StrokeCog-R was feasible and acceptable for adults with mild-to-moderate PSCI. Although recruitment required extensive screening to identify eligible participants, preliminary cognitive outcomes and qualitative findings support progression to a fully powered multicentre trial evaluating the clinical effectiveness of StrokeCog-R.

Ethics

Yes. Ethical approval was granted by the Beaumont Hospital Research Ethics Committee (Reference 23/14). All participants provided written informed consent prior to participation.

Examining the Impact of the Interplay Between Stress and Resilience on Quality of Life in Young Adult Stroke Survivors (18–45)

Poster

Mr. David O'Donnell¹, Dr. Tracey Keogh²

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Introduction

Stroke is a leading cause of long-term disability worldwide, with young adults increasingly represented in prevalence estimates yet remaining underexamined in psychosocial research. Younger survivors face distinct challenges, including heightened stress, disrupted identity, and fluctuating resilience, all of which shape their recovery trajectories and quality of life (QoL). Existing evidence is predominantly quantitative and centered on older adults, leaving a limited understanding of how young survivors interpret and navigate the psychological consequences of stroke. This study addresses this gap by exploring how young adult stroke survivors in Ireland construct and experience stress, resilience, and QoL within their everyday lives.

Methods

Fifteen participants aged 34–45 were recruited through the Irish Heart Foundation Young Stroke Survivor Network. Semi-structured interviews lasting approximately 20 minutes were conducted online to maximise accessibility. Data were analysed using reflexive thematic analysis, adopting an experiential and inductive orientation. Reflexive attention to the researcher's insider position supported sensitivity to the emotional, relational, and structural contexts shaping participants' accounts.

Results

Preliminary findings indicate that stress is experienced as a pervasive and multifaceted disruption, shaped by internal expectations, invisible symptoms, social misunderstanding, and systemic barriers. Participants described stress as both an internalised struggle and a socially produced pressure arising from disbelief, stigma, and age-based assumptions. Resilience emerged as an active and relational process involving acceptance, cognitive reframing, disciplined persistence, and support from family, peers, and community organisations. QoL was described as fragile and continually renegotiated, influenced by hidden symptoms, losses to independence and identity, and gradual reconstruction through meaning-making, boundary-setting, and gratitude. These early results highlight the dynamic interplay between stress, resilience, and QoL in young adulthood.

Conclusion

Final analysis and theme refinement will be completed by September. The study aims to contribute a nuanced, narrative-based understanding of young adult psychological recovery and inform more age-responsive rehabilitation supports.

Ethics

Yes-EHS REC(05/01/26) University of Limerick ethics board

Exploring Family Experiences of Goal Setting in Community-Based Neurorehabilitation Following Stroke and Acquired Brain Injury: A qualitative study

Poster

Mrs. Michelle Murray

Quest Brain Injury Services, NLN, part of Rehab Group & ATU, Mayo

Introduction

Family involvement is recognised as an important component of community neurorehabilitation and person-centred goal setting. However, limited research has explored the experiences of family members participating in goal setting processes within community-based acquired brain injury rehabilitation services. This study aimed to explore family members' experiences of person-centred planning and goal setting within a community neurorehabilitation service.

Methods

A qualitative study using semi-structured interviews was undertaken with family members of individuals attending a community-based acquired brain injury rehabilitation service following stroke or traumatic brain injury. Interviews explored experiences of participation in person-centred planning meetings and the perceived value of the goal setting process. Data were analysed using thematic analysis.

Results

Family members described person-centred planning meetings as effective, supportive, informative and invaluable during a period when community supports were perceived to be limited. Participants reported that goals established during meetings were generally achieved and that the structured approach facilitated rehabilitation progress. However, some family members described anxiety prior to meetings and expressed concerns regarding how they and their family structures might be perceived by professionals. Participants highlighted the importance of recognising that support persons may not conform to traditional family roles or structures, with adult children frequently undertaking primary caregiving responsibilities. Families also expressed a desire for greater engagement with staff outside formal goal-setting meetings.

Conclusion

Person-centred goal setting was perceived positively by family members and supported meaningful rehabilitation outcomes. Services should continue to provide structured goal setting while exploring additional opportunities for family engagement and recognising the diversity of family and support networks within community neurorehabilitation.

Ethics

Yes. Ethical approval for this study was obtained from the Rehab Group, Board of Ethics (2020) and Atlantic Technological University, Mayo (2020)

Exploring the Experiences, Needs and Preferences of Stroke Patients for Secondary Prevention Support Following Early Supported Discharge: A cross-sectional survey

Poster

Dr. Sarah-Jane Byrne¹, Prof. David Williams², Prof. Declan Patton³, Prof. Frances Horgan⁴

1. Dublin City University, 2. RCSI University of Medicine and Health Sciences, 3. School of Nursing and Midwifery RCSI, 4. RCSI

Introduction

Stroke reoccurrence risk is highest immediately after discharge. Irish evidence shows near-universal preventive prescribing alongside poor risk factor control at six months (1), yet patients' perspectives on community secondary prevention are rarely captured. This study explored the experiences, needs and preferences of stroke patients discharged to an Early Supported Discharge (ESD) programme regarding secondary prevention information and support.

Stroke reoccurrence risk is highest immediately after discharge. Irish evidence shows near-universal preventive prescribing alongside poor risk factor control at six months, yet patients' perspectives on community secondary prevention are rarely captured. This study explored the experiences, needs and preferences of stroke patients discharged to an Early Supported Discharge (ESD) programme regarding secondary prevention information and support.

Methods

A descriptive cross-sectional survey was conducted in accordance with the CROSS checklist. A 20-item survey, adapted from existing Irish, UK and European instruments, captured demographics, secondary prevention at first contact, information formats, and post-discharge home experience. The survey was piloted with a PPI group and reviewed for aphasia accessibility. Patients recently discharged to ESD from a large Irish teaching hospital were invited to participate. Descriptive analysis was completed.

Results

Fifty patients were invited to participate. 25 surveys were returned (50%), 52% were male and 80% aged over 60. 72% reported receiving stroke secondary prevention information initially in hospital; 60% received written material and 96% found leaflets helpful. Their preferred format was a physical booklet (68%) and helpline (52%), with limited interest in an app (16%). They wanted information on blood pressure (76%), signs of stroke, diet and fatigue (72% each), mood and medication (68%). All were satisfied with ESD nurse home visits.

Conclusion

Findings are based on a small sample, and a single-site, however, they provide a patient-informed perspective on the content, format, setting and timing for a secondary prevention education resource in ESD in a community setting.

Ethics

Yes. Ethical approval was granted by the hospital Research Ethics Committee (REC 23/65) in January 2024. Written informed consent was obtained from all participants, responses were anonymous, and a

Data Protection Impact Assessment was completed in accordance with GDPR and the Health Research Regulations.

Falling Off the Cliff Edge and Back On: What a community stroke centre is really worth to its members

Poster

Dr. Marie Ryan¹, Ms. Holly Meaney², Dr. Irene Hartigan³, Dr. Edel Burton⁴

1. University College Cork, 2. University College Cork, 3. University College Cork, 4. University College Cork

Introduction

Community rehabilitation is core to stroke care, but Irish provision after hospital discharge remains fragmented and unevenly distributed. Charity-run community stroke support centres fill this gap yet are rarely evaluated, particularly from a health economics perspective. We aimed to evaluate one such centre in the south of Ireland from members' perspectives, examining its role in rehabilitation, access, and cost after discharge.

Methods

In a convergent parallel mixed-methods evaluation, 28 members completed a survey capturing perceived health change, EQ-5D-5L quality of life, monthly out-of-pocket stroke-care spending before and during membership, and what they would do without the centre. Two focus groups (15 participants) were analysed using reflexive thematic analysis; survey data were analysed descriptively (paired t-test; EQ-5D-5L utility, UK value set).

Results

Participants were mostly survivors (89%) and older (64% aged ≥ 65). All reported improved overall health since joining (68% "much better"); mean EQ-5D-5L utility was 0.72, lowest among older members, who carried substantial disability. Counterfactually, the centre replaced private care for some (29%), substituted for limited primary care (39%), and was the only rehabilitation a vulnerable subgroup (14%) would access. Among 23 members reporting both periods, mean monthly out-of-pocket spending fell from €110.87 to €56.52 (reduction €54.35; 95% CI €28.14–€80.56; $p < 0.001$). Focus groups identified continuity of care after a "cliff-edge" discharge, peer support, psychological wellbeing, and affordability as central.

Conclusion

The centre extends accessible, multidisciplinary rehabilitation after discharge, but its value is heterogeneous, from cost substitution to essential access, greatest for older survivors with substantial disability and no realistic alternative. Community stroke support services warrant recognition as a long-term component of integrated rehabilitation pathways. Findings are indicative, not causal.

Ethics

Yes. Ethical approval was granted by the University College Cork Social Research Ethics Committee (reference 2024-129). All participants provided written informed consent.

FAST Track Home: A LEAN approach to expanding an Early Supported Discharge Service for stroke survivors

Poster

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1. Cork University Hospital, 2. Cork University Hospital, 3. Cork University Hospital

Introduction

The Cork Early Supported Discharge (ESD) team currently provide a service to 16% of stroke patients from Cork University Hospital (CUH) and the Mercy University Hospital (MUH). Following additional staffing investment from the National Stroke Programme, this project aimed to develop a strategy to increase service provision from 16% to 25% of patients by the end of 2026.

Methods

A LEAN methodology using the Define, Measure, Analyse, Improve, Control (DMAIC) framework was applied. Process mapping evaluated current pathways referral pathways and service delivery. Over a four-month period, data were collected on referrals accepted, declined due to capacity limitations or catchment restrictions. Geographic mapping identified regional demand. Root cause analysis and the 5 Whys technique explored barriers to expansion and informed service redesign recommendations.

Results

Eighty-four referrals were received during the study period. Of these, 45 (16%) were accepted, 8 (3%) were declined due to insufficient capacity and 31 (11%) were outside the existing catchment area. Geographic analysis identified a cluster of unmet demand in the north-east region. Expansion of the catchment area by 15 minutes in this direction, combined with increased staffing capacity, was projected to increase service provision by 9%, enabling achievement of the 25% target. Additional recommendations included redistribution of staff travel zones and restructuring of team meetings. Control measures were established to monitor performance and support continuous improvement. Achieving the target increase is projected to provide ESD to an additional 25 patients annually, generating approximately 150 acute bed days and €191,850 in annual savings.

Conclusion

Application of LEAN methodology identified capacity and catchment restrictions as key barriers to ESD provision. The proposed redesign provides a feasible, cost-effective strategy to achieve the national target of 25% ESD provision while improving equity of access and reducing acute bed utilisation.

FAST-Negative, Startle-Positive: A case of missed basilar artery occlusion and the human factors behind delayed stroke recognition

Poster

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Introduction

Posterior circulation strokes (PCS) account for approximately 20% of strokes and are often FAST-negative. Their early recognition is challenging. Finally, medical staff place an undue reliance on the FAST test.

This case aims to explore how diagnostic anchoring and the 'startle effect' contributed to delayed recognition of an acute basilar artery occlusion.

Methods

As part of a morbidity and mortality review process, we examined a case of a lady presenting to the ED. A cognitive autopsy was done to examine how there was a delay in diagnosis.

Results

An 83-year-old woman with a history of hypertension was brought to the ED by ambulance at 11.45hrs with a new hemiparesis. Shortly after arrival she stopped breathing. Initial management centred on resuscitation and stabilisation. CT brain imaging was reported at 12.45hrs as normal, but there was a hyperdense basilar artery. CT angiography confirmed a large basilar artery thrombosis at 13.45hrs. The stroke team was alerted at 14.30hrs, 2 hours and 43 minutes after ED arrival.

The patient underwent emergency transfer for endovascular thrombectomy before returning to the ICU. Despite successful reperfusion, she developed haemorrhagic transformation and died following neurological deterioration.

The review found that a diagnostic error occurred due to failure to communicate the correct diagnosis in a timely manner. The ED's response anchored on stabilisation of the patient and no questioning on the underlying cause (Startle Reaction), as opposed to managing and assessing the cause in tandem.

Conclusion

The initial focus of resuscitation delayed consideration of acute stroke despite documented focal neurological signs. While FAST remains an effective screening tool for anterior circulation stroke, it has limited sensitivity for PCS. Preventing missed PCS therefore requires clinicians to be aware of diagnostic error, recognise human factors which may reduce cognitive bias and support clinicians in maintaining diagnostic flexibility during high-acuity presentations.

Feasibility of a Self-Directed Programme to Increase Dosage of Practice

Poster

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1. The Royal Hospital Donnybrook, 2. The Royal Hospital Donnybrook, 3. The Royal Hospital Donnybrook

Introduction

The Stroke Guidelines recommend that patients should be supported to be active for up to 6 hours per day including both therapist led sessions and independent work (1). The Stroke Interdisciplinary Team (IDT) in the Royal Hospital Donnybrook developed a self-directed task specific practice programme outside of therapy time to increase intensity of practice called 'Power Hour'. Individualised meaningful exercises were identified through the goal setting process. The aim of 'Power Hour' is to enhance self-directed rehabilitation as an important part of promoting neuroplasticity and self-efficacy with intensive dosage of practice. This is a pilot study for 6 stroke patients which commenced in June 2026.

Methods

Power Hour provides goal-oriented, task-specific exercises through an interdisciplinary approach. A total of 6 inpatients (2 male & 4 female) were selected for the pilot. Each IDT member selected 2 exercises for the patient according to their individual needs. The project was reviewed by an inpatient stroke survivor before the launch and amendments were applied accordingly.

Results

Preliminary findings suggest improved adherence and engagement in self-directed work. Results and patient survey to follow.

Conclusion

To date, IDT have observed that Power Hour has motivated patients to be active outside of therapy time. Power Hour is working as an essential educational tool to prepare patients and family to manage their self-directed rehabilitation by increasing their self-efficacy.

As this is a pilot study showing early indicators for improved engagement, there are plans to roll this initiative out to all stroke rehabilitation patients.

References

National Clinical Guideline for Stroke for the UK and Ireland. London: Intercollegiate Stroke Working Party; 2023 May 4. Available from: <https://www.strokeguideline.org/app/uploads/2023/04/National-Clinical-Guideline-for-Stroke-2023.pdf>.

Feasibility of Home-Based Virtual Reality Rehabilitation to Enhance Upper Limb Recovery Following Stroke: A Single-Arm Pilot Study

Poster

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Prof. Darryl Charles⁵***

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Introduction

Stroke survivors often receive insufficient rehabilitation intensity after discharge, limiting functional recovery. Virtual reality (VR) may improve engagement and increase independent therapy. This pilot study aims to evaluate the feasibility, safety and acceptability of a home-based VR rehabilitation programme using the Resynk platform for people with upper limb impairment following stroke.

Methods

A single-arm feasibility study will recruit up to 15 adults receiving Early Supported Discharge or inpatient stroke rehabilitation. Participants will complete a six-week home-based VR programme using Resynk. Primary outcomes include adherence, completion, retention, safety and participant acceptability. Secondary outcomes include unsupervised rehabilitation time, upper limb function measured using the Fugl-Meyer Assessment, and quality of life measured using the Stroke Aphasia Quality of Life Scale. Descriptive statistics will be used to report feasibility outcomes.

Results

The study is currently evaluating feasibility and outcome data. The VR platform automatically records rehabilitation time, repetitions and movement performance, enabling remote monitoring by clinicians. Results will report recruitment, adherence, retention, safety, acceptability and changes in functional outcomes to inform progression to a larger clinical trial.

Conclusion

This pilot study will provide evidence on the feasibility of integrating immersive VR rehabilitation into community stroke services. If feasible and acceptable, the intervention could increase rehabilitation intensity, improve patient engagement and support interdisciplinary stroke care through digitally enabled service delivery.

Ethical approval has been sought through the St James's Hospital/Tallaght University Hospital Joint Research Ethics Committee (JREC Number 3979).

References

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2. Laver KE, Lange B, George S, Deutsch JE, Saposnik G, Crotty M. Virtual reality for stroke rehabilitation. Cochrane Database Syst Rev. 2017;(11). doi:10.1002/14651858.CD008349.pub4.

Ethics

Yes - SJH/TUH Joint Research Ethics Committee

From Data to Improvement: How the Irish National Audit of Stroke Drives Quality Improvement in Stroke Care

Poster

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Introduction

The Irish National Audit of Stroke (INAS) supports quality improvement (QI) in stroke care through the collection and reporting of data. By enabling hospitals to benchmark performance, identify variation and evaluate services, INAS provides a mechanism for translating evidence into practice. Swallow screening and door-to-imaging times are two examples of QI.

Methods

INAS prospectively collects data on patients admitted with stroke in acute hospitals across Ireland and reports performance against agreed standards. Findings are reviewed through local governance structures and multidisciplinary QI programmes to identify opportunities for improvement, guide pathway redesign and monitor outcomes over time.

Results

The INAS Organisational Audit 2025 (NOCA, 2025) demonstrates improvements in acute stroke service provision. Hospitals receiving ambulance pre-alerts for FAST-positive calls increased from 17 in 2021 to 22 in 2025, while hospitals with on-site radiographers increased from 16 to 23, supporting timelier assessment and imaging.

Door-to-imaging time illustrates audit-driven QI. Analysis of pathway delays enabled teams to streamline FAST pathways, strengthen coordination between emergency, radiology and stroke teams, and standardise communication processes. The median door-to-imaging time reduced from 63 minutes in 2021 to 54 minutes in 2024.

The roll out of the National swallow screening Improvement Project has driven QI in participating hospitals, resulting in an increase in the percentage of patients receiving a swallow screen, from 68% in 2021 to 81% in 2024.

Conclusion

INAS demonstrates the value of national clinical audit as a driver of quality improvement. Continuous measurement, feedback and multidisciplinary engagement have enabled targeted changes in care processes, resulting in safer, faster and more consistent stroke care for patients across Ireland.

References

National Office of Clinical Audit (NOCA). Irish National Audit of Stroke National Report 2024 and Organisational Audit Report 2025. Dublin: NOCA; 2025.

From Ward to Home: A profile of stroke patients accessing early supported discharge in Tallaght University Hospital

Poster

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Introduction

Stroke Early Supported Discharge (ESD) provides specialist stroke rehabilitation at home and is recognised as best practice for patients with mild to moderate stroke deficits.

The Tallaght ESD service has been operating since 2012. This project aimed to profile patients referred to the service over a six-month period in 2024 to inform future service development.

Methods

A prospective review of all ESD referrals from July–December 2024 was conducted. Demographic, functional (mRS, Barthel Index), and intervention data were collected and analysed using descriptive statistics in Microsoft Excel.

Results

A total of 61 patients were included. The mean age was 69 years (range 40-98), with 19% living alone and 27% in employment at the time of their stroke. Functionally, 77% of patients had a mRS of 1-2 and the mean Barthel Index was 18.5, indicating mild disability. Of the patients referred, 23 % had a mRS of 3-4. In relation to intervention, 13% received assessment and signposting only, 45% received direct therapy for less than 2 weeks, and 42% received direct therapy for more than 2 weeks.

Conclusion

Most stroke patients currently referred to the ESD service have mild functional impairment. However, patients with moderate disability (mRS 3), who can also benefit from ESD, remain underrepresented at TUH. Expanding access for this group through improved referral pathways, staff education, and closer collaboration with acute stroke teams, patients, and families could maximise recovery, improve outcomes, and enable more stroke survivors to benefit from timely community-based rehabilitation.

Goal Setting Audit Findings on a Stroke Rehab Ward

Poster

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Introduction

Goal setting is an essential element of the rehabilitation process, instrumental to improving recovery, performance and goal achievement (1). NICE guidelines (2) outline standards for goal setting; however, gaps in continuity across care settings remain. An interdisciplinary (IDT) goal-setting pathway has been established on the stroke ward in The Royal Hospital Donnybrook. The aim of this study was to evaluate compliance with interdisciplinary goal-setting standards on this ward.

Methods

An audit was completed in May 2026 to evaluate compliance with the goal-setting pathway. The records of 16 patients were reviewed against four audit standards: (1) completion of goal-setting meeting within 3 weeks of admission, (2) documentation of goals in the goal-setting template (3) goals documented by all relevant IDT members and (4) whether the goal-setting document was evaluated at the end of the rehabilitation period. A second audit will be completed in August 2026.

Results

1. Goal-setting meeting within 3 weeks of admission: 56% no 44% yes
2. Patient's goals documented in goal setting template: 75% yes, 25% no
3. Goals documented by all IDT members: 69% no, 31% yes
4. Goal template evaluated at end of rehab period: rehab still ongoing 50%, 12% yes, 12% no, 12% partially.

Conclusion

This audit highlights opportunities to strengthen the consistency of IDT goal-setting practices. While elements of patient-centred goal setting are currently embedded in practice, improved adherence to established standards is required to align with best practice. Continued staff education and regular audits may support improvements in the quality of the goal-setting process and enhance outcomes for patients.

References

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- (2). National Institute for Health and Care Excellence. Stroke rehabilitation in adults. London: NICE; 2023

Health and Social Care Professionals (HSCPs) Data Within the Irish National Audit of Stroke (INAS): The past, current and future

Poster

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Introduction

INAS has collected national stroke care data since 2012, with a dedicated HSCP dataset introduced in 2017 for Physiotherapists (PT), Speech and Language Therapists (SLT) and Occupational Therapists (OT). These remain the HSCP-professions involved in the implementation phase. Over the past 7-years, the dataset has been refined to ensure high-quality data and alignment with updated National Clinical Guidelines. The HSCP dataset provides national visibility on HSCP specific assessments, rehabilitation and onward referrals. Importantly, offering insight on HSCP trends over time.

Methods

A retrospective review of HSCP dataset evolution from 2017–2024 was undertaken, incorporating national INAS publications and HSCP-specific data extracted for this analysis. Changes in HSCP contribution and therapy metrics were examined, alongside emerging priorities for future development.

Results

HSCP participation expanded from 11 hospitals in 2019 to 19 in 2024, with patient numbers increasing from 2,483 to 4,467. Therapy responsiveness indicators remained stable nationally: PT assessment within 1-day ranged 49–53%, SLT 44–60%, and OT 32–44%. Dysphagia rates ranged 58–64%, Instrumental assessment 11–15%, cognition screening 49–67%, with “unable to screen” remaining low; 12–18%. Annual findings and recommendations aim to optimise HSCP data effectiveness and support potential QI activity. Progress in HSCP governance includes a refined national mailing list and a dedicated HSCP representative supported by PT/OT/SLT advisory roles. Current and future work includes development of a refined HSCP data dictionary, revision of HSCP metrics and exploration of expanding HSCP representation. Future considerations include adding HSCP coverage to quarterly dashboards, combining HSCP and clinical data to strengthen insights into HSCP influence on care, and developing HSCP-specific national KPIs.

Conclusion

HSCP data have evolved into a robust national indicator of therapy quality, responsiveness and multidisciplinary stroke care. Growth in hospital participation and refinement of data points demonstrate increasing maturity and influence, driven by national HSCP collaboration and the value of Irish national data in improving stroke care.

Healthcare Professionals' Perspectives on Post-Stroke Mood Changes: A cross-sectional survey study

Poster

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Introduction

Stroke survivors often experience depression and anxiety that hinder rehabilitation and quality of life but are frequently underdiagnosed. This survey examined non-physician healthcare professionals' confidence, beliefs, and referral practices regarding post-stroke mood changes, identifying barriers and facilitators to improve early recognition, training, and referral pathways.

Methods

A survey was distributed to non-physician healthcare professionals (nurses, pharmacists, occupational therapists, physiotherapists, speech and language therapists, psychologists, dieticians, pharmacy technicians, social workers) practising in the Republic of Ireland in November 2025. Quantitative data was analysed descriptively and inferentially, and free-text responses underwent reflexive thematic analysis.

Results

Of the 331 respondents, the majority (82%) felt that post-stroke mood changes were underdiagnosed. One-third viewed general practitioners as most responsible for diagnosing and managing post-stroke mood changes, while another third viewed neurology/stroke consultants as primarily responsible. The proportion of healthcare professionals who were very or extremely confident in identifying specific post-stroke neurobehavioural changes were low: depression (18%), anxiety (20%), apathy (18%). Just over half of respondents (52%) would often or always refer stroke survivors when they notice post-stroke mood changes. The strongest perceived barriers to detecting post-stroke mood changes were a lack of training resources, limited access to mental health services, other post-stroke complications being more pressing, and a lack of understanding or knowledge in this area. Profession specific barriers were explored further. The most frequent perceived facilitators to improve detection of post-stroke mood changes included specific referral pathways for post-stroke mood changes, and training on post-stroke mood changes.

Conclusion

Healthcare professionals perceive post-stroke mood changes as frequently missed, highlighting a critical opportunity for earlier recognition in clinical practice. Enhanced support and resources are needed to improve detection and referral. These findings can guide targeted resource allocation to address barriers in providing mental health care to stroke survivors.

Ethics

Yes. This study has received ethical approval (application log 2025-279) from the Social Research Ethics Committee at University College Cork before commencement.

Hemiplegic Shoulder Pain: Developing a pathway within the stroke service in Naas General Hospital

Poster

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Introduction

Hemiplegic shoulder pain (HSP) affects 30-65% of people with stroke and is often associated with upper limb (UL) weakness, glenohumeral subluxation and restricted range of movement leading to reduced function and interference with rehabilitation.

Addressing HSP is a priority to optimise UL motor recovery and enhance patient recovery. Currently no pathway exists within Naas Hospital to guide clinicians on the management of HSP.

The primary aims of this study were to; (1) develop a clear pathway for the assessment & management of HSP (2) improve early identification of patients with HSP/those at risk (3) improve confidence with positioning & handling of patients.

Methods

- ☐ Conducted a baseline survey to assess staff knowledge and confidence in the management of HSP.
- ☐ Undertook a literature review to inform the development of an evidence-based HSP management pathway.
- ☐ Liaised with regional stroke services to identify current practices in the management of HSP.
- ☐ Designed patient information booklets and positioning charts to support patient education and consistent clinical practice.
- ☐ Delivered staff education sessions on the stroke unit to facilitate implementation of the pathway.
- ☐ Developed an educational display board for patients and staff to reinforce key principles of HSP management on the ward.

Results

Survey results showed that a quarter of staff lack confidence in identifying HSP with over half reporting low-moderate confidence in positioning & handling patients with HSP. 90% of staff felt further education was required on management of HSP. HSP pathway and patient booklets/positioning charts were developed.

Conclusion

HSP pathway currently in place on the stroke unit leading to use of a standardised approach for management of patients with/at risk of HSP.

Aim to re-survey staff by September 2026 and capture the number of patients who are receiving early intervention for UL management post stroke.

High-repetition Group Exercise Programme for Stroke Inpatients Requiring Higher Physical Assistance

Poster

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Introduction

Current stroke guidelines recommend semi-supervised group exercise to increase therapy intensity and promote motor recovery. However, patients requiring assistance of one or two often receive less therapy because of staffing demands. A high-repetition group exercise programme was delivered to increase physiotherapy intensity while maintaining supervised rehabilitation. This project evaluated its impact on an inpatient stroke rehabilitation ward for adults.

Methods

Two physiotherapists delivered a group exercise programme for up to four inpatients following stroke requiring assistance of one or two people for mobility. One-hour sessions were delivered twice weekly in the physiotherapy gym over five weeks and included functional strengthening, cycling and task-specific practice through independent semi-supervised, and assisted exercises. Exercises were completed in timed five-minute stations, with repetitions recorded using hand counters. Evaluated outcomes included mobility status, walking distance, weekly physiotherapy intensity, repetitions completed and time required to transfer patients to the gym.

Results

Six patients attended the programme over five weeks. Average weekly physiotherapy intensity increased from 122 to 186 minutes. All patients improved in the level of assistance required for walking. Average walking distance increased from 12 m to 19 m. Participants completed a median of 117 exercise repetitions per attended session. The average transfer time to the gym was 20 minutes, requiring two physiotherapists and resulting in approximately 40 minutes of lost treatment time.

Conclusion

The high-repetition group exercise programme increased rehabilitation intensity and was associated with improvements in functional mobility in patients requiring higher levels of physical assistance. These findings support the more widespread implementation of similar programmes within inpatient stroke rehabilitation. The time required for patient transfers highlights the potential value of dedicated porter support to maximise therapist treatment time.

References

Intercollegiate Stroke Working Party. National clinical guideline for stroke for the UK and Ireland; Ireland. 2023

How “NICE” Are We Doing? A RAG-Rated Audit of the Acute Stroke Services

Poster

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Introduction

High-quality stroke rehabilitation requires adherence to evidence-based standards. The National Institute for Health and Care Excellence (NICE) “Stroke Rehabilitation in Adults Guideline NG236” (2023) outline key recommendations for multidisciplinary care, service coordination, and long-term follow-up. Auditing against these standards enables identification of gaps and informs service improvement. Our aim was to evaluate an acute stroke service against NICE 2023 recommendations using a baseline assessment tool, categorising compliance as met (green), partially met (amber), or unmet (red).

Methods

In 2025, a retrospective audit was conducted using the NICE baseline assessment framework. Each recommendation was assigned a Red-Amber-Green (RAG) rating based on evidence from clinical documentation, service protocols, and staffing provision.

Results

Full compliance (green) was achieved in core acute care components, including a dedicated stroke unit, timely multidisciplinary assessment, and early supported discharge pathways. Structured MDT working and goal-setting processes were consistently demonstrated.

Partial compliance (amber) reflected variability in implementation. Holistic needs assessments were inconsistently completed and not routinely revisited. Patient and carer information was available but not standardised. Goal-setting documentation and early discharge planning processes varied across the team.

Unmet (red) recommendations were concentrated in specialist and longer-term care. There was limited access to clinical psychology, neuropsychology, and orthoptic services, alongside gaps in cognitive and vocational rehabilitation. Therapy intensity frequently fell below recommended levels, and a structured 6-month review pathway was absent. Community rehabilitation capacity was insufficient to support continuity of care.

Conclusion

The service performs well in acute stroke care but demonstrates significant gaps in specialist rehabilitation, therapy provision, and long-term follow-up. Targeted workforce expansion, improved community integration, and standardisation of care processes are required to achieve full compliance with NICE 2023 standards.

References

The National Institute for Health and Care Excellence (NICE) Stroke Rehabilitation in Adults Guideline NG236” (2023)

Identification of the Barriers, Facilitators and Implementation Strategies for the Delivery of Communication Partner Training in Clinical Practice: Focus groups of speech and language therapists

Poster

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Introduction

Cognitive-communication disorders (CCD) have been reported to be evident in 66% of right hemisphere strokes and 39-77% in first time strokes. CPT is an effective treatment for CCD and is recommended in evidence-based practice. However, its uptake in clinical practice remains limited. Implementation science can identify multi-level determinants and guide solutions. This study aims to explore the perspectives of SLTs on barriers and facilitators to providing CPT and identify implementation strategies.

Methods

This study used qualitative focus group methodology with a purposive sample of SLTs. Three online focus groups were conducted. A topic guide was used, with questions guided by the Consolidated Framework for Implementation Research 2.0 (CFIR) and the Theoretical Domains Framework (TDF). Data were deductively analysed using CFIR 2.0 and TDF for individual barriers and facilitators. A CFIR 2.0 codebook was created for coding. Data were further coded using manifest content analysis and the ERIC Strategy Matching Tool.

Results

Seventeen SLTs participated. Data were coded to 23 CFIR 2.0 constructs across three domains. Within each domain, data were coded to sub-constructs. Data from the individual's domain was further coded to 12 TDF domains. Twenty-one participant strategies were generated and three added by the research team, with 25 group-level placements into foundational, supporting and system-level strategies. Participants provided concrete examples of strategies that may guide implementation of CPT.

Conclusion

Implementation science frameworks provided a structured approach to identifying contextual factors influencing the delivery of CPT in clinical practice, thereby informing strategies to support implementation. Findings underscore the importance of tailored, context-specific approaches rather than one-size-fits-all solutions. By integrating participant-generated strategies with ERIC-derived strategies, this study offers a set of actionable, practice-relevant approaches to support the implementation of CPT.

Ethics

Yes. Ethical approval was granted by City St George's, University of London's School of Health and Medical Sciences Proportionate Review Research Ethics Committee (ETH2425-0794).

This study was part of a wider research project TANGO <https://blogs.city.ac.uk/tango/>

TANGO is an NIHR-funded study that aims to adapt existing communication partner training programmes through the involvement of people with acquired brain injury, their family members and/or carers, and speech and language therapists, to develop a programme that can be delivered within health contexts

Implementing iPad-Based Cognitive and Aphasia Rehabilitation in an Acute Dublin Teaching Hospital

Poster

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Introduction

The 2023 National Clinical Guideline for Stroke (NCGS) recommends that rehabilitation should be intensive, person-centred, and supported by assistive technologies where appropriate. Digital rehabilitation applications (Apps) have the potential to increase therapy intensity by enabling patients to engage in self-directed practice outside of scheduled therapy sessions. Access to these technologies within the acute hospital setting is often limited. This project aims to implement iPad-based cognitive and aphasia rehabilitation within an acute Dublin teaching hospital (DATH) through funding obtained via the SPARK Innovation Programme. The project seeks to improve patient access to evidence-based digital rehabilitation, increase opportunities for independent practice, and support delivery of the NCGS.

Methods

An implementation programme was undertaken within the DATH using iPads equipped with cognitive and aphasia rehabilitation apps. Speech and Language Therapists and Occupational Therapists collaboratively identify suitable patients, prescribe individualised digital therapy programmes, and provide education to patients, families, and multidisciplinary team members on their use. Staff training, clinical guidance documents, and standardised protocols were developed to support consistent implementation and integration into routine clinical practice. Baseline and post-implementation staff confidence and patient feedback was collected and evaluated to inform future service development.

Results

The project aims to increase access to digital rehabilitation for patients following stroke, allowing cognitive and communication therapy to continue outside of therapist-led sessions. Increased rehabilitation intensity is expected to improve patient engagement, promote greater independence and advocacy within rehabilitation, and enhance adherence to NCGS. The project will also increase staff confidence in prescribing and supporting digital rehabilitation technologies.

Conclusion

Implementing iPad-based cognitive and aphasia rehabilitation represents an innovative approach to increasing rehabilitation intensity outside of therapy working hours within DATH. If successful, this model has the potential to be expanded across acute services, improving access to evidence-based rehabilitation and supporting the delivery of high-quality stroke care in line with NCGS.

Improving Patient Understanding and Confidence upon Discharge from the Early Supported Discharge Service, a quality improvement initiative

Poster

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Introduction

National Stroke Policy emphasises co-ordinated, patient-centred care and effective transitions of care to improve long-term outcomes following stroke.^{1,2} Following the implementation of local patient feedback satisfaction surveys, feedback identified uncertainty among ESD patients regarding their post ESD follow-up plan, and longer term stroke management plan.

Methods

A quality initiative was developed within the ESD service at St Vincent's University Hospital. The ESD Team often receive informal enquiries from patients post discharge, regarding their follow-up, which further supported the need for this quality initiative. A standardised discharge process has been designed by the multidisciplinary team (MDT); consisting of a structured face-to-face discharge session facilitated by the patient's key worker and provision of a patient-friendly written discharge summary. The patient's discharge summary is intended to be completed by all members of the MDT that were involved in the patient's rehabilitation. The patient discharge summary outlines ongoing rehabilitation plan and goals, details of onward referrals completed, any other post ESD follow up appointments etc., secondary stroke prevention education and information/guidance on accessing further information/supports.

Results

The discharge process initiative is a recent service development following MDT collaboration. The quality initiative will be evaluated with patient feedback via patient satisfaction questionnaires and from MDT feedback, in order to assess patient understanding, confidence, acceptability and its feasibility following implementation.

Conclusion

Providing a structured discharge session alongside a written patient discharge summary aims to enhance patient understanding, support self-management and enhance continuity of care following discharge from ESD. Formal evaluation will determine its effectiveness.

References

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Improving referral to review through triage timeliness and optimising virtual vs in person review in a TIA Clinic in Altnagelvin Hospital from August 2025 to April 2026 initiative

Poster

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Introduction

The purpose of the Transient Ischaemic Attack (TIA) service is to triage referrals, assess patients, make a diagnosis, order investigations and implement a management plan. The updated NICE guidelines (2019) state that ALL patients with a suspected TIA should be seen within 24 hours of symptom onset.

Patients who experience a TIA have a high short-term risk of developing ischaemic stroke, notably within the first 48-hours. Timely diagnosis and urgent preventive treatment substantially reduce this risk.

- Our aim was to improve triage and referral timeliness.
- Altnagelvin currently has a 5-day service.
- Improve the number of patients seen within guideline target (24hr)
- Evaluate the impact of virtual vs in-person reviews on time to streamline the pathway. Zero patients were being reviewed virtually prior to commencing project.
- Review the number of days from referral to clinic review.

Methods

- Stroke Consultants provided Clinical Leadership, oversight and support for improvements.
- TIA Clinic Administration staff implemented changes to processes and documentation, patient communication and pathway efficiency.
- Completion of a driver diagram to aid the identification of factors influencing the performance of the TIA service. Ensuring proposed interventions aligned with stroke service priorities, regional guidelines and patient needs.

Results

- Following the implementation of the QI interventions, the percentage of patients reviewed within the 24 hours increased from the baseline of 17% to 58%. This represents an absolute improvement and confirms that the project successfully met its aim of improving timely TIA review.
- The introduction of virtual assessments has improved steadily within the project timeframe.

Conclusion

Through QI methodology the team were able to identify areas for improvement and have made significant changes improving the time from referral to assessment in the TIA clinic.

Intergenerational Programmes Involving Adults with Non-Progressive Acquired Brain Injuries: A scoping review

Poster

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Introduction

Stroke survivors commonly experience long-term psychosocial challenges that can impact functional rehabilitation outcomes. Similar challenges are experienced by adults with other non-progressive acquired brain injuries (ABI). Intergenerational programmes (IGPs) represent a social engagement approach with the potential to enhance psychological wellbeing and promote social connectedness. However, to date, no literature review has explored the nature, scope, and application of IGPs for adults with stroke and other non-progressive ABI. This scoping review aimed to map and synthesise evidence on IGPs involving adults with stroke and other non-progressive ABI and identify implications for future programme development and implementation.

Methods

This review followed the Arksey and O'Malley framework and the JBI Manual for Evidence Synthesis. Electronic databases, grey literature sources, and reference lists of included studies were searched without restrictions on publication year or language. Data were extracted using predefined data extraction tables and synthesised narratively.

Results

Fourteen studies were included, all involving stroke survivors; no eligible studies involving other non-progressive ABI were identified. Most programmes comprised community-based shared or reciprocal activities. Despite variation in programme characteristics, IGPs demonstrated reciprocal psychosocial, communication, rehabilitation, and educational benefits for both older and younger participants, including reduced loneliness, increased communication confidence and greater understanding of the stroke impact. Communication accessibility, participant-centred programme design, structured preparation, and facilitator support were consistently identified as key implementation considerations.

Conclusion

Current evidence suggests that IGPs are a promising community-based approach to complement stroke rehabilitation by promoting meaningful social participation and reciprocal benefits for stroke survivors and younger generations. The absence of evidence involving other non-progressive ABI highlights an important gap for future research. Future programme development should prioritise communication accessibility, participant-centred programme co-design, and facilitator training to maximise meaningful engagement and support the integration of IGPs into rehabilitation and community services.

Less Duplication, More Integration: Smarter MDT co-ordinated care in the Cork Early Supported Discharge Team

Poster

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Introduction

The Cork Early Supported Discharge (ESD) stroke service enables an accelerated discharge from the acute hospital setting, through the provision of multidisciplinary specialist and stroke-specific rehabilitation in the patient's home.

Problem Statement: Historically, PT, OT and SLT have spent excessive time on the initial assessment (IA) process due to repeated case history conversations with patients, non-patient facing time reviewing electronic records for medical history and medications and follow up handovers post initial home visits to share information amongst the team. These tasks are repeated across disciplines, leading to inefficiencies and lost clinical time.

Objective: By the end of December 2025, to reduce the time spent on case history and background information gathering from 45 minutes to 15 minutes per therapy discipline. Saving up to 90 minutes per patient accessing all three therapy disciplines.

Methods

A LEAN methodology using the Define, Measure, Analyse, Improve, Control (DMAIC) framework was applied. Process mapping and time-in-motion analysis highlighted repeated information gathering across MDT members with 45-minutes per therapy discipline per IA used. A fishbone diagram and 5-Whys identified root causes: inadequate detail being requested from referral source, lack of a coordinated timetabling system and absence of a dedicated team member responsible for review/sharing of medical information. As a result, the ESD referral form was redesigned to request additional information, a weekly huddle for timetabling was implemented and CNS assumed responsibility for gathering background information.

Results

A saving of 30-minutes per discipline per IA was achieved, equating to over 100 hours per annum. Patients no longer repeated information multiple times, supporting seamless continuation of their rehabilitation journey from hospital to home.

Conclusion

The DMAIC process enabled the team to streamline handover from acute care, reduce duplication and improve MDT co-ordination and patient experience.

Mapping Voluntary Stroke Services Across the Republic of Ireland

Poster

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Introduction

The burden of stroke is rising, leaving many Irish stroke survivors with unmet needs following hospital discharge. Voluntary stroke services supplement existing community supports.

This study provides the first nationwide overview of voluntary stroke services in the Republic of Ireland, addressing the lack of a national database and the difficulties stroke survivors and carers face in identifying supports. It maps the geographic distribution and support types within voluntary stroke services across the Republic of Ireland.

Methods

This study used multi-method data collection involving advanced Google searches and structured information requests to national providers to identify relevant services. Services were screened against inclusion and exclusion criteria and extracted to map their geographic distribution and characteristics.

Results

A total of 190 voluntary stroke services were identified, the majority (n=152) being mixed-disability rather than stroke-specific (n=38). Services were unevenly distributed, with seven counties having no stroke-specific services. Most services offered in-person service delivery, and 67.4% (n=128) of services reported healthcare professional involvement. Funding sources were mixed, with few services relying solely on government funding. Across the 26 counties, 16 had no relevant services identified through national information providers.

Conclusion

Findings highlight geographic disparities, limited visibility of services, and mixed-disability dominance, which may not sufficiently address the needs of stroke survivors.

This study provides foundational evidence for developing a nationwide, regularly updated database of voluntary stroke services in collaboration with key stakeholders, identified gaps for service development and acknowledges the need for further qualitative research in this area.

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Modernising Rehabilitation – A Quality Improvement Initiative to increase the use of Electrical Stimulation in Stroke Rehabilitation

Poster

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Introduction

Stroke remains a leading cause of long-term disability worldwide, with motor impairment, one of a number of domains of impairment that significantly affect patients' participation and quality of life. The 2023 National Clinical Guideline for Stroke identifies that electrical stimulation (ES) should be considered as a treatment option for shoulder subluxation, wrist and finger weakness and ankle instability or weakness following stroke.

This initiative, carried out by the Irish National Clinical Programme for Stroke, aimed to enhance therapist confidence, knowledge, and the utilisation of ES stroke rehabilitation services by identifying current practice, provision of basic ES equipment, and delivering targeted brief training for therapists.

Methods

One hundred and forty-four ES units were provided across 24 acute sites, and 76 therapists were trained over a four-month period in 2024. A survey was conducted before and after the initiative to evaluate its impact. The survey explored the frequency, clinical indications, perceived benefits, barriers to use, and training levels associated with ES in stroke populations.

Results

Daily and weekly prescription of ES increased from 1% to 17% and from 8% to 31% respectively. Therapists cited limited confidence and access to ES equipment as the main barriers to its use in the initial survey. Insufficient clinical time was cited as the main barrier following the rollout of this initiative.

Conclusion

Post-survey findings indicated significant improvement in therapists' understanding, confidence, and frequency of ES use in clinical practice. The results suggest that strategic investment in both resources and education can effectively support the integration of ES into routine stroke rehabilitation, potentially improving outcomes for patients with motor impairment.

References

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Not Just "All Talk": Co-designing a communication awareness programme

Poster

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Introduction

Approximately one third of stroke survivors present with communication difficulties after stroke. There is a lack of awareness and understanding about these difficulties and their impact on daily life, leading to frustration, exclusion and isolation for these survivors and their families.

In response, All Talk", a support group for stroke survivors with communication difficulties, co-designed a Communication Awareness Programme for Health Care Professionals.

Methods

Members of the group expressed a desire to develop a programme which would enable them to share their experiences to help Professionals understand the impact of communication difficulties and develop strategies for communicating effectively with people with communication difficulties.

The programme was co-designed by stroke survivors, care partners and an S.L.T

Initially, time was spent scoping the aims and programme content, drawing on people's experiences, capturing the main messages members wanted to impart on the programme.

We co-designed the structure and content, customizing the design to match the communication needs of the co-trainers so that they could say what they wanted to say, taking into account different communication styles/methods

Results

- ☐ Co-creation of a unique experiential programme which we have successfully delivered 9 times, to approximately 150 participants from diverse settings
- ☐ All participants reported a greater understanding of the impact of communication difficulties and an increase in confidence interacting with people with communication impairments.
- ☐ Co-trainers have reported increase confidence and enhanced communication skills
- ☐ Increasing demand for the programme

Conclusion

Many Health Professionals do not fully understand the impact of communication difficulties after stroke on survivors and their families.

Stroke survivors with communication difficulties have a valuable role in increasing awareness.

Need to think more about treating survivors with communication problems as equal partners and provide opportunities for them to participate more fully in Healthcare.

Nutritional Risk and Dietetic Management Following Acute Stroke

Poster

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Introduction

Malnutrition is common after stroke due to dysphagia, reduced oral intake, and increased metabolic demands. National Clinical Guidelines for Stroke emphasise timely nutrition screening, early dietetic input, and structured care pathways to optimise outcomes. This audit characterised dietetic referral patterns, nutritional status, and dietetic management of patients admitted to the acute stroke unit at Tallaght University Hospital.

Methods

A retrospective audit of all patients admitted between February and May 2026 was conducted. Demographic, clinical, and nutrition-related data were extracted from patient records, including stroke type, length of stay, dietetic referrals, nutritional assessments, and interventions. Findings were compared with national recommendations.

Results

Eighty-two patients were admitted (ischaemic n=61; haemorrhagic n=15); mean NIHSS was 10, indicating moderate stroke severity. Forty-five patients (55%) were referred to dietetics. MUST screening within 24 hours was completed in 56 patients (68%), below the national target of 100%, identifying 10 patients at medium or high nutritional risk. Twelve patients were NPO and considered for nasogastric feeding within 24 hours, of whom 11 received enteral nutrition, demonstrating high compliance with recommendations for early enteral nutrition. GLIM criteria identified six patients with severe and four with moderate malnutrition at baseline; nutritional status improved in three patients by discharge. Mean length of stay was 14 days. Initial interventions included oral nutritional supplements (n=13) and high-protein, high-calorie advice (n=8); 25 patients remained on supplements at discharge. Twenty patients lost weight within two weeks (0.05–21.7%). No patient required long-term enteral feeding, likely reflecting effective nutritional and dysphagia management, including access to Pharyngeal Electrical Stimulation.

Conclusion

While timely enteral nutrition was achieved for almost all eligible patients, compliance with the recommended 24-hour MUST screening target was suboptimal. These findings support continued efforts to improve early nutritional screening while reinforcing the value of prompt dietetic assessment and nutrition support in reducing malnutrition risk following acute stroke.

Optimising Management of Type 2 Diabetes Following Acute Ischaemic Stroke

Poster

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Introduction

Introduction: SGLT2 inhibitors and GLP-1 receptor agonists provide cardiovascular benefits in patients with type 2 diabetes (T2D). Utilization of these drugs in clinical practice is suboptimal. Local practice was reviewed for acute ischaemic stroke patients with type 2 diabetes admitted to the Hyperacute Stroke Unit.

Methods

Methods: All type 2 Diabetics admitted with stroke from 1st January 2025 to 30th June 2025 were identified. Baseline demographics recorded. Additional information included diabetic medications and in-patient diabetic team review. Prescriptions for SGLT2 and GLP-1 receptor agonist agents were audited against updated NICE guideline NG28.

Results

Results: For the first 6 months of 2025, 51 patients with type 2 diabetes mellitus admitted (16% of stroke admissions), 33% LACS, 33% PACS, 23% POCS and 11% TACS. Median NIHSS 3. Mean admission HbA1c was 58.6mmol/l (range 40-101mmol/l), 47% of patients HbA1c >53mmol/l. At baseline 65% of patients with T2DM (33/51) were on metformin, 43% (22/51) were on SGLT2i and 4% (2/51) were on GLP-1. 16% of patients (8/51) had an inpatient diabetes team review. Only one patient had target HbA1c documented on the discharge summary. 28% (7/25) not already on SGLT2i were commenced on SGLT2i during admission or in the 6 months post-discharge. 41% (18/44) were still not on SGLT2i 6 months post-stroke. No patients were started on GLP-1 during admission or in the 6 months post discharge. 95% (42/44) were not on GLP-1 at 6 months post-stroke.

Conclusion

Conclusion: Low documentation of HbA1c targets. Underuse of SGLT2i and GLP-1. Diabetes team reviewed a small proportion of cases. Aims going forward (a) Patients with T2DM have target HbA1c documented on discharge, (b) Be established on triple therapy if appropriate considering frailty/ comorbidities and (c) If triple-therapy not appropriate, reasoning documented.

Outcome Constructs and Outcome Measurement in Post-Stroke Cognitive Impairment Intervention Trials: A scoping review to inform core outcome set development

Poster

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Introduction

Heterogeneity in outcomes reported in post-stroke cognitive impairment (PSCI) intervention trials limits evidence synthesis and guideline development. This scoping review aimed to identify, characterise and harmonise outcomes reported in recent PSCI studies to generate a Stage 1 long list for the Core Outcome Set for Post-Stroke Cognitive Impairment (COS-PSCI).

Methods

CINAHL, PsycINFO, PubMed, Scopus, Cochrane CENTRAL and ClinicalTrials.gov were searched for studies published between January 2020 and July 2025. Randomised and quasi-randomised PSCI intervention trials, including protocols and registry records, were eligible. Outcome labels were extracted verbatim, harmonised into constructs using predefined decision rules, and mapped to the Core Outcome Measures in Effectiveness Trials (COMET) taxonomy and the International Classification of Functioning, Disability and Health (ICF).

Results

One hundred and eighty studies from 33 countries were included (105 completed trials; 75 protocols/registry records). Overall, 1,222 outcome labels were harmonised into a Stage 1 long list of 94 outcome constructs, assessed using 403 outcome measurement instruments. Trials converged on a small number of constructs but diverged in how they were labelled and measured. The 15 most frequently reported constructs accounted for 60% of harmonised outcome labels. Most constructs mapped to the ICF impairment level, with few activity- or participation-level outcomes. Immediate post-intervention assessment predominated, with limited longer-term follow-up.

Conclusion

PSCI trials share a small set of outcome constructs but differ in their definition, measurement and assessment timing. The Stage 1 long list underpins COS-PSCI consensus development. The COS-PSCI project is registered with the COMET Initiative (<https://comet-initiative.org/Studies/Details/3508>)

Ethics

Yes. Ethics not required for scoping review. Ethical approval received for over COS-PSCI project via UL EHS Ethics Committee and HSE Midwest Ethics Committee

Outcomes from TIA clinic: the first 6 months

Poster

Ms. Sandra Matthews

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Introduction

Transient ischaemic attack (TIA) precedes ischaemic stroke in 20% of cases (Health Service Executive, 2022). Investigation of a TIA requires significant resources to avoid an ischaemic stroke and save morbidity. In Our Lady of Lourdes Hospital, TIA patients were previously managed as inpatients. The stroke team introduced a new outpatient TIA clinic and this study was to review the outcomes.

Methods

Data was collected prospectively from January 5th to July 3rd 2026 to identify date of presentation to hospital, length of hospital stay and TIA risk factors. The Integrated Patient Management System was reviewed to establish whether these patients represented to hospital after clinic review.

Results

77 patients were reviewed in the TIA clinic during this 6-month period. 33(43%) were male, 44(57%) female. The median age group was 64. A total of 10(12.9%) patients had an infarct on MRI, recategorising them as minor stroke rather than TIA. 19.5% had a probable TIA, 16.9% had a possible TIA and 50.6% were unlikely TIA. Of those unlikely TIA, the majority (41%) diagnosis was migraine.

The average inpatient length of hospital stay (LOS) was 1.56 days with the prior LOS being 5.74 days. 39% of patients avoided admission to hospital. One patient with diagnosis of cerebral amyloid angiopathy at TIA clinic represented with an Ischaemic stroke.

The main risk factors identified were hypercholesterolemia 73.6% and hypertension 63%.

Conclusion

The TIA clinic has streamlined the management of suspected TIA patients. The reduction in LOS is not only beneficial for confirmed TIA patients, but also to patients with other benign diagnoses, avoiding unnecessary investigations and allowing a more efficient allocation of resource. Additionally, the TIA clinic has avoided incorrect TIA labelling and administration of long-term preventative treatments.

References

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Outcomes From a 6-Week Mixed Endurance-Strength Lower Limb Programme in Chronic Stroke Patients

Poster

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Introduction

Many chronic stroke patients experience loss of strength, physical deconditioning and long-term disability, which limits their independence and participation in everyday activities. Community-based tailored exercise programmes can provide a low cost and effective means of addressing these deficits and promote physical activity in this cohort.

Methods

Participants attended a 6-week community-based mixed endurance-resistance exercise programme. Each session lasted approximately 1 hour, consisting of cardiovascular and strength exercises, which progressively increased in challenge over the 6 weeks and were tailored to each individual's ability. There were 6 participants in each class with 1 Physiotherapist and 1 Rehabilitation Assistant. The outcome measures administered were the 10M walk test, Timed Up and Go test and the 5 time Sit-to-Stand test. Participants were given a home exercise programme to follow between classes and signposted to community exercise classes at the end of the 6 weeks for maintenance.

Results

Data from 32 class participants was analysed. The average age of participants was 73 years (range 47-91). Seventy-one percent were male and average time since stroke was 14 months. Participants demonstrated clinically significant improvements across all mobility outcomes post 6-week intervention. On average, they were 7 seconds faster on the TUG test, 7 seconds faster on the 5x STS test and 0.14m/s faster on the 10MWT.

Conclusion

A brief 6-week individualised mixed endurance-strength programme can improve walking speed and strength outcomes in chronic stroke survivors, even in those numerous years after their initial stroke.

Palliative Care Engagement in Stroke: Perspectives of Patients and Healthcare Professionals in Non-Dying Populations - A Scoping Review

Poster

Ms. Siobhán Brew

Atlantic Technological University

Introduction

Stroke survivors frequently experience persistent physical, psychological, and communication challenges despite advances in acute care and rehabilitation. Palliative care may address these unmet needs but remains poorly integrated into stroke services. This scoping review explored how palliative care engagement is conceptualised, implemented, and experienced in non-terminal stroke populations.

Methods

A Joanna Briggs Institute scoping review, reported according to PRISMA-ScR, searched PubMed, CINAHL, Embase, Scopus and the Cochrane Library (2010-2025), supplemented by grey literature. Studies involving adults with stroke and addressing palliative care engagement across acute, rehabilitation or community settings were included. Data were charted and synthesised descriptively using thematic analysis.

Results

Four key themes emerged: (1) conceptual ambiguity, with palliative care frequently equated with end-of-life care; (2) delayed and reactive engagement rather than early integration; (3) persistent unmet physical, psychosocial and communication needs among stroke survivors; (4) organisational barriers, including prognostic uncertainty, fragmented services and limited clinician education. Facilitators included interdisciplinary collaboration, structured communication and clear referral pathways. Evidence suggests earlier, needs-based palliative care can improve coordination, shared decision-making and patient-centred care.

Conclusion

Palliative care remains underutilised in stroke because of conceptual misunderstanding rather than lack of clinical need. Reframing palliative care as a parallel, needs-based approach throughout the stroke pathway, supported by interdisciplinary models and clearer referral process, may improve quality of life and continuity of care for stroke survivors and their families.

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Patient-Reported Outcome Measures- Looking Beyond the Modified Rankin Scale to Characterise Stroke Impact

Oral

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Introduction

Stroke is a leading cause of long-term disability with cognitive, emotional, and social consequences beyond physical impairment. The Stroke Impact Scale (SIS) is a validated patient-reported outcome measure assessing the multidimensional impact of stroke. This study evaluated SIS scores by Modified Rankin Scale (mRS) to determine whether SIS captures morbidity beyond global disability.

Methods

This retrospective cohort study included consecutive patients from the Connolly Hospital stroke registry one year after stroke. Participants completed the SIS during routine follow-up. Patients without SIS responses were excluded. Mean SIS scores (0-100; lower scores indicating greater impact) across strength, memory, emotion, communication, activities of daily living (ADLs), mobility, hand function, social participation, and stroke recovery domains were analysed according to mRS category (0–5). Ethical approval was granted by the Connolly Hospital Research Ethics Committee.

Results

Of 197 eligible patients, 194 completed the SIS. SIS scores declined progressively with increasing mRS across all domains. Physical domains, including strength, ADLs, mobility, and hand function, demonstrated the greatest reduction with increasing disability. However, cognitive and emotional domains remained relatively preserved across mRS categories. Despite slight disability (mRS 2), mean SIS scores remained 20% below maximum, highlighting residual morbidity not captured by the mRS. Social participation remained impaired even among patients with minimal disability (mRS 0–1), indicating ongoing limitations despite functional independence. Patients with low mRS scores continued to report deficits in participation and perceived stroke recovery that were not captured by the mRS alone.

Conclusion

The SIS provides a multidimensional assessment of stroke recovery beyond functional disability. While the mRS remains a useful global outcome measure, the SIS identifies persistent physical, cognitive, emotional, and social consequences. These findings support the use of patient-reported tools alongside mRS to better characterize long-term outcomes after stroke.

Ethics

Yes. Ethical approval was granted by the Connolly Hospital Research Ethics Committee.

Perceived Risk of Myocardial Infarction and Stroke Among Male Marathon Runners

Poster

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Introduction

Cardiovascular disease (CVD) remains a leading cause of morbidity and mortality worldwide and is a major contributor to stroke risk. While marathon runners are generally perceived as a healthy population, participation in endurance exercise does not eliminate cardiovascular or cerebrovascular risk. Understanding knowledge of CVD and perceptions of myocardial infarction (MI) and stroke risk may help inform targeted prevention strategies.

Methods

A cross-sectional study was conducted among male marathon runners who were preparing for or had completed a marathon (42.195 km) within the previous 12 months. Demographic, lifestyle, and health-related data were collected. The Attitudes and Beliefs about Cardiovascular Disease (ABCD) Risk Questionnaire was used to assess CVD knowledge and perceived risk of experiencing an MI or stroke. Linear regression analyses examined associations between CVD risk factors and knowledge scores and perceived risk, adjusting for age, education, body mass index (BMI), smoking status, and stress.

Results

Participants were predominantly 40 years or older (65.2%). Self-reported hypertension was present in 7.3% of participants, while 16.8% reported hypercholesterolaemia. Perceived risk scores were significantly higher among participants with a diagnosis of hypertension or hypercholesterolaemia. In the adjusted model examining CVD knowledge, hypertension was significantly associated with higher knowledge scores ($B = 0.38$, 95% CI 0.43-0.72, $p = 0.027$). In the adjusted model for perceived risk, hypertension ($B = 1.33$, $p = 0.025$), hypercholesterolaemia ($B = 1.79$, $p < 0.001$), family history of hypertension ($B = 1.18$, $p < 0.001$), and family history of hypercholesterolaemia ($B = 1.43$, $p < 0.001$) were independently associated with greater perceived risk of MI or stroke.

Conclusion

Male marathon runners without established personal or familial cardiovascular risk factors demonstrated lower perceived risk of MI and stroke. These findings suggest opportunities to improve cardiovascular and stroke risk awareness among endurance athletes.

Ethics

Yes. Ethical approval was obtained by the Social Research Ethics Committee at University College Cork (reference number 2024-200). All participants provided informed electronic consent prior to

participation via the Qualtrics® platform. Participation was voluntary and participants were informed of their right to withdraw until they submitted their complete survey. To ensure data protection and participant confidentiality, no directly identifiable personal information (e.g., names, contact details or IP addresses) were collected. All data were anonymised at the point of collection and stored in a secure, password-protected environment accessible only to the research team. The research was conducted in accordance with the Declaration of Helsinki and institutional research guidelines of University College Cork (Code of Research Conduct v.2.4; Guidance Document for Conducting Internet Research). Data were stored and processed in compliance with the General Data Protection Regulation (GDPR; EU 2016/679). Specifically, all electronic data were housed on secure, EU-compliant institutional servers, and no data were transferred to non-compliant jurisdictions. Data handling procedures adhered to institutional data governance policies to ensure confidentiality, integrity, and secure storage throughout the study.

Pilot Evaluation of the Living Well After Stroke Programme at the Cork Stroke Support Centre: A mixed-methods study

Poster

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Introduction

Addressing modifiable risk factors through education, lifestyle change, and medication adherence can reduce recurrent stroke risk. Living Well After Stroke (LWAS), developed by the Australian Stroke Foundation, is an eight-week behaviour change programme. This pilot evaluation explored the implementation and impact of LWAS within the Cork Stroke Support Centre (CSSC).

Methods

A parallel convergent mixed-methods design was employed. Quantitative data comprised pre- and post-programme WHO-5 Wellbeing Index scores and programme evaluation questionnaires, analysed using descriptive statistics. Qualitative data were collected through three focus groups involving programme facilitators, in-person participants, and online participants. Qualitative data were analysed using thematic analysis.

Results

The questionnaire was completed by all programme participants (12), while 16 participants took part in focus groups comprising facilitators (n = 4), in-person participants (n = 8), and online participants (n = 4). Mean WHO-5 wellbeing scores improved from 14.5 to 16.6 (mean change +2.15), with 84.6% of participants reporting improved wellbeing. All participants reported positive programme experiences and improved secondary prevention behaviours. Six themes were identified: (1) peer support and social connection; (2) fragmented referral pathways; (3) behaviour change through incremental goal setting; (4) autonomy-supportive facilitation; (5) the CSSC as a therapeutic community; and (6) high programme satisfaction. Fragmented referral pathways were the principal challenge across all groups. Three additional themes were specific to the online cohort: (1) online delivery enabling access; (2) digital literacy limiting participation; and (3) cognitive readiness for meaningful engagement.

Conclusion

LWAS demonstrated promising improvements in wellbeing and self-management among Irish stroke survivors. Findings highlight the need for structured post-discharge referral pathways to community-based secondary prevention services. Online delivery offers potential to improve accessibility, provided appropriate digital support is available. These findings will inform future implementation and evaluation of LWAS in Ireland.

Ethics

Yes. Ethical approval was granted by the UCC School of Pharmacy Social Research Ethics Committee (Reference: SREC 2026-007).

Post-Stroke Apathy: A conceptual analysis

Poster

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Introduction

Stroke survivors commonly experience mental health and neurobehavioural symptoms including depression, mood changes, and apathy. Post-stroke apathy is frequently overlooked or misidentified as depression due to symptom overlap, clinical overshadowing, differences in measurement, and inconsistent reporting. Misdiagnosis can have important clinical consequences, as treatments commonly used for depression, such as selective serotonin reuptake inhibitors (SSRIs), may worsen apathy symptoms. Despite its clinical significance, post-stroke apathy remains poorly conceptualised and has not been formally defined through conceptual analysis. This study aims to define post-stroke apathy and clarify its relationship with related post-stroke mental health symptoms to aid differentiation.

Methods

Walker and Avant's (1) conceptual analysis framework was utilised. Literature searches were conducted in PubMed, PsycInfo, Web of Science, and Embase. Covidence was used to support reference management, screening, and data extraction. Two reviewers independently screened studies, with disagreements resolved by a third reviewer. Data extraction is being completed by one reviewer and cross-checked by another. Extracted data will identify the defining attributes, antecedents, consequences, and empirical referents of post-stroke apathy.

Results

The search strategy employed yielded n=1,676 papers for screening, following both title/abstract and full-text screening n=203 papers for data extraction. Findings will inform a conceptualisation of post-stroke apathy based on its defining attributes identified in included studies. Case examples will illustrate the presence, absence, and overlap of post-stroke apathy characteristics which will support differentiation from related conditions such as post-stroke depression.

Conclusion

This analysis will provide a clearer definition of post-stroke apathy distinguishing it from related post-stroke symptoms. This improved conceptual clarity should support healthcare professionals in recognising post-stroke apathy, preventing misdiagnosis, and ultimately improve post-stroke patient care through more appropriate management and treatment pathways.

References

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Prevention of REcurrent Vascular EVENTS after STROKE (PREVENT-STROKE) Study

Poster

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Introduction

Despite advances in secondary prevention, people with ischaemic stroke remain at substantial risk of recurrent vascular events. Stroke is heterogeneous, arising from large artery atherosclerosis, cerebral small vessel disease, and cardioembolism, while up to one-third of cases remain cryptogenic. PREVENT-STROKE is a prospective multimodal biobank established to support the discovery of blood, DNA, and imaging biomarkers that may improve aetiological classification and identify patients at greatest risk of recurrence. Embedded within the Stroke Clinical Trials Network Ireland research infrastructure, the study also contributes to harmonising clinical, imaging, biospecimen, and outcome data collection across Europe, improving cross-centre comparability and enabling future collaboration.

Methods

Inclusion: Patients with ischaemic stroke or TIA.

Exclusion: Patients with an alternative stroke mechanism, limited life expectancy, dementia, or inability to provide informed consent.

Participants undergo detailed clinical phenotyping, laboratory assessment, brain and vascular imaging, echocardiography, electrocardiography, and cardiac rhythm monitoring where indicated. Blood samples are biobanked at predefined disease phases: hyperacute, within 24 hours of symptom onset; acute, from 24 hours to 7 days; and convalescent, from 3 months to 1 year.

Clinical outcomes are assessed at 3–6 months and at 1, 2, and 5 years. Outcomes include recurrent vascular events, functional status, mortality, dementia, and atrial fibrillation detected after stroke. Biobank sample proteomics will be integrated with imaging, cardiac, and clinical data to identify biomarker signatures associated with atherosclerotic plaque, cardioembolism, atrial cardiopathy, atrial fibrillation, and recurrent vascular risk.

Results

Recruitment and follow-up are ongoing at MMUH. Since October 2025, 251 patients have been enrolled.

Conclusion

PREVENT-STROKE is building a richly characterised stroke biobank with longitudinal sampling and long-term follow-up. This collaborative resource will support biomarker discovery and validation, strengthen risk prediction, advance more precise secondary prevention, and provide an enduring platform for investigator-led stroke research in Ireland and internationally.

Ethics

Yes. The PREVENT-Stroke study received ethical approval from The Mater Misericordiae Hospital Research Ethics Committee (REC Reference: 1/378/2526).

Real-World Cerebral Venous Sinus Thrombosis in a Tertiary Stroke Centre: presentation, management and outcomes

Oral

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Introduction

Cerebral venous sinus thrombosis (CVST) presents a significant diagnostic challenge with highly variable clinical outcomes. While anticoagulation remains the standard of care, the role of endovascular therapy (EVT) in severe cases is evolving. We characterise the clinical profile, contemporary management strategies - specifically the utilization of EVT - and outcomes of CVST in a Comprehensive Stroke Centre.

Methods

We conducted a retrospective observational study of all CVST cases managed between January 2018 and August 2025 in a comprehensive stroke centre. Demographic data, clinical presentation, radiological burden, and therapeutic interventions were analysed.

Results

Over the 7-year period, 127 confirmed CVST cases were identified (mean age 43 ± 17 years, M:F, 45:55). While headache was the most common presentation (45%), a significant proportion presented with altered consciousness (26.7%). Involvement of the transverse/sigmoid sinus occurred in 48.8% of cases. Notably, venous thrombectomy was performed in 16.5% (n=21) of patients. This subgroup had distinct high clinical severity; 47.6% (10/21) of thrombectomy patients required subsequent neurosurgical intervention (decompressive hemicraniectomy or shunting). The overall cohort mortality rate was 13.3% (n=17) with a mortality rate of 33% (7/21) in those receiving EVT.

Conclusion

We report a large contemporary cohort of CVST characterized by high disease severity, likely reflecting the severity of cases referred to our comprehensive stroke centre. We observed a notably high rate of endovascular and neurosurgical intervention (16.5%) compared to historical data. Despite aggressive multimodal management, mortality remains significant, underscoring the need for refined selection criteria for invasive therapies in fulminant CVST.

Ethical

Yes - Beaumont Hospital Ethics Committee

Recurrent Ischaemic Strokes and Mononeuritis Multiplex as the Presenting features of MPO-ANCA Positive Eosinophilic Granulomatosis with Polyangiitis: A biopsy-confirmed case

Poster

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Introduction

Background:

Eosinophilic granulomatosis with polyangiitis (EGPA) is a rare ANCA-associated vasculitis. Although peripheral neuropathy is common, central nervous system involvement is uncommon, and recurrent ischaemic stroke as the presenting feature is rarely reported.

Case:

A 61-year-old man with a background of learning disability presented with collapse, fever and evolving neurological deficits. Brain imaging demonstrated multifocal bilateral cerebral infarcts with subsequent new infarction and haemorrhagic transformation. During admission, he developed progressive bilateral foot drop and painful mononeuritis multiplex. Laboratory investigations revealed marked hypereosinophilia (peak eosinophil count $8.81 \times 10^9/L$), high inflammatory markers (peak CRP 199), and strongly positive MPO-ANCA (>135 IU/mL) and pANCA ($>1:320$). Extensive investigation excluded infective, cardioembolic and malignant causes. Nerve conduction studies demonstrated asymmetric active axonal sensorimotor polyneuropathy consistent with vasculitic neuropathy and sural nerve biopsy confirmed vasculitis. The patient received a 3-day course of intravenous methylprednisolone followed by a tapering course of oral prednisolone. Cyclophosphamide was commenced but discontinued after a single dose because of haematuria. Remission was successfully achieved with a single cycle of rituximab. Eosinophilia and inflammatory markers normalised and there was marked neurological improvement, including mobility, muscular strength, swallowing function and peripheral neuropathy, following multidisciplinary rehabilitation.

Conclusion

This case highlights EGPA as a rare but important cause of recurrent multifocal ischaemic strokes. Marked eosinophilia combined with mononeuritis multiplex should prompt early consideration of systemic vasculitis in patients with unexplained ischaemic stroke. Early multidisciplinary assessment, tissue confirmation, and timely immunosuppressive therapy were critical to establishing the diagnosis and limiting further neurological injury.

Relationship Between CYP2C19 and Other Genotypes with On-Treatment Platelet Reactivity Status on Clopidogrel Following TIA and Ischaemic Stroke

Oral

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Introduction

Patients with CYP2C19 loss-of-function (LOF) Single Nucleotide Polymorphisms (SNPs) may be more likely to exhibit 'Clopidogrel-High on-Treatment Platelet Reactivity' (HTPR). Few studies concurrently assessed the influence of CYP2C19/other pharmacogenetic factors on Clopidogrel-HTPR status and outcomes in clopidogrel-treated cerebrovascular disease (CVD) patients.

Methods

In the prospective Optimal Antiplatelet Therapy in TIA and Ischaemic Stroke-International (OATS-I) pilot-observational study, 94 TIA/ischaemic stroke patients underwent centralised pharmacogenetics analysis to classify them as predicted CYP2C19 'Poor-Intermediate', 'Normal' or 'Rapid-Ultrarapid' Metabolisers. Analyses for candidate SNPs in RAD18, ASIC2 and CYP2C18, and a pilot Genome Wide Association Study (GWAS) were performed. Clopidogrel-treated patients were categorised into subgroups with/without HTPR at 'high shear-stress' (PFA-100[®] INNOVANCE PFA P2Y), and 'low shear-stress' (VerifyNow[®] PRUtest, PL-12/Aggristar[®] ADP) assays. Post hoc candidate SNP analyses in healthy donors was performed.

Results

29% (N = 27) were predicted Poor-Intermediate, 37% (N = 35) were predicted Normal & 34% (N=32) were predicted Rapid-Ultrarapid CYP2C19 Metabolisers. 7/21 (33%) clopidogrel-treated Poor-Intermediate Metabolisers did not have Clopidogrel-HTPR on the PFA-100 or VerifyNow assays; 3/21 (14%) did not exhibit Clopidogrel-HTPR on any of the 3 platforms. There was an association between the rs10509646 SNP in the HHEX gene and on-treatment platelet reactivity, with shorter median PFA-100 closure times ($P=0.0003$), and higher mean P2Y12-Reactivity Units on the VerifyNow ($P=0.005$) in patients with homozygous 'non-wild type' vs. homozygous 'wild type' HHEX genotypes. Post hoc analyses showed similar non-wild type allele frequencies for CYP2C19*2, CYP2C19*3, CYP2C19*17, RAD18, ASIC2, CYP2C18, and HHEX in healthy donors and TIA/ischaemic patient population.

Conclusion

Almost one third of our CVD population have CYP2C19 LOF SNPs, and up to 33% of these predicted Poor-Intermediate Metabolisers have adequate P2Y12-inhibition on Clopidogrel. HHEX SNPs may also influence Clopidogrel-HTPR status in clopidogrel-treated CVD patients in Ireland.

Ethics

Yes. Ethical approval for the original OATS study was awarded by the SJH / AMNCH Research Ethics Committee in 2011 (REF: 2011/35/03). Minor amendments to the Irish component of local OATS study protocol were fully approved by the SJH / AMNCH Research Ethics Committee in 2018 [REF: 2018-06; List 21 (5)], and by the St. James's Hospital/ Tallaght University Hospital Joint Research Ethics Committee (JREC) in 2019 [REF: 2019-07; List 27 (14)]. The OATS-I study received full research ethics approval from the SJH/TUH JREC on 13th December 2021 [Project ID: 0350; submission number 533].

Retrospective Audit of Adherence to Anticoagulation Guidelines in Patients ≥ 65 with Atrial Fibrillation-Related Ischaemic Stroke and Transient Ischemic Attack and Identify Areas for Improvement in Clinical Practice and Documentation

Poster

Dr. Svetlana Silveira

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Introduction

The aim of this retrospective clinical audit was to evaluate compliance with guideline-recommended AF detection, stroke risk assessment, anticoagulant selection and timing of anticoagulation initiation in patients aged 65 years and over admitted with AF-related ischemic stroke or transient ischemic attack. The following standards were assessed:

- ☐ 100% of patients should have AF confirmed by ECG and appropriate rhythm monitoring.
- ☐ Anticoagulant selection should comply with guideline recommendations and individual clinical circumstances.
- ☐ Timing of anticoagulation initiation should be appropriately documented.
- ☐ Appropriate documentation should be present within the discharge summary.

Methods

Data were collected from the Stroke ANP assessment templates and electronic discharge summaries. The audit was designed to include patients with AF-related ischemic stroke and TIA, however, all eligible cases identified during the audit period were ischemic stroke patients.

The audit tool was a structured retrospective data collection proforma developed from the audit standards.

Sample size: A random sample of 38 eligible inpatients admitted to the hospital between Quarter 4 of 2025 and Quarter 2 of 2026 was selected for retrospective review.

Results

- ☐ AF was known prior to admission in 19 patients (50%) and newly diagnosed during admission in 19 patients (50%).
- ☐ ECG Confirmation and Appropriate rhythm monitoring was performed in 38/38 patients.
- ☐ Edoxaban was most frequently prescribed in 24 (63%) and Apixaban in 12 patients (32%).
- ☐ 2 patients (5%) were not anticoagulated because of documented contraindications.
- ☐ Where anticoagulation start dates were available, median initiation occurred at 9 days following stroke.
- ☐ Anticoagulation start dates were absent from discharge documentation in 20 patients (53%).

- ☐ Median initiation occurred at 9 days following stroke.

Conclusion

- ☐ Compliance with AF detection standards was excellent
- ☐ Anticoagulant selection was consistent with current guideline recommendations
- ☐ The principal area requiring improvement was documentation of anticoagulation initiation date within electronic discharge summaries.
- ☐ Improving discharge documentation would facilitate future audit and enhance continuity of care.

References

ESC Guidelines

Ethics

Yes. St. Vincent's University Hospital Ethics Committee. Audit no 4789. Sponsors for the Audit: Dr Tim Cassidy, Dr Kevin Cregg

Right Rehabilitation, Right Time: Evaluating stroke rehabilitation pathways in younger adults at St Vincent's University Hospital (SVUH)

Poster

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Introduction

Stroke rehabilitation pathways for adults aged ≤ 65 years have become increasingly complex. Following acute stroke admission, patients may access a range of rehabilitation services, including inpatient rehabilitation at the National Rehabilitation Hospital (NRH) and Royal Hospital Donnybrook (RHD), or community-based services such as Early Supported Discharge (ESD) and the Community Neurorehabilitation Team (CNRT). Recent implementation of Managed Clinical Rehabilitation Networks (MCRNs) has introduced local and regional Neurorehabilitation Coordinator (NRC) roles to improve coordination across these pathways.

Clinical guidelines recommend that rehabilitation pathways are determined by individualised patient factors, ensuring access to the right service, at the right time and intensity (1). This service evaluation describes access to specialist stroke rehabilitation over an 18-month period (January 2025–June 2026) at SVUH, examining referral patterns, inpatient distribution, acute length of stay and rehabilitation medicine involvement.

Methods

Referral data were extracted from the NRC database and ESD service records using Microsoft Excel. Data included patient diagnosis, age, location, rehabilitation pathway and acute length of stay (LOS).

Results

Patients aged ≤ 65 years were managed across nine wards under 5 different specialities. 97 rehabilitation referrals were recorded: 49 (50.5%) to inpatient rehabilitation (NRH/RHD), 39 (40.2%) to ESD and 9 (9.3%) to CNRT; overall, 48 (49.5%) referrals to community rehabilitation services. Mean acute inpatient LOS was 48 days.

Conclusion

This service evaluation highlights the value of dedicated rehabilitation coordination for younger stroke patients within a complex system, facilitated by the introduction of the NRC role and MCRNs, ensuring timely, coordinated referral to the most appropriate rehabilitation setting. These findings provide an overview of patient flow and rehabilitation access, informing future service planning and enabling ongoing evaluation of rehabilitation pathways.

References

National Clinical Guideline for Stroke for the UK and Ireland. London: Intercollegiate Stroke Working Party; 2023 May 4.

Shared Minds: Co-creating an Intergenerational Programme Activity for Stroke Survivors

Poster

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Introduction

Psychosocial well-being is essential for stroke survivors and is closely associated with rehabilitation outcomes and long-term recovery. Intergenerational programmes (IGPs) promote reciprocal learning, social connection and resource exchange across generations, with evidence suggesting benefits for older adults' social and psychological well-being. However, evidence in stroke populations remains limited. This study aimed to co-create an IGP activity with stroke survivors, Transition Year (TY) students and other key stakeholders.

Methods

Community-Based Participatory Research study was conducted. A Co-Creation Collaboration Committee was established, comprising stroke survivors, a stroke support organisation representative, TY students, TY teachers and game design experts. Eleven co-creation events were conducted between October 2025 and April 2026 across two phases: (1) conceptualising the programme activity and (2) iterative co-creation and refinement. Data included audio recordings, field notes, facilitator reflections and co-created workshop materials, and were analysed using conventional qualitative content analysis.

Results

Phase 1 focused on conceptualising the IGP activity by establishing the programme purpose, prioritising stroke journey and basic stroke education as activity topics, and selecting an adapted Snakes and Ladders board game as the preferred activity format. Phase 2 translated these ideas into iterative prototype development. Stroke survivors contributed lived experiences through recovery storytelling, while students generated ideas for game rules and mechanics. Iterative stakeholder playtesting and feedback refined the educational content, game mechanics and board design, resulting in a co-created game prototype comprising 57 interactive cards, simplified rules and accessible components designed to facilitate communication, cognitive engagement and intergenerational interaction.

Conclusion

This study demonstrates the value of co-creation in developing a stroke-specific IGP activity through engagement with diverse stakeholders. The resulting game prototype has the potential to promote stroke education, communication, cognitive engagement and social interaction across generations, providing a foundation for future playtesting and implementation in community stroke rehabilitation.

Ethics

Yes. Ethical approval was obtained from the Social Research Ethics Committee (SREC), University College Cork (Log 2025-127).

Six Months On: The unmet needs of stroke survivors in the West of Ireland

Poster

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Introduction

It is recommended in the 2023 National Clinical Guidelines for Stroke that individuals with stroke should have their 'physical, neuropsychological and social needs' reviewed by a healthcare professional at 6 months post stroke. Guidelines note that the person with stroke can have the capacity for goal attainment at 6 months onwards (across domains of ADLs, communication and motor recovery). No such service exists in the west of Ireland.

Methods

A needs assessment on the benefit of a 6 month follow up MDT stroke clinic was completed. The assessment was completed using the 'Greater Manchester Stroke Assessment Tool' (GM-SAT) within a singular month in 2025. A random sample of 30 patients were identified 6 months post discharge. Thematic analysis of 52 questions answered on the GM-SAT telephone questionnaire was completed.

Results

A total of 21 patients/patient representatives completed the GM-SAT (12 Male, 9 Female). This stroke cohort median age was 80, mostly experiencing ischaemic stroke (n=19, 90.47%), with moderate disability (median Modified Rankin Score of 2 (0-4)). All patients accessed therapy services in their acute admission (OT/PT/SLT). Subsequently patients progressed to the following services; ESD (38.09%), Inpatient Rehabilitation (9.52%) and Primary and Continuing Community Care (9.52%). 19 patients discharged home, 1 convalescence then home, 1 to LTC facility. Percentage prevalence of unmet needs; Leisure activities/Hobbies 76%, Issues with memory and Concentration 52%, Fatigue 48%, 48% require Carer support for ADLs and 42% reported issues with hearing, communication and dysphagia.

Conclusion

This assessment identified 76% of the patients presented with at least one substantial unmet need at 6 months post discharge. No post stroke MDT clinic exists in the west of Ireland at present. We recommend an operational feasibility project to trial a pilot 6-month stroke MDT clinic.

Small Hospital, Big Lessons: Interprofessional collaboration and research leadership in delivering an international stroke rehabilitation trial

Poster

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Introduction

AVERT DOSE, a Phase III international adaptive trial investigating optimal early mobility interventions following ischaemic stroke, involved 50 hospitals across seven countries and offered an important opportunity for Irish stroke services, including Mayo University Hospital (MUH), to contribute to stroke rehabilitation evidence. Despite being a Level 3 hospital without a university-affiliated research center, MUH successfully participated and gained valuable insights into interprofessional research within a regional stroke setting.

Methods

We explore the factors that enabled MUH's participation in AVERT DOSE and reflect on its experience of trial implementation, including site set-up, governance processes, recruitment pathways, and the contributions of the multidisciplinary stroke team.

Results

A key enabler was the appointment of physiotherapy and occupational therapists as principal investigators highlighting how interprofessional leadership can strengthen research capacity in smaller hospitals. MUH achieved the shortest ethics approval timeline among Irish sites and successfully recruited eight participants. Collaboration with national and international trial partners supported implementation and facilitated shared learning across sites. Strong teamwork between physiotherapy, occupational therapy, nursing, healthcare assistants, medical staff, and research partners was central to trial delivery. Another enabler was the rapid communication and streamlined decision making which comes from the hospital's smaller size. High stroke unit admission rates (93% in 2024; INAS) and the involvement of the Advanced Nurse Practitioner ensured early identification of eligible patients. Thirteen nurses and four healthcare assistants contributed to intervention delivery, embedding the trial within routine stroke unit care

Conclusion

MUH's experience demonstrates that smaller centers can offer unique advantages for clinical research, including organizational agility, close interdisciplinary relationships, and integrated patient pathways and represent an under-utilized research resource. These findings align with HRB strategic priorities to expand clinical research capacity and participation nationally.

Ethics

Yes. Mayo University Hospital REC

Speech and Language Therapists' Experiences of Using Smart Devices to Support Functional Communication after Acquired Brain Injury: A qualitative focus group study

Poster

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Introduction

Mainstream smart devices can support neurorehabilitation provide opportunities for functional communication practice within everyday contexts. However, there is limited understanding of how speech and language therapists (SLTs) integrate smart devices into neurorehabilitation.

Methods

A qualitative focus group study was conducted with purposively sampled UK SLTs from acute, inpatient rehabilitation and community services. Data were analysed using reflexive thematic analysis.

Results

Eleven SLTs participated across three focus groups. Four themes were developed: patient-centredness; tailoring use and collaborative working.

Conclusion

The use of smart devices within neurorehabilitation is a skilled, individualised and context-dependent component of functional communication rehabilitation. Effective implementation requires personalised assessment, graded intervention, collaborative support, reliable infrastructure and explicit approaches to digital risk management.

Ethics

Yes. Ethics: Ethical approval was granted by City St George's, University of London (reference ETH2425 0864). All participants provided written informed consent before participation.

Stroke alert or False Alarm? Evaluating in-hospital stroke alerts

Poster

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Introduction

In-Hospital Stroke (IHS) is a stroke that occurs while a person is in hospital for another diagnosis¹

In SUH in 2024, there were 17 IHS, highlighting the need for structured approach.

A hospital-wide policy was implemented on 25 August 2025. It established clear guidance for the on-call team, detailing actions to be taken when an acute stroke alert is activated via the hospital's bleep system. Aiming to ensure timely recognition, assessment and intervention.

Methods

A retrospective audit on data from 25th August 2025 to 28th February 2026.

Data was extracted from database maintained by Stroke Specialist Nurses.

Results

Total alerts: 26

Total patients alerts: 15 (58%)

Error/phantom calls: 11 (42%)

Time of calls: In hours = 4

Out of hours = 11

CT imaging preformed: 13 (65%)

Alert to CT: Median time 39 minutes

Total confirmed stroke = 1 (5%)

Thrombolysis = 0 (0%)

Thrombectomy = 1(5%)

Conclusion

26 alerts were activated, 58% patient alerts and 42% triggered in error. This presents an opportunity to further enhance staff education and refine the application of activation criteria to improve accuracy.

Most alerts occurred out of hours, highlighting the critical role of training for all on-call teams to support timely decision-making.

Median alert-to-CT time:39 minutes demonstrates efficient access to imaging and good decision making by the on-call team despite evidence suggesting that in-hospital stroke patients are often older and have more comorbidities than those with community-onset stroke².

References

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Stroke Knowledge in Nurses Twelve Months After a 10-Week Ward Base Simulation Programme: A cross-sectional comparison

Oral

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Introduction

Simulation improves acute stroke response in the short term, but whether any advantage persists a year later, and how much exposure is required to retain knowledge, remains unclear. We compared stroke knowledge in nurses 12 months after a 10 week ward based stroke simulation programme on the acute stroke unit with nonparticipating colleagues and examined whether knowledge varied with sessions attended.

Methods

Single-centre cross-sectional comparison on an acute stroke unit. Weekly 60-minute in-situ simulations ran for 10 weeks with protected time and multidisciplinary participation covering stroke recognition, hyperacute treatment decision making and prevention. Twelve months after the final session, an 11-item multiple choice test of stroke recognition, treatment and escalation was administered to participants and to contemporaneous unit staff who had attended no sessions. Groups were compared by Mann-Whitney U test. The primary comparison was restricted to nurses.

Results

Eleven participants (all nurses) and 23 comparators (14 nurses and 9 health and social care professionals) were tested. Median score was 9/11 (IQR 9-10) among participants versus 7/11 (IQR 7-8) among comparator nurses, a median difference of 2 points (95% CI 1-4; $p=0.0003$). No comparator scored above 8/11, whereas 9/11 participants did. Median attendance was 3 out of 10 sessions (IQR 2-3), and scores did not rise with attendance ($p=0.71$).

Conclusion

Twelve months after a brief ward-based stroke simulation programme, participating nurses scored two points higher than non-participating colleagues despite attending a median of only three sessions, with no further gain at higher attendance. Without randomisation or baseline test, cause cannot be established, but the persistence and size of the difference support evaluation of low-intensity, high-reach simulation as a scalable stroke unit training model.

Successful Intravenous Thrombolysis in an Acute Wake up Stroke, in the absence of CT perfusion or MRI

Poster

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Introduction

Wake up strokes constitute 25% of all ischemic strokes. Safety & efficacy of intravenous thrombolysis with advanced neuroimaging have been demonstrated. We aim to describe a wake-up stroke patient undergoing intravenous thrombolysis without advanced imaging.

Methods

A 51-year-old lady was admitted to hospital with confusion, global dysphasia after waking up around 8 am. Last seen well at 11pm previous evening. Neurological examination revealed severe aphasia, inability to answer loss of consciousness questions, NIHSS 4. History significant for dyslipidemia. Urgent CT brain & CT angiogram showed early infarction in left parietal lobe & left superior temporal gyrus, Hyperdense Left Middle cerebral artery (MCA), & large thrombus at distal left M1 (ASPECTS 8). Perfusion CT was not available locally. Neurological condition worsened, NIHSS 7.

Intravenous thrombolysis with Alteplase commenced, given midpoint of sleep less than 9.5 hours, worsening NIHSS, travel time to thrombectomy centre & recently published data. Using the national drip and ship model once Alteplase infusion commenced, patient transferred to neuro-intervention centre. Left MCA angiogram showed propagation of M1 thrombus into M4/M5 branches, given clinical improvement, no intervention performed.

Back at the local hospital NIHSS improved to 1. Day 1, post presentation NIHSS zero. CT brain at 24 hours did not show haemorrhagic transformation. Dual antiplatelet therapy commenced. MRI brain revealed minor restricted diffusion in left insular fissure, insular cortex & a lacunar infarct. Multidisciplinary team assessment completed and patient was discharged home on day 5. At six-month follow-up, the patient was doing well without any residual neurological deficits.

Conclusion

In the absence of advanced imaging in select wake up stroke, clinical acumen in conjunction with CT/CT angiogram can guide use of intravenous thrombolysis. However, large studies are needed to establish efficacy and safety.

Ethics

Yes.

Patient Consent

Informed Consent obtained from Patient prior to writing of the submitted case report.

Swallow-screen NOCA KQI 6&7-Past Results, Present Breakdown Analysis and Future Quality Improvements

Poster

Ms. Rita Corcoran¹, Ms. Áine O'Reilly², Ms. Clare McDermott³, Dr. Tom Lee⁴

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Introduction

2025-NOCA:

- ☐ KQI-6: Percentage of cases who have swallow screen completed. MUH=88% Target=90%.
- ☐ KQI-7: Median time between hospital arrival time and swallow-screen MUH=1412minutes(23.5hrs). Target=240minutes

Clinical audit was completed to break down MUH's performance in the key quality-indicator 6&7 of the National Stroke Audit to identify quality-improvement opportunities.

Methods

Audit 20 random stroke patients with confirmed stroke on FAST Calls, and Non-FAST calls in MUH in line with national targets. The 20 patients were chosen at random from the Stroke Nurse HIPE folder between Jan-June 2026.

Aim to focus on the following:

- ☐ Did each patient have a swallow-screen
- ☐ Hospital arrival time to swallow-screen?
- ☐ Observe to identify any quality improvement opportunity to bring the MUH target in line with national target
- ☐ Note any differences between FAST and non-FAST calls

Results

Total number (n=20) all of which had a swallow-test completed.

- ☐ 11of20 were FAST+ve calls
- ☐ 9of20 were non-FAST

This audit of 20 stroke patients shows a median door to swallow-screen time of 2740.5mins (Hrs=45.7) (54810/20=2740.5mins).

- ☐
 - ☐ FAST+ve patient arriving to hospital during typical service hours have an excellent door to swallow-screen time. Median of 38mins
 - ☐ FAST+ve patients arriving to hospital during out of hours experience significant delays in swallow-screen. Median=3083mins(51hrs) this is 2844mins(47hrs) over target
 - ☐ Patients who did not present as FAST+ve but are later confirmed as stroke patients will skew the results

Conclusion

It is our view that having a delayed swallow-screen by trained staff is safer than trying to meet a national target with untrained staff. Quality-Improvement-Plan for Future; ED CNM 1s to be trained in Swallow-Screens thus reducing the FAST+ve out-of-hour patient median door to swallow-screen times, bringing MUH closer to the national target in 2027.

Systematic Review of Blood Based Biomarker Expression Associated with Post Stroke Cognitive Impairment

Poster

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Introduction

Post-stroke cognitive impairment (PSCI) encompasses cognitive deficits which develop post-stroke and affects up to 60% of survivors within the first year. Despite its prevalence and clinical impact, early identification of PSCI remains challenging, partly due to the absence of reliable and accessible biomarkers. Identifying biomarkers which can predict PSCI has the potential to improve risk stratification, facilitate targeted interventions, and ultimately enhance patient outcomes. This systematic review was designed to evaluate current evidence on blood-based biomarkers associated with PSCI.

Methods

A systematic search of PubMed, Embase, CINAHL, Scopus, and Web of Science was conducted to identify and evaluate predictive utility of blood-based biomarkers for PSCI in patients suffering acute stroke recruited within 1 week of onset. Two reviewers independently screened studies and extracted data from studies examining associations between blood-based biomarkers and PSCI. Data on patient cohorts, time from symptom onset, biomarker type, methodologies and quantification strategies, accuracy, sensitivity, and specificity were compared. This systematic review was registered on PROSPERO (registration number CRD420251121573).

Results

Ninety-nine studies met the inclusion criteria. Circular RNAs (hsa_circ_0089762, AUC 0.993), long non-coding RNAs (SIX3OS1, AUC 0.855, OR 4.673 (CI 2.035-10.732)), microRNAs (miR-511-3p, AUC 0.885), elevated inflammatory markers (interleukin-6, AUC 0.9604; sTREM-1, OR 12.22 (CI 5.20-28.71)); CRP, OR 4.39 (CI 1.447-13.32)), neurofilament heavy chain (AUC 0.881), and homocysteine (AUC 0.947) were associated with poorer post-stroke cognitive outcomes. Substantial heterogeneity was observed in biomarker sampling time-points and cognitive assessment tools employed across studies. Overall study quality was limited, primarily due to small sample sizes and inadequate adjustment for potential confounding factors.

Conclusion

Blood-based biomarkers show potential for identification and prognostication of PSCI; however, current evidence is constrained by methodological heterogeneity. Large-scale, longitudinal studies

incorporating standardized cognitive assessments and serial biomarker measurements are required to facilitate clinical translation.

Ethics

Yes. Ethics (Medical Research) Committee, Beaumont Hospital

The Assessment and Treatment of Spasticity in the Acute Hospital Setting: An Allied Health Professionals review

Poster

Ms. Eve O' Sullivan

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Introduction

Spasticity is a common and complex consequence of upper motor neuron lesions, significantly impacting function, participation, and quality of life across neurological populations. Despite established guidelines advocating multidisciplinary, goal-oriented management, assessment practices in acute hospital settings remain inconsistent. In particular, incomplete documentation, unclear goal setting, and variability in the use of outcome measures can delay or prevent appropriate interventions such as botulinum toxin (BoNT) therapy. These challenges are compounded by workforce pressures and varying levels of clinician experience, especially among junior allied health professionals (AHPs).

Methods

A narrative literature review was conducted using databases including PubMed, Google Scholar, and institutional resources, guided by a PICO framework. Key guidelines were critically appraised, and commonly used outcome measures were evaluated for validity, reliability, and feasibility for novice clinicians. A quality improvement initiative using a Plan–Do–Study–Act (PDSA) framework informed the development of a standardised referral proforma, assessment flow chart and supporting resources.

Results

The project identified a core set of practical, clinically feasible outcome measures (e.g., Tardieu Scale, functional assessments) and emphasised the importance of SMART goal setting. A structured proforma was developed to standardise assessment, enhance communication, and align practice with guideline recommendations.

Conclusion

This initiative highlights the gap between best practice and real-world clinical implementation. Providing structured tools and targeted education can improve consistency and clinical reasoning among AHPs. Standardised assessment frameworks can enhance referral quality, support multidisciplinary decision-making, and ultimately improve access to timely and appropriate spasticity management interventions.

References

Royal College of Physicians, British Society of Rehabilitation Medicine, Chartered Society of Physiotherapy, Association of Chartered Physiotherapists in Neurology and Royal College of Occupational Therapists (2018) Spasticity in adults: management using botulinum toxin. 2nd edn. London: Royal College of Physicians. [1]

The Improving Health and Lifestyle Programme (iHeLP): Feasibility of a secondary prevention intervention to support behaviour-change after stroke

Poster

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Introduction

Lifestyle modification is effective for cardiovascular risk factor reduction in people with stroke, yet access to post-stroke lifestyle support remains limited in Ireland. The Improving Health and Lifestyle Programme (iHeLP) is a theory- and evidence-informed intervention to support behaviour change and healthy lifestyle participation after stroke. This study evaluated the feasibility and acceptability of delivering and evaluating iHeLP within an Irish stroke support organisation.

Methods

A single-arm, mixed methods feasibility study was conducted. Participants with stroke and a modified Rankin Score of 0-3 were recruited via the Irish Heart Foundation stroke patient support services. Participants received iHeLP, consisting of a one-to-one interview followed by six weekly group sessions. Feasibility outcomes included recruitment, retention and adherence rates, fidelity, adverse events, and acceptability. Lifestyle behaviours were measured at baseline and post-intervention. Quantitative data were analysed using descriptive statistics. Acceptability was further assessed through qualitative focus groups, which were analysed using framework analysis and then integrated with quantitative findings.

Results

Nineteen participations were enrolled during the 12-week recruitment period. Retention and adherence rates were 84% and 81%. No adverse events were reported. Acceptability was rated at 89%, with intervention content and format including the opportunity for peer support perceived positively. A positive trend in lifestyle outcomes was observed, including increased walking and adherence to the mediterranean diet, reduced sedentary behaviour and severity of mood and stress. Participants and the facilitator also identified recommendations to enhance intervention fidelity and delivery.

Conclusion

Study findings suggest that iHeLP is a feasible and acceptable intervention, and with minor refinements to the intervention protocol could be implemented within an Irish stroke support organisation. High retention, adherence and acceptability support progression to a randomised controlled trial to evaluate clinical effectiveness.

Ethical Approval

Yes. Ethical approval has been received from the Education and Health Sciences Research Ethics Committee, University of Limerick, Ireland (2025_09_06_EHS_Hayes (FA)).

The Introduction of Cardiac Monitors to HASU: Improving detection of Atrial fibrillation for Galway stroke patients

Poster

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Introduction

Atrial fibrillation (AF) is thought to be the biggest single risk factor for stroke, responsible for at least one in five strokes. Strokes caused by AF often result in greater disability and increased hospital length of stay. According to the National Office of Clinical Audit (2025) report, University Hospital Galway had 374 patients diagnosed with stroke, which was an 18% increase since 2021. Give, it is invaluable that we strive to detect causes of stroke to determine course of treatment.

Methods

The National Clinical Guidelines recommend that all patients with ischemic stroke or TIA, not already diagnosed with AF or A Flutter, should undergo cardiac monitoring for a minimum of 24 hours (Intercollegiate Stroke Working Party, 2023). To comply with these recommendations, the Hyperacute Stroke Unit (HASU) now has 10 cardiac monitors installed to improve the detection of AF in stroke patients.

Results

From 01/01/2026 until 16/04/2026 we have detected 5 newly diagnosed patients with AF on the continuous cardiac monitors in the HASU.

Conclusion

AF is a modifiable risk factor when identified and treated appropriately. Patients that are compliant with their anticoagulation can reduce the risk of strokes caused by AF by 66% (Hart et al., 2012). AF has previously been diagnosed on admission ECGs and a limited number R-tests available in the hospital. While both investigations are beneficial, they have the potential to miss patients with paroxysmal AF. With an aging population and increased prevalence of AF, enhanced screening and monitoring strategies are essential to reduce stroke risk and improve patient outcomes. The introduction of continuous cardiac monitoring has been a successful quality improvement and has improved the detection of AF within the stroke service.

References

Intercollegiate Stroke Working Party (2023)

The NRH Assisted Decision-Making Act (ADMA) Service – Implementing new human rights-based legislation in a rehabilitation setting

Poster

Dr. Claire Mc Moreland¹, Ms. Renee Summers²

1. Senior Clinical Neuropsychologist, 2. Senior Medical Social Worker

Introduction

Patients attending the NRH Brain Injury & Stroke Program engage in a period of specialist rehabilitation. One aspect of this is supporting the patient to make important decisions e.g. where they will live and managing their finances. With the commencement of the ADMA, the approach to supporting decision making now has a legal basis. The NRH ADMA Service is a specialist service befitting the unique needs of our patients.

Methods

Aims

- ☐ Succinctly distil and interpret the Act (and associated policies e.g. HSE Consent Policy) for clinical application by rehabilitation teams in complex scenarios.
- ☐ Support culture shift away from “best interests” to will and preference.
- ☐ Ensure ADMA is implemented effectively across the NRH e.g. bringing hospital policies in line with ADMA.
- ☐ Optimise patient flow through the rehabilitation network.
- ☐ Identify and respond to unmet ADMA-related needs as they arise e.g. ADMA supports for families.

Results

Compared to the national picture, the NRH patient cohort are generally younger, their capacity can fluctuate, they often require difficult-to-source specialist care placements post-discharge, and they require a specialist approach to maximise and assess decision-making capacity.

Having a dedicated ADMA Service ensures:

- ☐ Equanimity of ADMA implementation across Brain Injury & Stroke program and uniformity of access by patients to supports.
- ☐ Staff report feeling supported, reduced anxiety and increased confidence regarding ADMA processes.
- ☐ Integration of ADMA into the existing model of rehabilitation - maximising and supporting decision-making prioritised.

Identifying and responding to unmet ADMA-related needs e.g. developing bespoke ADMA supports for families.

Conclusion

The benefits of having an ADMA Service to coordinate ADMA implementation, provide guidance, and to innovate and respond to challenges, ultimately benefits the patients we care for and their families.

Patients' human rights are safeguarded, their will and preference on important life decisions are prioritised and their overall rehabilitation goals can continue to be met.

The Perspectives of Individuals with Acquired Brain Injury on How Their Cognition Affects Community Participation in Ireland

Poster

Ms. Caoimhe KIELTY

University of Galway and Quest Brain Injury Service

Introduction

Cognitive difficulties significantly restrict community participation for individuals with acquired brain injury (ABI). However, there is limited in-depth exploration of how these difficulties affect community participation. The aim of this study is to gain insight into the impact of cognition on community participation from the perspective of individuals with ABI and explore the strategies used to facilitate participation and desired supports.

Methods

A qualitative descriptive study design was used to explore the experiences of seven individuals with ABI. Data were collected using semi-structured interviews and analysed using reflexive thematic analysis.

Results

Findings revealed a substantial reduction in community participation following ABI due to executive functioning, memory and attention difficulties, which was exacerbated by the sensory environment. Participation in valued community occupations, including employment, volunteering, instrumental activities, leisure and social occupations was severely limited. Participants adopted compensatory strategies, modified their approach to community participation and identified brain injury organisations as key facilitators to reducing the impact of cognitive difficulties on community participation. Despite this, community participation was restricted to essential occupations. Participants identified several supports they perceived would reduce the impact of cognitive difficulties on community participation.

Conclusion

Cognitive difficulties continue to limit community participation following ABI. These findings highlight the need for early, context-specific and client-centred occupational therapy assessments and interventions addressing cognition in the community to enhance participation.

Implications for practice: Increased access to community occupational therapy, rehabilitation in the home addressing cognition and community participation and increased awareness of the cognitive difficulties experienced following ABI among healthcare professionals and the public due to their invisible nature.

Ethics

Yes. Ethical approval was received from the College of Medicine, Nursing and Health Sciences Research Ethics Committee University of Galway (22/01/2026) and the RehabGroup Research and Ethics Committee (20/01/2026).

The Rebuild Programme

Oral

Mr. Dermot Brennan¹, Ms. Beatriz Gomez Maestre²

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Introduction

The Croí Rebuild Programme is a 10-week exercise programme designed to support physical function, cognitive health, energy management, and social participation after stroke.

Despite advancements in acute care, community-based stroke services remain underfunded and fragmented. The Rebuild Programme aims to address the gap between acute settings and community services through a community-driven model with an internal referral pathway. By allowing survivors to self-refer or be referred by healthcare professionals, it ensures continuity of care beyond hospital discharge. Ultimately, The Rebuild Programme demonstrates how a holistic, person-centred approach can deliver lasting impact and meaningful recovery for individuals with lived experience of stroke.

Methods

Each participant undergoes a one-to-one assessment at the start and end of the programme. To ensure continuity of care, an OT-led end-of-programme report summarises assessment results, supporting participant's understanding of their outcomes and facilitating communication with allied health professionals.

The weekly sessions are structured around three core pillars:

- 60 minutes of tailored group-based exercises
- 30-minutes of dedicated social break with coffee, tea & healthy snacks. This time encourages peer connection and community engagement
- 60 minutes of sessions alternating weekly cognitive exercises and stroke related education topics including stroke fatigue management, mood fluctuations, and communication changes post-stroke.

A dedicated minibus service is provided to ensure participation and sustained engagement.

Results

Routine programme data demonstrates consistent trends toward improved balance, mobility, grip strength, cognitive performance and reduced post-stroke fatigue.

High retention and engagement rates highlight the importance of combining structure rehabilitation with peer support, and social participation.

End of programme assessments reported improved quality of life after stroke.

Conclusion

The Rebuild programme demonstrates how accessible, multidisciplinary, community-based models can help bridge the post-discharge gap and support tertiary education, patient education, improved physical function and social engagement, ultimately enhancing good quality of life and long-term recovery.

The Role of Occupational Therapy in Spasticity Management

Poster

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Introduction

Spasticity is defined by the EU-SPASM working group as “disordered sensorimotor control resulting from an upper motor neurone lesion, presenting as intermittent or sustained involuntary activation of muscles”. Spasticity affects a significant proportion of stroke survivors and has a major impact on both Activities of Daily Living and Health Related Quality of Life yet is often overlooked and undertreated. National and international research has highlighted that despite Occupational Therapists being key IDT members in the assessment process, confidence in completing assessment of spasticity is low and treatment practices vary widely.

Methods

A Spasticity Working group was formed with the purpose of clarifying the unique role OTs play in the assessment and treatment of spasticity and creating educational resources highlighting best practice in this area to improve confidence and practice skills of OTs.

A literature review was completed and an evaluation of relevant documents, including training material and assessment options was undertaken. A focus group approach was applied to evaluate these resources, condensing material into accessible information and translation into poster format.

Results

The outcome of this project is an interactive poster which will be available for download from the AOTI website. The poster explores OT's unique contribution in spasticity management, structured around the ICF framework⁶. The poster contains QR codes linking recommended resources and promoting international best practice in spasticity assessment and management. A series of educational webinars will be offered alongside the poster launch to further support upskilling of OTs working in this area.

Conclusion

The educational poster and accompanying education series will clarify the role of occupational therapy in spasticity management, improve competence and encourage focused contribution to the interdisciplinary management of spasticity for those with stroke and other neurological disorders.

Thrombectomy Beyond Conventional Limits

Poster

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Introduction

Evidence supporting endovascular thrombectomy (EVT) is strongest for patients with disabling deficits, proximal large-vessel occlusion and presentation within established time windows. Its role in low NIHSS, distal medium-vessel occlusion, and extreme late-window presentation remains uncertain. We present a case of EVT beyond conventional therapeutic boundaries.

Methods

A 32-year-old woman with hereditary haemorrhagic telangiectasia and pulmonary hypertension on aspirin presented with wake-up left arm weakness and dysarthria. Last-seen-well was 22:30 the preceding night. NIHSS was 2. CT brain showed no established infarction and CTA demonstrated a right mid-M2 occlusion. EVT was deferred because of mild deficits and distal occlusion, and antiplatelet therapy was commenced.

Results

Approximately 24 hours later, she deteriorated, with worsening dysarthria, facial weakness and left hemiparesis; NIHSS increased to 5. Repeat CT brain showed no established infarction and CTA confirmed persistent right M2 occlusion. Following multidisciplinary reassessment, EVT was performed approximately 39.5 hours from last-seen-well, with angiography identifying a right rolandic M2 branch occlusion. First-pass mTICI 2c reperfusion was achieved. At 24 hours post-procedure, NIHSS improved to 2 with minimal residual deficits. Follow-up CT brain demonstrated a persistent focus of hyperdensity within the right mid-Sylvian fissure without acute infarction.

Conclusion

This case underscores the ongoing controversy surrounding EVT decision-making in low NIHSS, distal vessel occlusion, and extreme late-window presentation. When initially mild deficits deteriorate, intervention decisions remain challenging. Individualised multidisciplinary assessment should incorporate neurological trajectory, functional impact, imaging findings, and patient-specific factors rather than relying solely on rigid time-based or anatomical criteria.

TNF Signalling and Risk of Stroke

Oral

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Introduction

Anti-inflammatory therapies offer promise for stroke prevention, but more therapeutic targets are needed. We performed integrated analyses of plasma proteomics and atherosclerotic plaque profiling to investigate the potential of TNF signalling for stroke secondary prevention.

Methods

First, plasma levels of 34 TNF superfamily proteins were measured using Olink in 48,517 UK Biobank participants. Multivariable Cox regression was used to investigate associations between each protein and incident ischaemic stroke ($n = 973$). Second, using individual participant data from four prospective ischaemic stroke cohorts ($n = 2,180$), we examined the association between TNF- α and recurrent vascular events using multivariable regression models. Third, using single-cell RNA sequencing of 259,116 cells (73 donors) and Xenium spatial transcriptomics (12 donors) with human carotid plaques, we characterised plaque-level TNF biology.

Results

In UKB, following multivariable adjustment, higher circulating levels (per SD increase) of TNF and its receptors TNFR1 and TNFR2 were associated with incident stroke: TNF (HR 1.13, 95% CI 1.07–1.20), TNFR1 (HR 1.23, 1.15–1.31), and TNFR2 (HR 1.15, 1.09–1.21). 16 additional TNF-Superfamily members were associated with incident stroke. In the IPD meta-analysis, 537 recurrent MACE and 516 recurrent strokes occurred during 6793 person-years follow up. TNF- α was independently associated with

recurrent stroke (RR 1.47, 1.06-2.03) and MACE (1.49, 1.09-2.04; top vs. bottom third). In single-cell RNA plaque sequencing, TNF pathway genes were broadly expressed across immune cells. In spatial transcriptomics, TNF detection increased progressively from media to fibrous cap (OR 2.29, 1.88–2.77 [vs media]). At the fibrous cap, CD8+ effector T cells demonstrated 3.9-fold enrichment among TNF-positive cells despite comprising only 2.4% of cells.

Conclusion

TNF signalling is implicated in both incident and recurrent ischaemic stroke. TNF is enriched in human carotid plaque at the fibrous cap, in macrophages and CD8+ effector T cells. These data support evaluation of TNF-targeted therapies for stroke prevention.

Triple Mechanical Thrombectomy for Recurrent Large Vessel Occlusion in Trousseau Syndrome: A case report

Poster

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Introduction

Cancer-associated hypercoagulability (Trousseau syndrome) is a recognised cause of ischaemic stroke, particularly in patients with advanced malignancy. Recurrent large vessel occlusion (LVO) despite anticoagulation presents a significant management challenge. While repeated mechanical thrombectomy has been reported in Trousseau syndrome, data remains limited. We describe a patient with metastatic breast cancer who experienced three separate LVO strokes over four years and achieved favourable outcomes following repeated endovascular treatment (EVT).

Methods

Case description

A 64-year-old female with stable metastatic breast cancer presented in 2022 with acute left-sided weakness and dysarthria. Imaging demonstrated right M1 middle cerebral artery (MCA) occlusion, and EVT achieved complete reperfusion (TICI 3). She was functionally independent on discharge. At the time of the stroke, she was receiving therapeutic Enoxaparin for pulmonary embolism.

In 2025, anticoagulation was changed to Apixaban 2.5 mg twice daily. Six months later, she presented with dysarthria and right arm weakness secondary to left M1 occlusion. EVT achieved near-complete reperfusion (TICI 2c). Prolonged cardiac monitoring identified no atrial fibrillation, and medication adherence was confirmed. Following multidisciplinary discussion with Haematology, Apixaban was increased to 5 mg twice daily.

In 2026, she developed aphasia and left-sided weakness due to further right M1 occlusion. Successful EVT was again performed. A six-week course of Aspirin was added to anticoagulation. Throughout this period, cancer staging remained stable, and systemic oncological therapies were adjusted following each thromboembolic event to minimise prothrombotic risk.

Results

Successful recanalisation was achieved after all three thrombectomies, with favourable functional outcomes following each intervention.

Conclusion

This case demonstrates that repeated EVT can be safe and effective in selected patients with recurrent cancer-associated LVO stroke. Close multidisciplinary collaboration between Stroke, Oncology and Haematology services is essential to optimise long-term antithrombotic management in patients with suspected Trousseau syndrome.

Understanding Discharge Planning in Stroke Rehabilitation: A qualitative exploration of therapists' perspectives

Poster

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Introduction

Every year, in Ireland, about 7,500 people experience a stroke. Rehabilitation is a critical element of post-stroke care, involving physiotherapy and occupational therapy input, shown to lessen disability and improve health outcomes. Deciding when to discharge patients is complex process. There is a notable lack of research in Ireland exploring how physiotherapists and occupational therapists determine discharge readiness post-stroke. Therefore, the aim of this study was to explore how physiotherapists and occupational therapists determine readiness for discharge and likelihood of further functional progress post-stroke.

Methods

A qualitative descriptive design was utilised, carrying out semi-structured online focus groups that were analysed through Braun and Clarke's reflexive Thematic Analysis. A purposive sample of physiotherapists and occupational therapists were recruited from the Dublin Academic Teaching Hospitals. Ethical approval was received from RCSI REC.

Results

Four focus groups took place, recruiting a total of 16 participants with stroke experience ranging across acute, rehabilitation, and Early Supported Discharge settings. The mean years of experience in stroke was 5.16 (SD= 4.13). Four themes were developed including (1) The complexities of discharge decision-making, (2) Recovery and prediction, (3) Plateau and (4) Resource availability and system challenges.

Conclusion

Determining discharge readiness post stroke is a complex process influenced by patient goals, recovery uncertainty, resource constraints and systematic pressures. Outcome measures are used to guide and monitor progress. Therapists demonstrated strong clinical knowledge of long-term recovery potential and the limitations of concepts such as plateau, yet their ability to apply this knowledge was consistently constrained by staffing and pressure to discharge. This study highlighted the need for fully resourced therapy teams across Dublin to facilitate discharge and longer-term recovery post stroke as well as further education of stroke teams in relation to the gap between guideline recommendations and real-world practice.

Ethics

Yes. Ethical approval was received from RCSI Research Ethics Committee for this thesis.

Use of Indirect Calorimetry in Acute Stroke Care: case study

Poster

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Introduction

Intracerebral haemorrhage (ICH) accounts for 10–15% of all strokes and is associated with high mortality, profound metabolic stress, and a significant risk of malnutrition. Malnutrition prevalence in acute stroke ranges from 6.1% to 62% and is linked with poorer functional outcomes and reduced rehabilitation tolerance. Despite this, stroke-specific energy requirements remain poorly defined, and commonly used non-stroke predictive equations often fail to reflect the dynamic metabolic demands of severe neurological injury. Indirect calorimetry (IC), the gold standard for measuring resting energy expenditure (REE), provides real-time, patient-specific data to guide precise nutritional intervention, yet remains underutilised due to cost and skill requirements.

Methods

We present the case of a 43-year-old male with a 6.5 cm right basal ganglia ICH requiring decompressive hemicraniectomy and a 23-day ICU stay. Severe dysphagia, dense left hemiparesis, and rapid early weight loss (19.4% over four weeks) resulted in a diagnosis of significant malnutrition (GLIM criteria). Following transfer to the stroke ward, serial IC measurements were used throughout rehabilitation to guide nutrition intervention.

Results

IC-derived energy targets (3177–3630 kcal/day) substantially exceeded predictive estimates (2453.7 kcal/day), demonstrating marked underestimation by standard equations. In conjunction with multi-disciplinary therapy and pharyngeal electrical stimulation (PES), IC-guided escalation of enteral feeding, transition to semi-elemental formula, and later oral nutritional supplements, facilitated weight regain (+11.2 kg/14.3%, %), improved tolerance and engagement with rehabilitation, marked physical function improvements and resolution of dysphagia without need for long-term enteral tube feeding.

Conclusion

This case highlights that reliance on predictive equations would likely have resulted in persistent underfeeding and poorer rehabilitation potential. Serial IC enabled dynamic, individualised nutrition planning that complemented therapeutic interventions and supported meaningful functional recovery. Routine integration of IC within stroke units should be encouraged to optimise personalised nutrition therapy and maximise rehabilitation outcomes.

When Position Matters: Platypnoea-Orthodeoxia Syndrome as a Diagnostic Clue to Paradoxical Embolic Stroke

Poster

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Introduction

Platypnoea Orthodeoxia Syndrome (POS) is a rare condition characterised by positional hypoxia and respiratory distress, secondary to right to left intracardiac shunting. This case demonstrates the association between Patent Foramen Ovale (PFO) and cryptogenic stroke. It highlights POS as a marker of clinically important intracardiac shunting which guides decision for PFO closure.

Methods

A 68-year-old male presented with dizziness, headache and vomiting; brain imaging demonstrated acute cerebellar infarction with haemorrhagic transformation. Initial echocardiogram did not reveal a PFO but showed a dilated aorta with right atrial compression. CT imaging confirmed 4.7cm moderate ectasia of the ascending aorta and incidental multiple segmental pulmonary emboli (PE). Following this, the patient developed type 1 respiratory failure requiring respiratory support in ICU which improved in supine position. This clinical picture was not entirely explained by the burden of PE present. POS was confirmed following bubble echocardiogram demonstrating a PFO with right to left shunting. PFO closure was completed with 23/25mm Occlutech device and intracardiac echocardiography. Hypoxia resolved within 24 hours. Apixaban was commenced for long term anticoagulation.

Results

The patient returned to his independent functional baseline.

Conclusion

Diagnosis of POS provides evidence of a physiologically significant right to left intracardiac shunt. This highlights the possibility of paradoxical embolism as the underlying mechanism of cryptogenic stroke in the setting of acute PE and PFO.

PE can unmask or exacerbate PFO mediated right to left shunting, converting the asymptomatic PFO into a clinically significant shunt.

As per the European Stroke Organisation 2024 guidelines, patients presenting with stroke, PE and POS; PFO is the likely cause of cryptogenic stroke and should be considered for closure.

In patients with unexplained positional hypoxaemia following PE, clinicians should consider POS as recognition may alter stroke assessment and management.

Patient Consent

Verbal consent obtained and documented in the patient's medical records.

When Stroke Comes first: Giant Cell Arteritis diagnosis after Ischaemic Stroke

Poster

Dr. Lorcan Hughes

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Introduction

Stroke is a serious complication of Giant cell arteritis. Early recognition is crucial in preventing irreversible neurological injury.

Methods

Case Series

Results

Case 1: 80year old woman developed right hand weakness, slurring of speech, NIHSS 5, CTA dissection of left vertebral artery. MRI acute infarcts left basal ganglion. Elevated ESR and anaemia, previously referred to haematology. No clinical features of giant cell arteritis but given raised ESR and vertebral dissection proceeded to CT-PET and temporal artery ultrasound. TAUS confirmed bilateral halo sign. PET-CT: Large vessel vasculitis affecting the entire length of the aorta, branches of the arch including the vertebral arteries.

Case 2: 84year old woman, acute unsteadiness and intermittent choking. NIHSS 0, unable to mobilise. CTA V4 segment of left vertebral artery occluded. Recent infarcts in the occipital lobes and brainstem. ESR 33. Noted anaemia and recent weight loss. Proceeded to CT-PET, appearances suggestive of vasculitis affecting vertebral arteries and femoral arteries.

Case 3. 69year old man, admitted with right hand weakness. MRI infarction in MCA territory and occipital lobe. CT angiogram Left vertebral and left Carotid dissection. Recently under rheumatology for headaches and raised ESR. Started on steroids however USS of temporal artery reported as normal. Steroids weaned. Admitted with new stroke proceeded to CT-PET Increased activity within the subclavian and axillary arteries suggestive of vasculitis.

Conclusion

These cases highlight the variable presentation of GCA. Stroke diagnosis should prompt consideration of an underlying vasculitis process in older adults, even in the absence of classical symptoms and initial investigations.

Working with Lola: Exploring the role of a facility dog in acute stroke rehabilitation

Poster

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Introduction

Excellence in stroke care depends on interprofessional, person-centred approaches addressing physical, emotional, and social recovery. While Animal-Assisted Activities (AAA) are increasingly recognised for enhancing wellbeing, their role within acute stroke units (ASUs) remains underexplored. This study examined how a facility dog contributes to rehabilitation practice, patient engagement, and the shared care environment occasionally reminding us that motivation may arrive with a wagging tail.

Methods

A qualitative study was conducted (June–August 2023) in a large university hospital ASU. Data were collected during four AAA sessions involving a trained facility dog, Lola, in the rehabilitation gym. Sources included video-recorded observations, semi-structured interviews with stroke inpatients and family members, and focus groups with multidisciplinary staff. Data were analysed using thematic and qualitative content analysis, informed by the Interactional Discourse Resource framework. Ethical approval was obtained.

Results

Findings draw on interviews with nine patients, two family members, and multidisciplinary staff focus groups, alongside observational data. Two themes emerged: Integrating AAA into Rehabilitation Practice and The Facility Dog as a Social Catalyst. Lola was incorporated into goal-directed therapy across disciplines. Patients, family members and staff all reported enhanced motivation, participation, and therapeutic rapport. Interactions balanced structured rehabilitation with spontaneous, playful engagement. The dog functioned as both a therapeutic adjunct and emotional anchor, fostering communication, inclusion, and connection among patients, families, and staff. Participants reported improved mood, reduced anxiety, and a more supportive, collaborative environment.

Conclusion

Facility dog-assisted AAA can be effectively embedded within interprofessional stroke rehabilitation. It has potential to enhance engagement, emotional wellbeing, and team-based care suggesting that innovation in stroke services may sometimes come on four legs. Further research is needed to determine whether these benefits extend to measurable physiological and cardiovascular outcomes.

Ethics

Yes - Clinical Research Ethics Committee of the Cork Teaching Hospitals (CREC).

'You're never over it': PSCI, work and life participation in younger stroke survivors

Oral

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Introduction

Post-stroke cognitive impairment (PSCI) affects up to 60% of stroke survivors <65 years and impacts return to work (RTW), family and social participation. This study aimed to explore the lived experience of PSCI in younger stroke survivors, impact on RTW and life participation, and participants' experiences of PSCI management.

Methods

Working-aged stroke survivors were recruited from the Irish Heart Foundation's Young Stroke Survivor Network. Data were collected via semi-structured interviews or focus group, according to preference, and analysed using reflexive thematic analysis. Patient and Public Involvement, member checking, researcher reflexivity and peer-review optimised rigour.

Results

Thirteen participants (6 female, 7 male, mean age 48.5 ± 10.6 years, mean time since stroke 3.6 ± 2.01 years) consented: two RTW, three unsuccessful RTW, four stopped working, four on long-term sick leave. Three themes were generated. PSCI functioned as a hidden disability, invisible to healthcare providers and employers in the absence of physical impairment. Inconsistent assessment and over-reliance on inadequate screening tools meant PSCI was often missed, requiring repeated self-advocacy. Fragmented, resource-constrained healthcare created a happenstance approach to care, with access shaped by geography and private means rather than clinical need. PSCI substantially impeded work performance and, for many, prevented RTW altogether. Employer support was inadequate, with outcomes contingent on employer discretion rather than employee rights. Participants outlined the profound personal toll of living with PSCI - disruption extending beyond function into identity, relationships and social participation, alongside an isolated burden of self-management post-discharge. A third theme identified participant-driven recommendations including structured RTW pathways, specialist involvement in fitness-to-work decisions, and the value of peer support.

Conclusion

PSCI persists and substantially impedes RTW and broader life participation in YSS, highlighting the urgent need for structured, needs-led PSCI and RTW pathways and longer-term rehabilitation support.

Ethics

Yes. RCSI Research Ethics Committee.