

The Stroke Program, Edmonton Zone (SPEZ) quarterly newsletter provides current information and updates to healthcare providers working within stroke care.

Feature Program Stroke Prevention Clinic (SPC)

People who have had a transient ischemic attack (TIA) or a stroke have an increased risk of recurrent strokes and other vascular events. Recurrent strokes are more likely to result in disability and death than initial strokes. 20 - 40% of strokes are preceded by a TIA or non disabling stroke.

Secondary stroke prevention focuses on this high risk population to prevent or delay future disease events, achieve functional and clinical improvement, promote wellness and enhance quality of life. Risk of future stroke can be significantly reduced through lifestyle modification, treatment of vascular risk factors and appropriate pharmacotherapy. Early identification, comprehensive diagnostic work-ups, case management, and a team-based approach to care are effective in reducing the incidence of recurrent strokes.

Every person within Alberta who has experienced a TIA or stroke should be seen in follow-up at a Stroke Prevention Clinic. Interventions are aimed at lowering risk in persons at high risk for a future stroke.

Three Stroke Prevention Clinics are available within the Edmonton Zone:

- University of Alberta Hospital
- Royal Alexandra Hospital
- Grey Nuns Community Hospital

The following services are provided: diagnosis, investigation, monitoring, follow-up, education, lifestyle change, support, carotid doppler ultrasound and TCD monitoring.

Service providers include a physician, registered nurse, pharmacist, and dietitian.

Referrals are accepted from family physicians or hospital emergency departments, using the attached form:

<http://www.albertahealthservices.ca/frm-09610.pdf>

Featured Stroke Best Practice Guideline 2.8: Assessment and Management of Obstructive Sleep Apnea (OSA)

Sleep apnea is an emerging risk factor for stroke and has been added to the Stroke Prevention section of the Canadian Best Practice Recommendations for Stroke Care - 2012 update.

Sleep apnea prevents restful sleep and is associated with high blood pressure, arrhythmia, stroke and heart failure. The new recommendation **focuses on assessment and management of obstructive sleep apnea (OSA)** in patients who have experienced a stroke or transient ischemic attack. OSA is the most common type of sleep apnea following stroke and results from a relaxation of the muscles around the back of the tongue and soft palate, causing a complete or partial block to the airway and resulting in decreased oxygen levels.

The recommendation states:

2.8 "Preventative strategies should be in place for people with obstructive sleep apnea and stroke patients with sleep disturbance symptoms that emerge following stroke."

2.8.1 "Patients who have experienced a stroke or TIA should be screened at all transition points and follow-up visits for the presence of sleep apnea symptoms using a validated sleep apnea screening tool."

Rationale provided states:

"Sleep apnea is an emerging area of concern in stroke management. Sleep disorders are an under recognized problem that predispose people to stroke occurrence and recurrence. Sleep apnea is a modifiable risk factor that can be treated quickly to alleviate the associated risk of stroke."

To see the full recommendation, please visit

www.strokebestpractices.ca

Additional resources for OSA include:

- <http://www.albertahealthservices.ca/5047.asp>
- <http://www.albertahealthservices.ca/services.asp?pid=saf&rid=1035693> – link to Sleep Disorders Lab
- Contact the Stroke Program, Edmonton Zone for additional resources and information, StrokeProgramEdmontonZone@albertahealthservices.ca

Continuing Education

13th Annual Cardiology Update: Postponed to June 8, 2013, <http://www.cardioupdate.ca/>

Functional Electrical Stimulation (FES): For the Upper Extremity: June 19 & 20th in Ponoka
(please see attached brochure)

Assessing and Treating the Weaker Upper Extremity Post-Stroke: July 20 & 21st - Vancouver
(please see attached brochure)

2013 Canadian Stroke Congress in conjunction with **Vascular 2013: October 17-20th in Montreal**, for more information go to <http://www.vascular2013.ca/>

U of A online graduate level Certificate in Stroke Rehabilitation:
<http://www.rehabilitation.ualberta.ca/en/ContinuingProfessionalEducation/CertificateinStrokeRehabilitation.aspx>

Choices & Changes: Motivational Interviewing
<http://cdm.absorbtraining.ca/courses/CHR/choiceschanges.pdf>

June is Stroke Month

The Stroke Program, Edmonton Zone is gearing up once again for National Stroke Month in June.

We offer free stroke prevention information sessions for the public and/or AHS staff. Consider booking a session for your colleagues and/or staff and spread the word to your family and friends.

Are you interested in having a display for Stroke Month at your workplace, or do you know of another company that may be interested? We can assist - please contact our office (information below).

Do you know that **80% of strokes are preventable?** So, the more people we can educate the better! Please help us spread the word.

To book an information session or to receive information on a stroke display for your workplace, please contact our office at 780-407-3041, or
StrokeProgramEdmontonZone@albertahealthservices.ca

Edmonton Rehabilitation Rounds

Rehabilitation Rounds take place on the **2nd Wednesday of every month from 1200-1300.**

Our next session will be take place on Wednesday, May 8, 2013.

To register for this session please go to:
<https://vcscheduler.ca/schedule20/register/register.aspx?id=471042-1042>

Registration deadline is May 7th at 1200 MST. Please remind staff to sign up on the Telehealth Scheduler, which will allow us to distribute handouts to everyone prior to the session.

If your team is interested in presenting a case at a future session, please contact Gail Elton-Smith at 780-407-8729 or Gail.EltonSmith@albertahealthservices.ca

SPEZ Buzz Fast Fact

People who are depressed after a stroke may have triple the risk of dying early and four times the risk of death from stroke compared with people who have not experienced either condition, according to a recent study. The research included 10,550 people aged 25 to 74 years followed for 21 years and was presented at the American Academy of Neurology's 65th Annual Meeting in March.

According to Canadian Best Practice Recommendations For Stroke Care, **all patients with stroke should be screened for depression using a validated tool at various stages of recovery and managed appropriately.**

Correction Notice

In the last edition of SPEZ Buzz, we featured the Glenrose Rehabilitation Hospital (GRH) Stroke Outpatient Program, now known as The Stroke Assessment Clinic. Please note that once a referral is received, this clinic provides interdisciplinary *assessment* to adults who have experienced a stroke within the last year and reside in the community. If therapy is recommended from the Stroke Assessment Clinic, a referral is then initiated to the GRH Specialized Rehabilitation Outpatient Program (SROP) for interdisciplinary treatment or other appropriate community agency. Please see attachment for admission criteria.