

Stroke research

research taking place at North Bristol NHS Trust.

To discover more clinical trials that are taking place across the country, visit the [UK Clinical Trials Gateway](#). You can search by a particular health condition, trial or drug name.

R&D No	Project Title	Project Description
3794 End date: 01/02/2026	Determinants of prognosis in stroke	<p>Stroke is the third most common cause of death and the most common cause of adult disability world-wide. It is a sudden interruption of blood supply to part of the brain, either due to blockage (ischaemia) or bleeding (haemorrhage), resulting in damage to the brain. The consequence of this will be disability, be it in thinking, movement or speech.</p> <p>Fundamental questions remain unanswered in stroke. First, stroke is still thought of in the broad categories of ischaemia and haemorrhage. However, it is well known that many subtypes exist within these categories. We can now reliably identify these with advanced scanning techniques. We now need to investigate if the biological causes and consequences of these subtypes are different.</p> <p>Understanding this will help us prevent stroke from occurring and help us limit damage at the time of a stroke (therefore limiting disability). The second and related question is addressing recovery from stroke, which is a focus of this project. There may be differences in the way in which different subtypes of stroke recover. Moreover there may be treatments that could be particularly beneficial for one subtype compared to another. We now need to redefine stroke according to subtype, map prognosis and identify time points at which interventions may be most useful to improve disability. In this study we will establish a collection of stroke patients; we will use health information collected as part of routine care on the clinical stroke service. We will follow-up patients to map trajectories of recovery according to stroke subtype. We will then assess factors, both behavioural and blood based, that may affect prognosis of stroke by subtype. If these factors can be manipulated at the right time, either by behaviours or drugs, we may be</p>

		able to discover and offer new treatments for stroke
4091 End date: 30/04/2019	PRECIOUS	Prevention of Complications to Improve Outcome in elderly patients with acute Stroke. A randomised, open, phase III, clinical trial with blinded outcome assessment
4279 End date: 08/07/2022	ELAN	Early versus Late initiation of direct oral Anticoagulants in post-ischaemic stroke patients with atrial fibrillation (ELAN): an international, multicentre, randomised-controlled, two-arm, assessor-blinded trial.
4393 End date:	MORe PREcISE	<p>Morbidity Prevalence Estimate at six months, following a Stroke: A Cohort Study</p> <p>Information regarding the likely progress of post-stroke symptoms is vitally important to stroke survivors to allow them to plan for the future and to adjust to life after stroke. Moreover, the prevalence of morbidity secondary to stroke is of central importance to Health Professionals to understand the prognosis of the disease in the patients under their care. Additionally, it will also allow commissioners of care, planners and third sector organisations to adapt to and answer the needs of a post-stroke population.</p> <p>Currently, the data collected by national audit programmes are concentrated on what can be termed 'process or process of care' data. The utility of these data are in the ability to audit the care received by stroke survivors on stroke units against evidenced standards for care, thus ensuring evidence based practice. Nevertheless, process of care is only one form of measuring stroke unit care and the audit programmes collect some limited functional status data, data relating to risk-factor co-morbidities and treatment received data. Therefore, the scope of this study is to build on the minimum data set currently collected and to collect post-stroke data in domains not currently collected.</p> <p>The International Consortium for Health Outcomes Measurement (ICHOM) takes important steps to collect data outside of process of care data such as a Patient Reported outcome data in their minimum outcome data set for stroke. Nevertheless, the ICHOM doesn't currently advocate the specific collection of data relating to cognitive impairment or emotional problems secondary to stroke. It is in these important aspects</p>

		<p>that this study will augment the data set currently advocated by ICHOM to collect data in the areas of cognitive impairment and emotional problems secondary to stroke.</p> <p>Therefore, the aim of this study is to quantify the prevalence of morbidity at six months post-stroke.</p>
--	--	--