

or her readiness to receive information. Healthcare professionals should take a patient's age, gender, educational status and communication support needs into account when assessing their need for information. Information should be offered to patients in a variety of formats, including easy access and repeated and re-offered at appropriate intervals.

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### THE PHYSIOLOGICAL INFORMATION ROLE FOR STROKE PATIENTS

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**Background and aims:** Stroke is the third biggest cause of mortality and the main cause of disability in world. The world health organization (WHO) definition of stroke is a focal neurological deficit (loss of function affecting a specific region of the nervous system) due to disruption of its blood supply. There is a paucity of evidence describing the best systems of care to allow efficient and rapid assessment and treatment of patients with suspected stroke. Little evidence was identified relating to intensity of physiological monitoring and transmission of information to patients.

**Methods:** Trials addressing intensity tended to compare continuous physiological monitoring with four to six times daily measurements for a period of 48 to 72 hours. The patients included all had ischemic strokes. The studies did not address monitoring of conscious level or pulse rate as individual items. A prospective study was conducted with ischemic stroke comparing continuous monitoring (blood pressure, electrocardiogram, oxygen saturation, and temperature) for 72 hours in a stroke unit compared to routine care (less intense monitoring). Monitoring for 48 hours was associated with a lower proportion of patients who died or had a poor outcome at three months. Continuous or frequent physiological monitoring in the acute phase of stroke identifies adverse physiological events that may require intervention.

**Results:** The information provision and educational sessions are more effective than provision of a leaflet alone. Success can be limited if strategies of information provision are unacceptable. The younger patients required more medical information as well as having questions concerning exercise and post-stroke sexual activities. Women ranked receiving information on post-stroke management higher than men. Carers' information requirements also differ with age and sex. Female relatives place more importance on information. Relatives with higher educational level place less importance on counseling.

**Conclusion:** Each patient should be individually assessed on his