

iCAHE JC Critical Appraisal Summary

Journal Club Details

Journal Club location	NALHN
JC Facilitator	Josie Kemp
JC Discipline	Speech Pathology

Background

N/A

Clinical Scenario

N/A

Review Question/PICO/PACO

P: People who experience altered/diminished/absent taste sensation post stroke

I: Any intervention to improve/regain taste sensation

C: No intervention

O: Improved or regained taste sensation

Article/Paper

Dutta, TM, Josiah, AF, Cronin, CA, Wittenberg, GF, Cole, JW 2013, 'Altered Taste and Stroke: A Case Report and Literature Review', Top Stroke Rehabil, vol. 20, no. 1, pp. 78–86.

Please note: due to copyright regulations CAHE is unable to supply a copy of the critically appraised paper/article. If you are an employee of the South Australian government you can obtain a copy of articles from the [DOHSA librarian](#).

Article Methodology: Case Study

Click [here](#) to access critical appraisal tool



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Ques No.	Yes	Can't Tell	No	Comments
1	✓			Were patient's demographic characteristics clearly described? A 75-year-old woman. Description is adequate considering the condition.
2			✓	Was the patient's history clearly described and presented as a timeline? Beyond "a history of sick sinus syndrome status post pacemaker placement was cooking dinner when she developed acute onset right-sided weakness and slid to the floor" the patients history otherwise not described.
3	✓			Was the current clinical condition of the patient on presentation clearly described? NIH Stroke Scale (NIHSS) score was 19 on arrival in the emergency room. The clinical presentation was consistent with a complete left MCA distribution infarct. A noncontrast computed tomography (CT) of the head revealed no intracranial hemorrhage, and the patient received weight-based IV-tPA therapy approximately 2.5 hours after symptom onset. The patient's exam improved after completion of the IV-tPA infusion to an NIHSS score of 10 with continued deficits of orientation, horizontal gaze palsy, right facial weakness, drift of the right arm and leg, aphasia, and dysarthria. A repeat CT head showed a hypodense lesion consistent with evolution of infarct within the insular cortex on the left, with CT angiography of the head and neck demonstrating no vascular occlusions or flow-limiting stenosis.
4	✓			Were diagnostic tests or assessment methods and the results clearly described? Diagnostic tests/assessment methods were reported alongside current clinical conditions in above section.
5			✓	Was the intervention(s) or treatment procedure(s) clearly described? Weight-based IV-tPA therapy only treatment described, with outpatient occupational and speech therapy after discharge; no other details provided
6	✓			Was the post-intervention clinical condition clearly described? Post-intervention clinical condition was very clearly described, with a majority of the case study dedicated to post-intervention clinical condition. Briefly, this consisted of: - Difficulty with multistep tasks - Disinterest in previously enjoyable hobbies - All food tasting 'like dirt'
7			✓	Were adverse events (harms) or unanticipated events identified and described? As the intervention was not described in detail, adverse events as a result of the intervention cannot be examined.
8	Journal Club to			Does the case report provide takeaway lessons?

9	discuss	<p>Can the results be applied to the local population?</p> <p>CONTEXT ASSESSMENT (please refer to attached document)</p> <ul style="list-style-type: none"> - Infrastructure - Available workforce (? Need for substitute workforce?) - Patient characteristics - Training and upskilling, accreditation, recognition - Ready access to information sources - Legislative, financial & systems support - Health service system, referral processes and decision-makers - Communication - Best ways of presenting information to different end-users - Availability of relevant equipment - Cultural acceptability of recommendations - Others
10		Were all important outcomes considered?
11		Are the benefits worth the harms and costs?
12		What do the study findings mean to practice (i.e. clinical practice, systems or processes)?
13		<p>What are your next steps?</p> <p>ADOPT, CONTEXTUALISE, ADAPT</p> <p>And then (e.g. evaluate clinical practice against evidence-based recommendations; organise the next four journal club meetings around this topic to build the evidence base; organize training for staff, etc.)</p>
14		What is required to implement these next steps?

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