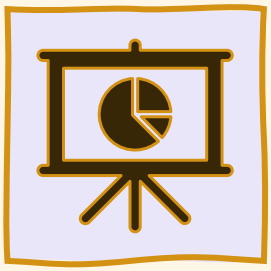
OPTIMISING PATHWAYS OF PSYCHOLOGICAL CARE AFTER TRANSIENT ISCHAEMIC ATTACK AND MINOR STROKE

A Newsletter from the OPTIMISE Study Team — Autumn 2025

Top stories in this newsletter

Participate in OPTIMISE interviews

Myth-buster: Stroke and age



Results from Chloe's study

PPI: In their own words

OPTIMISE project update

Last time, we shared the good news that our recruitment for an online survey for healthcare professionals is now open. If you are a healthcare professionals and have not shared your opinion yet, you do so by clicking HERE.

We are also now recruiting people with lived experience of TIA/minor stroke and family, friends or loved ones who supported someone who experienced a TIA/minor stroke. If you are interested in participating, email us or click HERE.

You can also find our poster on the next page

Myth-buster

MYTH: "Only older people have strokes and TIAs (transient ischemic attacks)"

FACT: While strokes are more common in later life, young adults, teens, and even children can experience them too. According to the stroke statistics 100,000 people have strokes each year. Whilst people tend to hold the idea in their mind that stroke is associated with older age, we know from growing research that stroke doesn't discriminate by age and younger and working age adults are increasingly affected too. The Stroke Association (2017) notes that 1 in 4 of all strokes in the UK happen among people of working age and this figure is expected to rise.

Optimising Pathways of Psychological Care after Transient Ischaemic Attack and MInor StrokE (OPTIMISE)

Take part in a one-to-one remote interview to help us understand your experiences of support for mood (emotional well-being) and thinking skills (cognition) after a TIA or minor stroke diagnosis

We are looking for:

Individuals who experienced a TIA/minor stroke

Close others (e.g. family, friends) of someone who experienced a TIA/minor stroke

Clinicians and professionals working directly with people who experienced a TIA/minor stroke **in the past year**

All participants need to be 18 years old or older, live in the UK and be fluent in English

Interested?

Scan QR code to complete this short expression of interest form or contact us:

optimise_study@nottshc.nhs.uk

07468702178

Click here for OPTIMISE study website

NHS Nottinghamshire Healthcare NHS Foundation Trust

the institute of mental health Nottingham

University of Nottingham UK | CHINA | MALAYSIA

OPTIMISE Qualitative Study Poster, v2.1, 13.10.25
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Results from Chloe's study

In our previous newsletters, we shared a research project that was being conducted by a Trainee Clinical Psychologist, Chloe. In this edition, we would like to thank you for participating in the study and sharing it with your networks.

I'm Chloe Webb, a Psychologist who has recently completed my Clinical Psychology Doctorate Training at the Universities of Nottingham and Lincoln. I have finished conducting a 3-year research project into the psychological impact (with a focus on Post-Traumatic Stress Disorder, anxiety and depression) following a first TIA under the supervision of Dr Eirini Kontou, an area which I am passionate about and is under-researched.

Methodology

55 people who experienced their first TIA within the last 3 months completed a survey asking about their TIA, how they coped with it, what thoughts they had, and questions about how they felt psychologically and emotionally. People were recruited from both social media, and NHS TIA clinics.

Key findings from Chloe's study

A large proportion of people reported psychological distress after their TIA:

- 44% reported symptoms of Post-Traumatic Stress Disorder.
- 36% reported anxiety symptoms.
- 40% reported depression symptoms.

Younger people were more likely to experience psychological difficulties following a TIA.

People who used more avoidant coping strategies (e.g. avoided thinking about their TIA, criticised themselves or avoided their feelings) were more likely to experience psychological distress.

People who had more post-traumatic cognitions (e.g. blamed themselves or felt like it would not have happened to someone else) were more likely to experience distress.

What next?

- People often experience more significant distress after a TIA than current research suggests. Despite this, psychological support is not usually part of TIA aftercare.
- More research is needed to understand coping over time and how clinicians view TIA-related distress.
- In the future, training for clinicians and targeted support could help people better cope and recover after a TIA.
- This study helps build evidence to shape TIA care, including routine mood screening.

Patient and Public Involvement: In their own words

In our Summer 2025 Newsletter, we shared reflections from Peter, a member of our Patient and Public Involvement (PPI), on his experiences of being involved in the OPTIMISE study. In this edition, we are pleased to share another member's reflections. You can read **Brian's** thoughts below.

"I had an acute haemorrhagic stroke and up until that time I had no idea how severely life changing a stroke could be. As I slowly began my recovery, I tried to find out more about strokes and one of my therapists told me that a new PPI group was starting and thought that I may be able to contribute. As I got more involved, I realised that I could make a difference to the way strokes were treated. I got great satisfaction from that."

Reflecting on their journey, Brian emphasised that TIAs and minor strokes *"can be every bit as emotionally challenging as clinically more severe strokes"* and highlighted the importance of recognising lived experience as expertise:

"It's important for researchers to understand that, whatever their experience, we are the experts in our own stroke."

Being part of the PPI group has brought both purpose and connection. Brian described *"a feeling of giving to the community and working with a group of highly motivated, like-minded people."*

For anyone considering joining a PPI group, their advice is thoughtful and encouraging:

"Think carefully and talk to an existing patient representative before committing yourself. It is rewarding but can be challenging."

When asked how they would describe their PPI experience in one sentence, they said it is:

"Very positive and rewarding"

We hope to feature more reflections from our PPI members in future editions.
Thank you to all who support and shape this research.

If you are interested in finding out more about the PPI group, click **HERE** or email us:
Optimise_Study@nottshc.nhs.uk

Thank you for reading!