views on treatment were sought using a structured interview. Their
disability was assessed using the Office of Population Censuses and
Surveys Disability Scale and cognitive status using the Mini Mental
State Examination. General practitioners were asked in a
questionnaire for their views on each subject's compliance.

Results
207 elderly people with AF were identified. Most subjects (89%)
were willing to take treatments to prevent stroke, and preferred to
have blood testing performed outside of hospital. There were high
levels of disability (83%). 16% had difficulties with vision, 15%
with dexterity and 57% with locomotion. Cognitive impairment
(26%) and difficulties with compliance (25%) were also common.

Conclusions
Most elderly people with AF appear willing to accept treatments to
prevent stroke. However, high levels of disability, cognitive
impairment and problems with compliance may make this difficult to
achieve in practice. Increase in the use of anticoagulants should be
accompanied by development of anticoagulant services appropriate
to this frail population.

THE ORPINGTON PROGNOSTIC SCORE (OPS) IN AN
ACUTE STROKE UNIT
P.STOCKDALE, S. HILL AND P. CROME
Royal Shrewsbury Hospital and Department of Geriatric
Medicine Keele University

Introduction
It is now believed that all stroke patients benefit from specialised
care. Selection for such, however, may be required if resources
are limited. We have examined the usefulness of the OPS in a
stroke unit to which patients are admitted within 24 hours of
admission.

Method
OPS was administered at week 1 to 131 consecutive patients
admitted to the stroke unit. Rivermead Motor Assessment (RMA)
was performed weekly until discharge. Patients were divided into
three groups according to their OPS. Their hospital mortality and
their length of stay was recorded.

Results
The patients were aged 34-90 (mean=74). OPS at week 1 was
correlated with last recorded RMA (r²=0.63). Patients with
OPS<3 had a median stay of 19 days and 0% mortality; those
with a score of 3-5.9 had a median stay of 53 days and 4%
mortality whilst those with an OPS >5.9 had a median stay of 88
days and a 39% mortality.

Conclusions
OPS was found to be a good prognostic indicator of both length
of stay and mortality in patients admitted to an acute unit. It may
be used to help select patients for specialised stroke care when
resources are limited.

THE PREVALENCE OF FAECAL INCONTINENCE IN COMMUNITY
DWELLING STROKE SURVIVORS
K R BRITAIN, S M PEET, S I PERRY, C SHAW and C M
CASTLEDEAN
University of Leicester

Introduction
Studies which have examined the prevalence of faecal incontinence
in stroke survivors have drawn their samples from hospital
admissions and followed them for a period of six months. These
sample frames may bias findings to more severe cases. The aim of
this study was to make a comparison of the prevalence of faecal
incontinence between stroke survivors and the non-stroke
population from a broader community based sample and to
investigate self-reported severity.

Methods
An epidemiological community based (excluding institutions) postal
survey was carried out in a random sample of Leicestershire
residents aged >40 years. Respondents were asked about stroke,
urinary and bowel symptoms including leakage from bowels and
amount lost using a standardised questionnaire for the MRC
Incontinence study.

Results
Analysis has been carried out on 9,963 individuals who responded
to the stroke question. The prevalence of any faecal incontinence
was twice as high in stroke survivors than in the non-stroke
population (12% vs 5%, p<0.001). The prevalence of double
incontinence was also higher in stroke survivors than in the non-
stroke population (10% vs 4%). Faecal incontinence alone,
however, was found to be the same between the two groups (2%,
p<0.001). Stroke survivors also report their faecal incontinence as
more severe. Forty-six per cent of stroke survivors who report
leakage from their bowels report soiling of their underwear and
more compared with 31% of the non-stroke population [p<0.05].

Conclusion
These data show a high prevalence of faecal incontinence in
community dwelling stroke survivors. A high prevalence of severity
is also shown from these preliminary data which must be an
important contributor to decreased morale in both the stroke
survivor and their carer.

INCIDENCE & CHARACTERISTICS OF POST STROKE
PAIN
B CAREY, S DAWSON, I WROE AND M ARDRON
Department of Integrated Medicine, Leicester Royal Infirmary

Introduction
Pain syndromes after stroke are common. Central Post Stroke Pain
(CPSP) has an incidence of 1 - 8%. The incidence of other pain
syndromes is unknown. We designed a questionnaire to investigate this

Methods
The questionnaire was developed using elements of the McGill Pain
Questionnaire and verbal, numerical and visual analogue scales, all of