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
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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 ($r^2=0.63$). 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
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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.

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

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