

Stroke guidelines

There are multiple [stroke guidelines](#) globally. To synthesize these and summarize what existing stroke [guidelines](#) recommend about the [management](#) of people with [stroke](#), the [World Stroke Organization](#) (WSO) Guideline committee, under the auspices of the WSO, reviewed available guidelines. They identified areas of strong agreement across guidelines, and their global coverage.

To systematically review the literature to identify stroke guidelines (excluding primary [stroke prevention](#) and [subarachnoid hemorrhage](#)) since 1st January 2011, evaluate quality (AGREE II), tabulate strong recommendations, and judge applicability according to stroke care available (minimal, essential, advanced).

Searches identified 15400 titles, 911 texts were retrieved, 203 publications scrutinized by the three subgroups (acute, secondary prevention, rehabilitation), and [recommendations](#) extracted from most recent version of relevant guidelines. For acute treatment, there were more guidelines about [ischemic stroke](#) than [intracerebral hemorrhage](#); recommendations addressed pre-hospital, [emergency](#), and acute [hospital care](#). Strong recommendations were made for [reperfusion](#) therapies for [acute ischemic stroke](#). For secondary [prevention](#), strong recommendations included establishing aetiological diagnosis, management of [hypertension](#), [weight](#), [diabetes](#), [lipids](#), [lifestyle](#) modification; and for [ischemic stroke](#): management of [atrial fibrillation](#), [valvular heart disease](#), left ventricular and atrial thrombi, [patent foramen ovale](#), atherosclerotic extracranial large vessel disease, intracranial atherosclerotic disease, [antithrombotics](#) in non-cardioembolic stroke. For [rehabilitation](#) there were strong recommendations for organized stroke unit care, multidisciplinary [rehabilitation](#), task specific training, [fitness](#) training, and specific interventions for post-stroke impairments. Most recommendations were from high income countries, and most did not consider [comorbidity](#), resource implications and [implementation](#). Patient and public involvement was limited.

The review identified a number of areas of stroke care in there was strong consensus. However there was extensive repetition and redundancy in guideline recommendations. Future guidelines groups should consider closer collaboration to improve efficiency, include more people with lived experience in the development process, consider comorbidity, and advise on implementation ¹⁾.

American Heart Association Guidelines for the Early Management of Patients With Acute Ischemic Stroke

[American Heart Association Guidelines for the Early Management of Patients With Acute Ischemic Stroke](#).

European Stroke Organisation Guidelines

<https://eso-stroke.org/guidelines/eso-guideline-directory/>

The fifth edition of the National Clinical Guideline for Stroke 2016

<https://www.strokeaudit.org/Guideline/Full-Guideline.aspx>

Stroke Foundation - Australia

<https://strokefoundation.org.au/what-we-do/for-health-professionals/clinical-guidelines>

1)

Mead GE, Sposato LA, Silva GS, Yperzeele L, Wu S, Kutlubaev MA, Cheyne J, Wahab K, Urrutia VC, Sharma VK, Sylaja PN, Hill K, Steiner T, Liebeskind DS, Rabinstein AA. Systematic review and synthesis of global stroke guidelines for the World Stroke Organization. Int J Stroke. 2023 Feb 1;17474930231156753. doi: 10.1177/17474930231156753. Epub ahead of print. PMID: 36725717.

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