

Clinical Guidelines for Stroke Management

Administrative report

December 2020

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1. Background

The Stroke Foundation has been developing stroke guidelines since 2002. The *Clinical Guidelines for Stroke Management 2017* were approved by the National Health and Medical Research Council (NHMRC) in July 2017, with further changes approved in November 2017, July 2018 and November 2019.

For the Australian Government to ensure that healthcare professionals have up-to-date, best practice clinical advice, the NHMRC requires clinical guidelines be reviewed and updated at least every five years. As a result, the Stroke Foundation in partnership with Cochrane Australia is testing a model of continually reviewing and updating recommendations in response to new evidence. This project commenced in July 2018 and is currently being funded by the Australian Government Department of Health via the Medical Research Future Fund.

This Administrative report details the information required by the NHMRC in accordance with the requirements of the *2016 NHMRC Standards for Guidelines*.

2. Content Development Group (CDG)

In September 2018, the Stroke Foundation called for an Expression of Interest (EOI) for healthcare professionals to be involved in the development of the guidelines. Requests for EOI were sent to all previous people involved in the 2017 update, as well as stroke care-related professional organisations (via representatives on the Australian Stroke Coalition). The EOI was also advertised on the Stroke Foundation's website and in our healthcare professional newsletter. The criteria for selection were:

- Good working relationship with their professional organisation,
- Extensive networks of peers to seek input as needed,
- Strong clinical expertise/experience with a very good practical knowledge of current practice,
- Detailed knowledge of research design and critical appraisal of evidence,
- Familiarity with systematic reviews and development of clinical guidelines, and
- Willingness and ability to commit to the necessary time commitment of this project (over a minimum 24-month period).

Applications in writing were assessed against the selection criteria by members of the Stroke Foundation Project Team and discussed with the co-chairs, who also co-chaired the previous update: Professor Bruce Campbell and Associate Professor Coralie English.

The Content Development Group (CDG) and associated working groups are responsible for:

- reviewing the framework of the existing guidelines
- determining the clinical questions for the guideline update
- identifying, reviewing and classifying relevant literature;
- extracting data from the literature and inputting that information into the guideline development platform (MAGICapp)
- developing the draft guidelines
- evaluating and responding to feedback from the consultation process.

An overview of the roles and responsibilities and guidelines governance is provided in the Methodology Paper.

Review of the current topics (antiplatelet therapy, oxygen therapy, cholesterol lowering therapy, weakness, shoulder pain) was undertaken by the work group members outlined in Table 1. In addition, all consumers and specifically the acute medical working group members were asked to review draft changes and provide comments. Finally, the multidisciplinary Content Steering Committee signed off on the content prior to public consultation and discussed and agreed to the final copy after feedback was considered.

Table 1: Content Development Working Group Members specifically involved in the current topics

Prof Bruce Campbell	Neurologist	Royal Melbourne Hospital and University of Melbourne, VIC
Dr Lauren Sanders	Neurologist	St Vincent's Hospital, VIC
A/Prof Andrew Wong	Neurologist	Royal Brisbane & Women's Hospital, QLD
Prof Nigel Stocks	General practitioner	Adelaide University, SA
A/Prof Janet Bray	Nurse	Monash University, VIC
Mr Wayne Loudon	Paramedic	Ambulance Metro North - QLD, QLD
Dr Tony Bragg	Geriatrician/stroke physician	Shoalhaven District Health, NSW
Dr Carl Hanger	Geriatrician	The Princess Margaret Hospital, NZ
Mr Davide De Sousa	Physiotherapist	Ryde Hospital, NSW
Dr Sharon Kramer	Physiotherapist	Deakin University, VIC
Dr Simone Dorsch	Physiotherapist	Australian Catholic University, NSW
A/Prof Coralie English	Physiotherapist	University of Newcastle, NSW
Ms Genevieve Hendry	Physiotherapist	Caulfield Hospital, VIC
Ms Emma Schneider	Physiotherapist	Caulfield Hospital, VIC
Karen Bayly, Hannah Derwent	Consumers (Oxygen)	
Toni Arfaras, Sally Byatt, Peter Eriksen	Consumers (Antiplatelet)	
Toni Arfaras, Sally Byatt, Peter Eriksen	Consumers (Cholesterol lowering)	
Sam Owen, Julie Davey, Toni Arfaras, Christine Owens	Consumers (Weakness)	
Sue Bowden, Julie Davey, Barb Wolfenden	Consumers (Shoulder pain)	

3. Consumer involvement

Based on feedback from consumers on the Stroke Foundation Consumer Council an innovative model of consumer involvement is being used which involves involving a panel of consumers as 'lived experts' and who are active members of the CDG. The Guidelines CDG Consumer Panel will ensure options, values and preferences of consumers are central to the review and update of any clinical recommendations.

For each topic being updated, 2-4 individuals from the panel with experience of the topic are co-opted to join clinical experts to update the recommendations. The whole panel will then be invited to review and comment on the draft changes.

Responsibilities

People involved on the panel will be responsible for:

- Periodically providing input into questions the guidelines answers (and the research literature is searched specifically for). This may involve helping rank the most important outcomes we want to search for in the research.
- Review and comment on updated summaries of research, specifically information related to patient values and preferences
- Input into draft updates to any background text, specifically related to practical considerations and consumer considerations
- Respond to feedback from the public consultation (in cooperation with the interdisciplinary group).
- Assist in the evaluation of the model as needed

4. Managing conflicts of interest

The Guidelines are managed in accordance with the Stroke Foundation *Conflict of Interest Policy*, which is based on the NHMRC *Identifying and Managing Conflicts of Interest of Prospective Members and Members of NHMRC Committees and Working Groups Developing Guidelines* documents. Working group members were asked to review and update (at least annually) their previously disclosed potential conflicts of interest (COI). The form and policy will be provided to NHMRC for review along with summary of potential COIs (Att 2).

5. Systematic literature review

Any stroke related randomised controlled trials or systematic reviews are screened monthly and allocated to each relevant PICO. CDG members advise the final inclusion and determine the potential impact of the evidence to determine if it is a high or low priority workflow. High priority occurs when the new evidence is assessed to potentially impact the overall body of evidence and recommendations. A low priority is given where the new evidence is deemed to not change the recommendation/s or body of evidence.

Clinical question	Patient	Intervention	Comparator	Outcomes
What antiplatelet therapies lower the risk of stroke after stroke or TIA?	Ischaemic stroke and TIA	Antiplatelet therapy aspirin Clopidogrel Dipyridamole	No intervention	Death Institutionalisation rate Secondary stroke Bleeding complications
Does oxygen therapy improve outcomes in stroke patients who are not hypoxic?	All people with stroke	Oxygen therapy	No oxygen therapy	All outcomes
What cholesterol lowering therapies lower the risk of strokes after stroke or TIA?	All people with stroke or TIA	Cholesterol lowering therapy	No intervention	Death Institutionalisation rate Secondary stroke
What interventions for strength improve outcomes for stroke survivors?	All stroke patients with reduced strength	Rehabilitation	No intervention	ADL Walking ability and arm function Strength Adverse events
What is the best intervention to prevent or treat shoulder pain in stroke survivors?	All stroke patients	All Interventions to treat shoulder pain	Usual care	HRQoL ADL Pain (numerical rating) Adverse events Use of opiates

6. Practice Statements (Consensus-based recommendations) and Practice Points

The Guidelines have a number of Practice Statements (Consensus-based recommendations) and Practice Points.

For some topics, a systematic review of the available evidence was conducted, but there was either a lack of evidence or insufficient quality of evidence on which to base a recommendation. In cases where the CDG determined that recommendations were important, statements and advice about topics were developed based on consensus and expert opinion (guided by any underlying or indirect evidence). These statements were labelled as 'Practice statements' and correspond to the 'consensus-based

recommendations' outlined in the NHMRC procedures and requirements. These statements should be regarded with greater discretion by guideline users.

For topics outside the search strategy (i.e. where no systematic literature search was conducted), additional considerations are provided. These are labelled 'Info Box' and correspond to 'practice points' outlined in the NHMRC procedures and requirements.

Final decisions about Practice Statements (Consensus-based recommendations) and Practice Points were made using informal group processes after open discussion facilitated by the Co-Chairs. If there was divergent opinion with respect to Practice Statements (Consensus-based recommendations) and Practice Points, they were not included in the guideline.

7. Public consultation

The Stroke Foundation conducted the public consultation process in accordance with Section 14A of the *Commonwealth National Health and Medical Research Council Act 1992* and accompanying regulations.

We advertised the 'Notice of public consultation' publicly on the Stroke Foundation websites – www.strokefoundation.com.au; www.informme.org.au and www.enableme.org.au from 14 September to 30 October 2020. Electronic communications were also sent on 17 September to all organisations identified by the NHMRC as being mandatory to consult with, advising of the public consultation period (refer to Appendix 2 for a list of these organisations). Electronic communications were also sent to all professional and consumer organisations via the Australian Stroke Coalition and Stroke Foundation newsletter list. Feedback was received via email.

The Stroke Foundation received a small number of responses from individuals and organisations (refer to consultation summary).

All individuals and organisations that provided feedback during the public consultation period will be contacted via letter and thanked for their input and advised of the action taken by the CDG in response to their feedback.

Appendix 1: Names of organisations contacted for Public consultation

Organisation
The Director-General, Chief Executive or Secretary of each state, territory and Commonwealth health department
Therapeutic Goods Administration (TGA)
Australian Stroke Coalition
Stroke Society of Australasia (SSA)
Australasian College for Emergency Medicine
Australasian Faculty of Rehabilitation Medicine
Australian College of Nursing
Australian Physiotherapy Association
Australian Psychological Society
Council of Ambulance Authorities
Dietitians Association of Australia
Occupational Therapy Australia
Royal Australasian College of Physicians
Speech Pathology Australia
NSW agency of clinical innovation Stroke Network
Northern Territory Stroke Unit Network
South Australian Stroke Department
Queensland Statewide stroke Clinical Network
Safer Care Victoria
Stroke Clinical Advisory Group of WA
Tasmanian community of practice

Appendix 2: Summary of Conflict of Interest Declarations

Medical Working Groups

Name	Discipline	Organisation	Conflicts declared	Date provided COI
Assoc Prof Andrew Wong	Neurology	Royal Brisbane and Women's Hospital	<i>Speaker fees</i> - Amgen and Astrazeneca. Has confirmed that none of these relationships have resulted in a benefit of over \$10,000 per company over the last 12 months.	4 June 2020
Dr Anthony Bragg	Geriatrics	Illawarra Shoalhaven LHD	None declared	26.3.19
Prof Bruce Campbell	Neurology	Royal Melbourne Hospital	None declared	Dec 2018
Dr Carl Hanger	Geriatrics	Burwood Hospital, Christchurch, NZ	None declared	16.12.19
A/ Prof Coralie English	Physiotherapy	University of Newcastle	None declared	Dec 2018
Mr Davide de Sousa	Physiotherapy	Ryde Hospital	None declared	Dec 2018
Ms Emma Schneider	Occupational Therapy	Caulfield Hospital	None declared	Dec 2018
Ms Genevieve Hendry	Physiotherapy	Caulfield Hospital	<i>Other interests:</i> Her area of research is in lower limb strength training and mobility after stroke. She therefore declares an interest in that field and would be better placed to be involved reviewing guideline items that do not cover that topic.	Dec 2018
Assoc Prof Janet Bray	Nursing	Monash University	None declared	Dec 2018
Dr Lauren Sanders	Neurology	St Vincent's Hospital	None declared	Dec 2018

Prof Nigel Stocks	General Practice	Adelaide Uni	<p><i>Office holder:</i></p> <ol style="list-style-type: none"> 1. Australian Medicines Handbook (AMH) – Director - Private – Independent medicines reference guide for Australian Health professionals. 2. RACGP – SA/NT Faculty Board member and Provost 3. Adelaide to Outback – not for profit = Director – postgraduate medical education <p><i>Shareholder and other business interests:</i></p> <ol style="list-style-type: none"> 1. Unisuper – shares held in various companies that he has no control of <p><i>Other boards:</i></p> <ol style="list-style-type: none"> 1. Influenz scientific boards for Sanofi; Sequiris / CSL (both 2017/2018/2019) 2. Novartis – heart failure board (2016) 3. Astra Zeneca – Flu mist board (2015); Pegasus advisory board (2014) 	Dec 2018
Dr Sharon Kramer	Physiotherapy	Florey institute of neuroscience and mental health	<p><i>Office holder:</i></p> <p>Florey institute of neuroscience and mental health</p>	29.10.19
Dr Simone Dorsch	Physiotherapy	Australian Catholic University (ACU)	<p><i>Office holder:</i></p> <p>- Chairperson National Neurology Group (NSW) of the Australian Physiotherapy Association – private company.</p> <ul style="list-style-type: none"> - No relationship to the guidelines/no perceived conflict of interest 	5.11.19

			<p>- Chairperson Training and Education committee PEDro (produced by the Institute for Musculoskeletal Health School of Public Health at the University of Sydney and hosted by Neuroscience Research Australia [NeuRA]).</p> <p>- No relationship to the guidelines/no perceived conflict of interest.</p> <p>- Presenter with The StrokeEd Collaboration, Sydney, NSW. Conducts fee-for-services workshops and lectures for allied health professionals in Aust and overseas. StrokeEd's mission is to teach evidence based stroke rehabilitation in order to optimise recovery post-stroke – it is not a registered company or business.</p> <p>- No relationship to the guidelines/ no conflict of interest</p>	
Wayne Louden	Ambulance	Metro North - QLD	<p><i>Office holder:</i> Queensland Ambulance Service (public) Queensland University of Technology</p>	Dec 2018

Consumer Panel

Name	Description	Conflicts declared
Barbara Wolfenden	Stroke survivor	<p><i>Other interest</i></p> <p>Completed PhD end of 2018 and will be seeking employment in 2019 - may involve research and related grants/funding; it may also cover research in the area of Young Stroke (Barbara's area of expertise and PhD focus).</p>
Christine Owens	Carer	None declared

Hannah Derwent	Stroke survivor	None declared
Julie Davey	Stroke survivor	None declared
Karen Bayly	Stroke survivor	None declared
Peter Eriksen	Stroke survivor	None declared
Sally Byatt	Stroke survivor	None declared
Samantha Owen	Stroke survivor	None declared
Sue Bowden	Stroke survivor	None declared
Toni Arfaras	Stroke survivor	None declared