

Clinical Guidelines for Stroke Management

Administrative report

January 2025

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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, November 2019, February 2021, July 2021, December 2021, August 2022, December 2022, July 2023, December 2023 and January 2025.

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 tested a model of continually reviewing and updating recommendations in response to new evidence. This project commenced in July 2018 and concluded in June 2021 and was funded by the Australian Government Department of Health via the Medical Research Future Fund. More recently funding has been secured by the Australian Living Evidence Consortium allowing the Stroke Foundation to continuing to review literature monthly and maintain the Australian and New Zealand Living Stroke Guidelines.

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. Further EOI's have been circulated annually. 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, currently Professor Bruce Campbell and Doctor Elizabeth Lynch.

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

- reviewing the framework of the existing guidelines
- determining any new clinical questions
- identifying, reviewing and classifying relevant literature
- reviewing extracted data from the literature including evidence summaries, rationale and practical information

- reviewing draft updates to existing guidelines or new recommendations
- 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 (ICH management – surgical interventions, cerebral venous thrombosis, sleep disorders and carer support) was undertaken by the work group members outlined in Table 1. In addition, all consumers and relevant discipline 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. A list of Steering Committee members is located at:

<https://informme.org.au/guidelines/clinical-guidelines-for-stroke-management/guidelines-development-process>

Table 1: Content Development Working Group Members specifically involved in the ICH management – surgical interventions, cerebral venous thrombosis, sleep disorders and carer support topics

A/Prof Amal Abou-Hamden	Neurosurgery	Royal Adelaide Hospital, SA
Prof Bruce Campbell	Neurology	Royal Melbourne Hospital, VIC
Dr Chloe Mutimer	Neurology	Royal Melbourne Hospital, VIC
A/Prof Darshan Ghia	Neurology	SJOG Subiaco Hospital and Mount Hospital, WA
A/Prof Elizabeth Lynch	Physiotherapy	Flinders University, SA
Gillian Edmonds	Nursing	Fiona Stanley Hospital, WA
Dr Hilary Madder	Neuro-anaesthesiology	Alfred Hospital, VIC
A/Prof John Laidlaw	Neurosurgery	Royal Melbourne Hospital, VIC
Ms Kristine Caprecho	Nursing	Queanbeyan Hospital and Health District, NSW
Ms Langduo Chen	Nursing	Flinders Medical Centre, SA
Dr Lyndal Hickey	Social work	University of Melbourne, VIC
Dr Martin Punter	Neurology	University of Otago, NZ
Dr Miia Rahja	Public health research	Flinders University, SA
Prof Tim Kleinig	Neurology	Royal Adelaide Hospital, SA
Jessica D’Lima, Kevin English, Tony Finneran	Consumers (ICH management – surgical interventions)	
Jessica D’Lima, Priya Sharma, Tony Finneran	Consumers (Venous sinus thrombosis)	
Jouna Kolose	Consumers (Sleep disorders)	

Helen Ebzery, Jessica D’Lima, Kerrie-Anne Teo, Kylie Head, Letisha Living, Nicola Browning	Consumers (Carer support)	
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3. Consumer involvement

Based on feedback from consumers on the Stroke Foundation Consumer Council an innovative model of consumer involvement is used which involves a panel of consumers as ‘lived experts’ and who are active members of the CDG. The Guidelines CDG Consumer Panel ensures 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 included along with clinical experts to update the recommendations. The whole consumer panel are then invited to review and comment on the draft changes.

Responsibilities

People involved on the consumer 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).

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 are 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. Questions (PICO structure) specifically used in the current update are noted below.

Clinical question	Patient	Intervention	Comparator	Outcomes
Do surgical interventions improve outcomes after acute intracerebral haemorrhagic stroke?	All people with ICH	Surgical interventions	No intervention	Death Institutionalisation rate
What interventions improve outcomes for those with venous sinus thrombosis?	All people with venous sinus thrombosis	Medical, surgical interventions	Usual care	Death Institutionalisation rate
What interventions improve sleep quality for stroke patients?	All people with stroke with sleep disorders	Interventions	No intervention	Quality of sleep Insomnia QoL Disability (mRS)
Do interventions to support carers improve outcomes for stroke survivors?	All carers of stroke survivors	Interventions	No intervention	Death Institutionalisation rate Improved QOL Carer stress / burden QOL

6. 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 direct 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 7 October to 20 November 2024. Electronic communications were also sent to all organisations identified by the NHMRC as being mandatory to consult with, advising of the public consultation period (refer to Appendix 1 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 (~27,000 health professionals). Feedback was received via email and the MAGICapp website.

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
Pharmaceutical Benefits Advisory Committee (PBAC)
Stroke Foundation consumer council
Content development group – New Zealand
Consumer panel
Australian Stroke Coalition – representatives of the member organisations which includes all relevant professional colleges/associations and state-based stroke clinical networks

Appendix 2: Summary of Conflict of Interest Declarations

Clinical Working Groups (Note: COI is formally reviewed annually)

Name	Discipline	Organisation	Conflicts declared	Date initially provided COI
A/Prof Amal Abou-Hamden	Neurosurgery	Royal Adelaide Hospital	None declared	Oct 2019
Prof Bruce Campbell	Neurology	Royal Melbourne Hospital	None declared	Dec 2018
Dr Chloe Mutimer	Neurology	Royal Melbourne Hospital	None declared	Aug 2023
A/Prof Darshan Ghia	Neurology	FSH and SJOG Subiaco Hospitals UWA School of Medicine and Pharmacology	<i>Support for travel/meals etc</i> Has accepted honorarium and travel/accommodation charges from Boehringer Ingelheim, Bayer and Pfizer BMS. Has confirmed that none of these relationships have resulted in a benefit of over \$10,000 per company over the last 12 months.	Dec 2018
A/Prof Elizabeth Lynch	Physiotherapy	Flinders University, SA	<i>Other financial and support for travel/meals etc</i> - Receives salary from NHMRC (fellowship) - Receives travel support from University of Adelaide.	Dec 2018
Gillian Edmonds	Nursing	Fiona Stanley Hospital	<i>Office holder:</i> <i>Acute Stroke Nurse Education Network Ltd – committee member</i> <i>Australian Stroke Alliance Ltd – Council member</i>	May 2022
Dr Hilary Madder	Neuro-anaesthesiology	Alfred Hospital	None declared	Apr 2024
A/Prof John Laidlaw	Neurosurgery	Royal Melbourne Hospital	<i>Office holder:</i> Neurosurgery society of Australasia Board member until 2017 (not for profit company).	Dec 2018

Ms Kristine Caprecho	Nursing	Queanbeyan Hospital and Health District	None declared	Apr 2021
Ms Langduo Chen	Nursing	Flinders Medical Centre	None declared	Apr 2024
Dr Lyndal Hickey	Social work	University of Melbourne	None declared	Feb 2019
Dr Martin Punter	Neurology	University of Otago	<i>Office holder:</i> <i>Capital and Coast District Health Board</i> <i>University of Otago</i> <i>Advances in Clinical Neuroscience and Rehabilitation</i>	May 2022
Dr Miia Rahja	Public health research	Flinders University	None declared	Mar 2019
Prof Tim Kleinig	Neurology	Royal Adelaide Hospital	None declared	Dec 2018

Consumer Panel

Name	Description	Conflicts declared
Helen Ebzery	Carer	None declared
Jessica D'Lima	Carer	None declared
Jouna Kolose	Stroke survivor	None declared
Kerrie-Anne Teo	Carer	None declared
Kevin English	Stroke survivor	<i>Office holder:</i> <i>Member of Stroke Foundation Consumer Council</i>
Kylie Head	Stroke survivor	Office holder: On the Table Consulting – Coaching patients and families that experience stroke, rehabilitation and community reintegration Nature of Business: Sole trader business providing consulting services Position Held: Sole trader, owner.

		<p>Agreements:</p> <p>Paid role as co-chair for the New Zealand consumer panel for the New Zealand Stroke Foundation, Lived Experience Advisory Panel (LEAP).</p> <p>Other interests:</p> <ul style="list-style-type: none"> o Co-Chair of the New Zealand Stroke Foundation Consumer Panel (2024) o Member of the Whaikaha Eligibility for Disability Support Services Advisory Group (2024) o Group Chair of the New Zealand Stroke Clot Retrieval Consumer Panel (2022-2023) o Member of the Pharmacy Council Standards Working Group (2023) o Consumer Advocate for New Zealand Critical Care Service Planning (2022) o Consumer Co-design for New Zealand Stroke Rehabilitation Strategy Planning (2021) o Consumer Board Member for New Zealand Endovascular Clot Retrieval (2020) o Consumer Co-lead for Northern Region Endovascular Clot Retrieval (2015-2017) o Consumer Network Board Member for Health Navigator (Healthify) (Since 2016) o Board Member for Northern Region Stroke Network (since 2016) o Clinical Panel Member for National Stroke Network (since 2015)
Letisha Living	Stroke survivor	None declared
Priya Sharma	Stroke survivor	None declared
Nicola Browning	Carer	None declared
Tony Finneran	Stroke survivor	<p><i>Office holder:</i></p> <p><i>Member of Stroke Foundation Consumer Council</i></p>