Public consultation feedback and response Stroke Living Guidelines Updates

October 7 – November 20, 2024

Feedback from individual or group	Organisation	Topic/s	Feedback	Actions taken
9.10.24	Metro North Health, QLD Queensland Stroke Clinical Network	Cerebral venous thrombosis	I wondered if there should be specific mention of DOACs as a reasonable first-line choice for anticoagulation. The text describes many aspects of DOAC use e.g. in the research evidence summary, evidence to decision, rationale etc. But there isn't any statement to explicitly state that DOACs are an acceptable form of anticoagulation treatment e.g. "any form of anticoagulation is reasonable, including heparin, warfarin and DOACs"	A single line has been added to the rationale section
Group 21.11.24	Canberra Health Service, ACT Health & North Canberra Hospital	ICH - Surgical, Cerebral venous thrombosis, Sleep disorders, Carer support	All suggested revisions for public consultations are reasonable and appropriate. We would ask Stroke Foundation to clarify whether the use of Tenecteplase as opposed to Alteplase in non-large vessel occlusion acute ischaemic stroke should remain weak recommendation as a priority work. ICH - Surgical: Reasonable revisions. No further comments. CVT & sleep disorders: Useful revision. No further comments. Carer support: What are the thoughts of Stroke Foundation on Take Charge program? Taking Charge after Stroke: A randomized controlled trial of a person-centered, self-directed rehabilitation intervention. Int J Stroke. 2020 Dec;15(9):954-964. Pubmed Link: Taking Charge after Stroke: A randomized controlled trial of a person-centered, self-directed rehabilitation intervention - PubMed	n/a – replied with thanks. Advised on thrombolysis topic update currently undergoing and the new self-management recommendation was already updated and approved by NHMRC.