Public consultation feedback and response Stroke Living Guidelines Updates

March 18 – April 30 2021

Organisation	Topic (and Recommendation if relevant)	Feedback	Actions taken
Living stroke guidelines Consumer panel Consumer – stroke survivor	Antiplatelet therapy In patients with spontaneous (or primary) intracerebral haemorrhage who were previously prescribed antiplatelet therapy for secondary prevention of cardiovascular and/or cerebrovascular disease, restarting antiplatelet therapy after the acute phase is reasonable.	The only comment I have is in the practical info section it talks about “careful consideration of individual patient risk/benefit”. It doesn’t talk about the “risk/benefit” being explained to the patient so that the patient can also make an informed choice.	Change made to the wording "Therefore, careful consideration and discussion of risk and benefits with the patient and their family is needed."
ACT Health directorate Multidisciplinary	All	Supports drafted updates	Noted. No change required.
Sydney School of Health Sciences Physiotherapy	Standing balance	I don’t like the wording (not the content) of the new recommendation: Current: For stroke survivors who have difficulty with standing balance, standing activities that are functional and challenge balance should be provided (French et al. 2016 [193], van Duijnhoven et al. 2016 [145], Hugues et al. 2019 [148]). 1. We gave up talking about standing balance years ago – all upright activities need balance, we don’t talk about walking balance!! That’s why it was originally ‘standing’. 2. We are not meant to use the word function anymore – ICF has ruined this word and it is meaningless anyway. What the hell are functional activities? Do we usually practice non-functional activities? Proposed: For stroke survivors who have difficulty with standing, activities that challenge balance should be provided (French et al. 2016 [193], van Duijnhoven et al. 2016 [145], Hugues et al. 2019 [148]).	Changed title of section and amended wording as suggested.

Agency for Clinical Innovation Multidisciplinary	Antiplatelet therapy In patients with spontaneous (or primary) intracerebral haemorrhage who were previously prescribed antiplatelet therapy for secondary prevention of cardiovascular and/or cerebrovascular disease, restarting antiplatelet therapy after the acute phase is reasonable.	Supported	Noted. No change required.
Agency for Clinical Innovation Multidisciplinary	Standing balance For stroke survivors who have difficulty with standing balance, standing activities that are functional and challenge balance should be provided (French et al. 2016 [193], van Duijnhoven et al. 2016 [145], Hugues et al. 2019 [148]). For stroke survivors who have difficulty with standing balance, one or more of the following interventions may be used in addition to practising functional tasks: • Virtual reality training, which may include treadmill training, motion capture or force sensing devices (e.g. Wii Balance Boards) (Corbetta et al. 2015 [134]; Laver et al. 2017 [191]; Mohammadi et al. 2019 [149]) • Visual or auditory feedback e.g. force platform biofeedback (Veerbeek et al. 2014 [117]; Stanton et al. 2017 [147]) • Electromechanically assisted gait or standing training (Zheng et al. 2019 [150])	Supported	Noted. No change required.
Agency for Clinical Innovation Multidisciplinary	Activities of daily living Acupuncture is not routinely recommended to improve activities of daily living. (Yang et al. 2016 [255]) Selective serotonin reuptake inhibitors should not be used to reduce disability. (Legg et al. 2019 [249]; AFFINITY collaborators 2020 [252]; EFFECTS collaborators 2020 [251]).	Supported	Noted. No change required.

Agency for Clinical Innovation Multidisciplinary	Fatigue • Therapy for stroke survivors with fatigue should be organised for periods of the day when they are most alert. • Stroke survivors and their families/carers should be provided with information, education and strategies to assist in managing fatigue. • Potential modifying factors for fatigue should be considered, including avoiding sedating drugs and alcohol, and screening for sleep-related breathing disorders and depression. • While there is insufficient evidence to guide practice, possible interventions could include cognitive behavioural therapy (focusing on fatigue and sleep with advice on regular exercise), exercise and improving sleep hygiene.	Supported	Noted. No change required.
Agency for Clinical Innovation Multidisciplinary	Sexuality Stroke survivors and their partners should be offered: • the opportunity to discuss sexuality and intimacy with an appropriate health professional; and • written information addressing issues relating to sexual intimacy and sexual dysfunction post stroke. Any discussion or written information should address psychosocial as well as physical function.	Supported	Noted. No change required.
Australiasian College for Emergency Medicine Multidisciplinary	Antiplatelet therapy In patients with spontaneous (or primary) intracerebral haemorrhage who were previously prescribed antiplatelet therapy for secondary prevention of cardiovascular and/or cerebrovascular disease, restarting antiplatelet therapy after the acute phase is reasonable.	Feedback from individual members of the Committee was split, with some feeling that the recommendation is (as articulated) 'reasonable', and others advising that current evidence does not warrant a level of confidence that is appropriately described as 'reasonable'. Further feedback was received on the lack of temporal specificity in the phrase 'restarting antiplatelet therapy after the acute phase'. Balancing these views, ACEM would invite the Guidelines Working Group to consider the following: 1. That there is a change in wording acknowledging that current evidence can only be considered hypothesis-generating. ACEM is concerned that the 'reasonability' of the intervention is founded on a single RCT1, which was: • based on a population of 537 patients from 122 hospitals over 5	We have modified the recommendation which now ends with "...may be considered, although the optimal timing is undetermined (see practical information)." The practical information has further information related to timing

		years, an enrolment level which would suggest a susceptibility to selection bias; • an open label study potentially advantaging the intervention group; • conducted in a clinical area (stroke) of high heterogeneity; and • characterised by the authors as requiring a further definitive trial. ACEM therefore recommends that 'is reasonable' is replaced by 'may be considered' pending more conclusive evidence. 2. That more definitive wording is included in the recommendation with respect to the timing of the intervention. The term 'after the acute phase' may be interpreted as day 3-5 post intracerebral brain haemorrhage by some junior ward doctors, while the RESTART study population were enrolled at a median of 76 days following their bleed.	included noting only 4% of participants were recruited in the first week and we suggest commencing after 7 days or more.