

Clinical Guidelines for Stroke Management

Administrative report

May 2021

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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, and February 2021.

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 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, standing, activities of daily living, fatigue and sexuality) 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
Prof Nigel Stocks	General practitioner	Adelaide University, SA
A/Prof Coralie English	Physiotherapist	University of Newcastle, NSW
Dr Kate Scrivener	Physiotherapist	Macquarie University, NSW
Dr Kelly Bower	Physiotherapist	University of Melbourne, VIC
Dr Simone Dorsch	Physiotherapist	Australian Catholic University, NSW
Dr Sharon Kramer	Physiotherapist	Deakin University, VIC
Dr Heidi Janseen	Physiotherapist	Hunter Medical Research Institute, NSW
Ms Michelle Courtney-Harris	Orthoptist	University of Technology, NSW
Ms Brittni Nielsen	Occupational therapist	Caulfield Hospital, VIC
Ms Sandra Lever	Nurse	Ryde Hospital, NSW
Dr Kylie Wall	Speech pathologist	University of Queensland, QLD
A/Prof Emma Power	Speech pathologist	University of Technology, NSW
Toni Arfaras, Sally Byatt, Peter Eriksen	Consumers (Antiplatelet)	
Sue Bowden, Toni Arfaras, Jessica D'Lima	Consumers (Standing)	
Clive Kempson, Jessica D'Lima, Hannah Derwent	Consumers (Activities of daily living)	
Brenda Booth, Samantha Owen, Toni Arfaras, Sue Bowden, Karen Bayly	Consumers (Fatigue)	
Sally Byatt, Jessica D'Lima, Toni Arfaras, Sue Bowden, Helen Ebzery	Consumers (Sexuality)	

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	No intervention	Death Institutionalisation rate Secondary stroke Bleeding complications
What task-specific training improves outcomes for stroke survivors who have difficulties standing?	All people with stroke	Task specific training	No intervention	ADL Standing ability
What interventions improve ADL in patients with stroke?	All stroke patients with difficulties in personal or extended ADLs	Interventions to improve performance of daily activities	Usual care	Death and institutionalisation rate ADL Community ambulation
What interventions improve the management of fatigue in stroke survivors?	All stroke patients with fatigue	All interventions to prevent fatigue	Usual care	HRQoL ADL Fatigue Epworth sleep scale
Does access to information and support regarding sexuality issues improve outcomes for stroke survivors?	All people with stroke	Information and support about sexuality issues	No information	Improved QOL Improved sexual relationships Sexual satisfaction Sexual self esteem

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

The Guidelines have several 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 18 March to 30 April 2021. Electronic communications were also sent on 22 March 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. 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)
Pharmaceutical Benefits Advisory Committee (PBAC)
Consumer Health Forum (CHF)
Stroke Foundation consumer council
Content development group - NZ
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
Ms Brittini Nielson	Occupational therapy	Caulfield Hospital	<p><i>Office Holder:</i></p> <ul style="list-style-type: none"> • Snr Occupational therapist, Alfred health • Completing post-graduate research Master's with La Trobe Uni since Feb 2017, expected completion 15.6.21 	Sep 2020
Prof Bruce Campbell	Neurology	Royal Melbourne Hospital	None declared	Dec 2018
Prof Coralie English	Physiotherapy	University of Newcastle	None declared	Dec 2018
A/Prof Emma Power	Speech Pathology	Centre for Clinical Research Excellence	<p><i>Office holder:</i></p> <ul style="list-style-type: none"> • Research committee member of the Stroke Foundation <p><i>Other financial:</i></p> <ul style="list-style-type: none"> • Receives an honorarium on occasions to present information about best practice (aphasia rehabilitation statements) and also includes information about the stroke guidelines. Does so not on behalf of the SF, but as an academic researching best practice. <p><i>Academic /publication conflicts:</i></p> <ul style="list-style-type: none"> • Co-author on paper for sexuality topic 	Dec 2018
Dr Heidi Janssen	Physiotherapy	Hunter Medical Research Institute	None declared	Dec 2018
Dr Kate Scrivener	Physiotherapy	Macquarie University	<p><i>Office holder:</i></p> <ul style="list-style-type: none"> • Consultant physiotherapist to concentric Rehabilitation Centre. Will not pose a conflict of interest with any of her duties as a member of Stroke Foundation. 	Dec 2018
Dr Kelly Bower	Physiotherapy	University of Melbourne	None declared	Nov 2019

Dr Kylie Wall	Speech Pathology	University of Queensland	None declared	Dec 2018
Dr Lauren Sanders	Neurology	St Vincent's Hospital	None declared	Dec 2018
Ms Michelle Courtney-Harris	Orthoptics	University of Technology, Sydney	<p><i>Other financial:</i></p> <ul style="list-style-type: none"> During the validation of the vision in Stroke Screening Tool, was provided with a small amount of financial support by the Agency of Clinical Innovation (ACI) for data collection and dissemination of information at local and interstate conferences. Currently maintains links with ACI and the Orthoptic standing committee to increase the awareness for all clinicians working in the area of stroke, of the existence of the stroke screening tool and the need for visual screening of all stroke patients. 	Mar 2019
Prof Nigel Stocks	General Practice	Adelaide Uni	<p><i>Office holder:</i></p> <ol style="list-style-type: none"> Australian Medicines Handbook (AMH) – Director - Private – Independent medicines reference guide for Australian Health professionals. RACGP – SA/NT Faculty Board member and Provost 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"> Unisuper – shares held in various companies that he has no control of <p><i>Other boards:</i></p> <ol style="list-style-type: none"> Influenz scientific boards for Sanofi; Sequiris / CSL (both 2017/2018/2019) Novartis – heart failure board (2016) Astra Zeneca – Flu mist board (2015); Pegasus advisory board (2014) 	Dec 2018
Ms Sandra Lever	Nursing	Ryde Hospital	<p><i>Office holder:</i></p> <ul style="list-style-type: none"> Australasian Rehabilitation Nurses Association Inc – Committee member on Executive – professional organisation, public – voluntary 	Dec 2018

			<ul style="list-style-type: none"> • Our Lady of Consolation, Rooty Hill – Board Member, public – voluntary <p><i>Academic /publication conflicts:</i></p> <ul style="list-style-type: none"> • Co-author on paper for sexuality topic 	
Dr Sharon Kramer	Physiotherapy	Florey institute of neuroscience and mental health	<p><i>Office holder:</i></p> <ul style="list-style-type: none"> • Florey institute of neuroscience and mental health 	Oct 2019
Dr Simone Dorsch	Physiotherapy	Australian Catholic University (ACU)	<p><i>Office holder:</i></p> <ul style="list-style-type: none"> • Chairperson National Neurology Group (NSW) of the Australian Physiotherapy Association – private company. <ul style="list-style-type: none"> ○ No relationship to the guidelines/no perceived conflict of interest • 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]). <ul style="list-style-type: none"> ○ No relationship to the guidelines/no perceived conflict of interest. • 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 businesss. <ul style="list-style-type: none"> ○ No relationship to the guidelines/ no conflict of interest 	Nov 2019

Consumer Panel

Name	Description	Conflicts declared
Brenda Booth	Stroke survivor	<i>Office holder:</i> Stroke Foundation RAC – Consumer Agency for Clinical Innovation NSW Executive - Consumer
Clive Kempson	Stroke survivor	<i>Office holder:</i> Director, Secure Systems Australia Pty Ltd
Hannah Derwent	Stroke survivor	None declared
Helen Ebzery	Carer	None declared
Jessica D'Lima	Carer	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