

Clinical Guidelines for Stroke Management

Administrative report

September 2021

Table of Contents

| 1. | Background | 3 | | | |
|------|---|---|--|--|--|
| 2. | Content Development Group (CDG) | 3 | | | |
| 3. | Consumer involvement | 5 | | | |
| 4. | Managing conflicts of interest | 6 | | | |
| 5. | Systematic literature review | 6 | | | |
| 6. | Practice Statements (Consensus-based recommendations) and Practice Points | 8 | | | |
| 7. | Public consultation | 8 | | | |
| Арре | Appendix 1: Names of organisations contacted for Public consultation | | | | |
| Арре | Appendix 2: Summary of Conflict of Interest Declarations | | | | |

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, and July 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 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. The Stroke Foundation is continuing to review literature monthly while further sustainable funding is secured.

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 (prehospital care, telehealth – acute, head position, management of atrial fibrillation, arm activity, activities of daily living, memory, telehealth in rehabilitation, swelling of extremities) 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 Chris Bladin | Ambulance | Ambulance Victoria, VIC |
|---------------------------|------------------------|--|
| Prof Hugh Grantham | Ambulance | Researcher Curtin University and Flinders Medical Centre, SA |
| Mr Lachlan Parker | Ambulance | Queensland Ambulance Service, QLD |
| Mr Wayne Louden | Ambulance | Ambulance Metro North – QLD, QLD |
| Dr Amanda Patterson | Dietitian | University of Newcastle, NSW |
| Ms Lesley MacDonald-Wicks | Dietitian | University of Newcastle, NSW |
| Prof Bruce Campbell | Neurologist | Royal Melbourne Hospital and University of Melbourne, VIC |
| Prof Ken Butcher | Neurologist | Prince of Wales Clinical School and UNSW, NSW |
| Prof Thanh Phan | Neurologist | Monash Medical Centre, VIC |
| Dr Philip Choi | Neurologist | Box Hill Hospital, VIC |
| A/Prof Rene Stolwyk | Neuropsychologist | Monash University, VIC |
| Dr Dana Wong | Neuropsychologist | LaTrobe University, VIC |
| Mr Danny Kinsella | Nurse | Alfred Hospital, VIC |
| Ms Kristine Caprecho | Nurse | Calvary Hospital, ACT |
| Ms Danielle Sansonetti | Occupational therapist | ABI Rehabilitation Centre and Caulfield Hospital, VIC |
| Miss Emily Dalton | Occupational therapist | University of Melbourne, VIC |
| Dr Emma Schneider | Occupational therapist | Caulfield Hospital, VIC |
| A/Prof Kate Laver | Occupational therapist | Flinders University, SA |
| Dr Kylie Wales | Occupational therapist | School of Health Sciences and Uni of Newcastle, |
| Ms Lauren Christie | Occupational therapist | St Vincent's Hospital Sydney, NSW |

| Prof Natasha Lannin | Occupational therapist | LaTrobe University, VIC |
|--|---|---|
| Prof Coralie English | Physiotherapist | University of Newcastle, NSW |
| Dr Heidi Janseen | Physiotherapist | Hunter Medical Research Institute, NSW |
| Dr Jodie Marquez | Physiotherapist | University of Newcastle, NSW |
| Dr Kate Hayward | Physiotherapist | University of Melbourne, VIC |
| Mrs Sophie Watt | Physiotherapist | Gold Coast Hospital, QLD |
| Dr Jan Cameron | Public health and evaluation researcher | Monash University, VIC |
| Dr Annie Hill | Speech Pathology | University of Queensland, QLD |
| Dr Lyndal Hickey | Social worker | Department of Health and Human Services, VIC |
| Toni Arfaras, Clive Kempson, Kim Draper, Julie Davey | Consumers (Pre-hospital care) | |
| Toni Arfaras, Kevin English, Christine Owens, Brenda Booth, Julie Davey, Sally Byatt | Consumers (Telehealth – acute) | |
| Toni Arfaras, Peter Eriksen, Brenda Booth, Jessica D'Lima | Consumers (Management of atrial fibrillation) | |
| Toni Arfaras, Christine Owens, Sue Bowden, Tony Finneran | Consumers (Lifestyle modifications) | |
| Julie Davey, Karen Bayly, Clive Kempson | Consumers (Arm activity) | |
| Samantha Owen, Sally Byatt | Consumers (Memory) | |
| Brian Beh, Kevin English, Christine Owens, Hannah Derwent, Julie Davey, Sally Byatt, Toni Arfaras | Consumers (Telehealth in rehabilitation) | |
| Jessica D'Lima, Kevin English | Consumers (Swelling of extremities) | |

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 interventions by paramedics improve outcomes for people with acute stroke? | | • | intervention | Onset to treatment time Door to needle time Institutionlisation rate |

| Does the use of telehealth | All stroke patients | Teleinterventions | No intervention | Death |
|---|---------------------|-----------------------------|--|--|
| improve outcomes for patients | | | | |
| with acute (or suspected) stroke? | | | | Institutionlisation rate |
| SILORE | | | | LOS |
| | | | | |
| What is the optimal head | All stroke patients | Supine positioning | Sitting up | Death |
| position for patients in acute | with acute stroke | | | Disability |
| stroke management? | | | | - |
| | | | | Adverse events |
| | | | | |
| What interventions improve | All people with | 0 | No intervention | Death |
| outcomes for people with atrial fibrillation after stroke or TIA? | stroke or TIA | therapy add | | Institutionlisation rate |
| | | groups (warfarin, NOACs) | | Secondary stroke |
| | | | | - |
| | | | | Bleeding complications |
| | | | | |
| What non-pharmacological interventions reduce risk factors | All patients with | Lifestyle modification | No lifestyle modification | Death |
| for recurrent stroke? | | mounioution | modification | Disability |
| | | | | Secondary stroke |
| | | | | |
| What interventions improve | All patients with | Rehabilitation | Usual care | ADLs |
| upper limb activity in stroke | stroke with upper | renabilitation | | |
| patients who have difficulty using their upper limbs? | limb deficits | | | Arm fuction |
| | | | | Hand function |
| | | | | |
| What interventions improve | All patients with | Interventions to | Usual care | Improved memory |
| outcomes in stroke patients with memory difficulties? | memory difficulties | improve memory | | QOL |
| with memory difficulties? | | | | |
| | | | | Level of independence |
| | | | | |
| | Adults with stroke | Telerehabilitation | In-person | Communication |
| of delivery for rehabilitation interventions for people with | | | rehabilitation / usual care / no rehab | ADL |
| stroke? | | | | Arm function |
| | | | | |
| | | | | Balance |
| | | | | Mood |
| | | | | Other measures |
| | | | | related to specific intervention as per |
| | | | | other topics |
| | | | | · |

| of the limb or hands | | | · · | Interventions to improve mobility | | HRQoL ADL Reduction in swelling Improved function Girth measurements of the limb or hands |
|----------------------|--|--|-----|--------------------------------------|--|--|
|----------------------|--|--|-----|--------------------------------------|--|--|

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 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 – <u>www.strokefoundation.com.au</u>; <u>www.informme.org.au</u> and <u>www.enableme.org.au</u> from 10 June to 31 July 2021. Electronic communications were also sent on 12 June 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 |
| Dr Amanda | Dietetics | University of | None declared | Dec 2018 |
| Patterson | | Newcastle | | |
| Prof Bruce | Neurology | Royal Melbourne | None declared | Dec 2018 |
| Campbell Hospital | | | | |
| Prof Christopher | Ambulance | Ambulance Victoria | None declared | Oct 2020 |
| Bladin | | | | |
| Prof Coralie | Physiotherapy | University of | None declared | Dec 2018 |
| English | | Newcastle | | |
| Dr Dana Wong | Neuropsychology | LaTrobe University | Agreements: | Mar 2019 |
| | | | Recently awarded a Stroke Foundation seed grant, and has signed the | |
| | | | associated agreement | |
| Mr Daniel Kinsella | Nursing | Alfred Hospital | Office holder: | Dec 2018 |
| | | | Nurse educator, Alfred Hospital – Public hospital | |
| Ms Danielle Occupational ABI rehabilitation None declared | | Dec 2018 | | |
| Sansonetti | therapy | centre, Caulfield | | |
| | | Hospital | | |
| Miss Emily Dalton | Occupational | University of | None declared | Mar 2021 |
| | Therapy | Melbourne | | |
| Ms Emma Occupational Caulfield Hospital | | Caulfield Hospital | None declared | Dec 2018 |
| Schneider Therapy | | | | |
| Dr Heidi Janssen | Physiotherapy | Hunter Medical | None declared | Dec 2018 |
| | | Research Institute | | |
| Prof Hugh Ambulance Flinders University | | Flinders University | None declared | Dec 2018 |
| Grantham | | | | |
| Dr Janette (Jan) | Dr Janette (Jan) Public health and Monash University None declared | | Jul 2020 | |
| Cameron | evaluation | | | |

| Ms Jodie Marquez | Physiotherapy | Uni of Newcastle | Office holder: | Dec 2018 |
|------------------|----------------------|---|--|----------|
| Dr Kate Hayward | Physiotherapy | Dept of Physiotherapy, University of Melbourne | University of Newcastle, Public tertiary education Office holder: Executive Member Stroke Society of Australasia (2018-present) Co-Chair Emerging Stroke Clinician Scientist Special Interest Group of Society of Australasia (2017-present) Research Advisor to SMART Arm Pty Ltd Member Online Presence Committee American Society for NeuroRehabilitation Shareholdings: SMART Arm Pty Ltd - received no commercialisation funds Grants: Stroke Foundation seed, \$50k awarded 2018 and still going Heard Foundation Vanguard, \$75k, awarded 2018 and still ongoing Canadian Partnership for Stroke Recovery, \$200k CA, awarded 2019 NHMRC GNT1171890, Hayward CIF, awarded 2019 Melbourne Academic Centre for Health (MACC) \$275k, awarded 2019 Canadian Institute of Health Research: \$669 Hayward CIB, \$550 Hayward CIC | Nov 2019 |
| Dr Kate Laver | Occupational therapy | Flinders University | None declared | Dec 2018 |
| Prof Ken Butcher | Neurosciences | UNSW Sydney | Other interests: Spouse is an employee of Boehringer-Ingelheim, the manufacturer of alteplase and tenecteplase. Received speaker's/consultancy fees from Boehringer-Ingelheim, Medtronic, Bayer, Pfzier/BMS and Servier Canada. Has confirmed that the fees received were under \$10,000 per company, over the last 12 months. | Oct 2020 |

| Ms Kristine | Nursing | Calvary Hospital | None declared | Apr 2021 |
|--------------------|-----------------|---------------------|--|----------|
| Caprecho | | | | |
| Dr Kylie Wales | Occupational | University of | None declared | Sep 2020 |
| | therapy | Newcastle | | |
| Mr Lachlan Parker | Ambulance | Queensland | None declared | Dec 2018 |
| | | Ambulance Service | | |
| Ms Lauren Christie | Occupational | St Vincent's | None declared | Sep 2020 |
| | therapy | hospital, Sydney | | |
| Ms Lesley | Dietetics | Uni of Newcastle | None declared | Dec 2018 |
| McDonald-Wicks | | | | |
| Dr Lyndal Hickey | Social Work | Dept Health and | None declared | Feb 2019 |
| | | Human Services | | |
| Prof Natasha | Occupational | LaTrobe Uni | Office holder: | Dec 2018 |
| Lannin | therapy | | - 2016: Board of Directors Occupational Therapy Australia (Not | |
| | | | for Profit) – no longer an office holder | |
| Dr Philip Choi | Neurology | Box Hill Hospital | None declared | Dec 2018 |
| A/Prof Rene | Neuropsychology | Monash University | Office holder: | Mar 2019 |
| Stolwyk | | | - Monash University | |
| | | | - Echuca Regional Health | |
| Mrs Sophie Watt | Physiotherapy | Gold Coast Hospital | None declared | Mar 2021 |
| Prof Thanh Phan | Neurology | Monash Medical | None declared | Dec 2018 |
| | | Centre | | |
| Mr Wayne Louden | Ambulance | Metro North - QLD | Office holder: | Dec 2018 |
| | | | - Queensland Ambulance Service (public) | |
| | | | - Queensland University of Technology | |

Consumer Panel

| Name | Description | Conflicts declared |
|-----------------|-----------------|---|
| Brenda Booth | Stroke survivor | Office holder: |
| | | - Stroke Foundation RAC – Consumer |
| | | - Agency for Clinical Innovation NSW Executive - Consumer |
| Brian Beh | Stroke survivor | None declared |
| Christine Owens | Carer | None declared |
| Clive Kempson | Stroke survivor | Office holder: |
| | | - Director, Secure Systems Australia Pty Ltd |
| Hannah Derwent | Stroke survivor | None declared |
| Jessica D'Lima | Carer | None declared |
| Julie Davey | Stroke survivor | None declared |
| Karen Bayly | Stroke survivor | None declared |
| Kevin English | Stroke survivor | Office holder: |
| | | - Member of Stroke Foundation Consumer Council |
| Kim Draper | Stroke survivor | None declared |
| Peter Eriksen | Stroke survivor | None declared |
| Sally Byatt | Stroke survivor | None declared |
| Samantha Owen | Stroke survivor | None declared |
| Toni Arfaras | Stroke survivor | None declared |