

## Public consultation feedback and response Stroke Living Guidelines Updates

September 13 - October 21, 2022

Author	Organisation	Topic	Feedback	Actions taken
Kim Beesley (individual) Consumer 30.09.22	Australian Aphasia Association and Stroke Foundation Consumer Council	Aphasia	I have read the new recommendations for communication partner training and concur with them wholeheartedly.	Noted. No change required.
Joan Ostaszkiwicz (individual)  3.10.22	National Ageing Research Institute	Urinary incontinence  Stroke patients in hospital with confirmed continence difficulties, should have a structured continence management plan formulated, documented, implemented and monitored. (Wikander et al 1998 [202]) If incontinence persists the stroke survivor should be re-assessed and referred for specialist review once in the community. (Thomas et al 2019 [125])	Again, the best source of evidence is  Abrams P, Cardozo L, Wagg A, Wein A, editors. Incontinence. 6th ed. Bristol, UK: ICI-ICS International Continence Society; 2017. ISBN:978-0956960733  Specifically, refer to the chapter on 'Neurologic incontinence' which outlines best practice continence care for people who have had a stroke. There is also a chapter on 'Continence Promotion' which outlines models of continence care, including a model for management in acute care.	Reference added with comments added in the practical consideration section.
		Urinary incontinence  All stroke survivors with suspected urinary continence difficulties should be assessed by trained personnel using a structured functional assessment. (Martin et al 2006 [129]) For stroke survivors, a portable bladder ultrasound scan should be used to assist in diagnosis and management of urinary	The most authoritative guidelines to cite for this are as follows:  Abrams P, Cardozo L, Wagg A, Wein A, editors. Incontinence. 6th ed. Bristol, UK: ICI-ICS International Continence Society; 2017. ISBN:978-0956960733  This book has a chapter on 'Neurologic incontinence' which outlines best practice continence care for people who have had a stroke	These recommendations were not part of the public consultation process, but the following change has been made so far:  Reference added with comments added in the practical consideration section.

		<p>incontinence. (Martin et al 2006 [129])</p> <p>For stroke survivors with urge incontinence: anticholinergic drugs can be tried (Nabi et al 2006 [128]); a prompted or scheduled voiding regime program/ bladder retraining can be trialled (Thomas et al 2015 [124]; Thomas et al 2019 [125]); if continence is unachievable, containment aids can assist with social continence.</p> <p>Consensus-based recommendation For stroke survivors with functional incontinence, a whole-team approach is recommended.</p>	<p>The use of anticholinergics in people with cognitive impairment is not recommended due to high risk of adverse effects -</p> <p>The guidelines would be strengthened with information about how to cope with the psychological impacts of living with incontinence, including how to cope with stigma.</p>	<p>Noted. This will be addressed following further consultation with the working group.</p> <p>Noted. This will be addressed following further consultation with the working group.</p>
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