The updated National Clinical Guideline for Stroke for the UK and Ireland - the essential changes in a nutshell

Prof Martin James
Consultant Stroke Physician, Royal Devon & Exeter Hospital
Clinical Director, Stroke Programme, King’s College London
I have the following financial interest or relationship/s to disclose with regard to the subject matter of this presentation:

- Consulting fees: **None**
- Research contracts: **NIHR HS&DR contracts re modelling of reperfusion treatments, ambulance redirection trials, mobile stroke units**
- Clinical trial steering committee: **BHF-funded trial of early anticoagulation after ischaemic stroke**
- Other: **Trustee of the Stroke Association**
Some big changes in the evidence base...

- Acute Care
- Secondary Prevention
- Rehabilitation and Recovery

NATIONAL CLINICAL GUIDELINE FOR STROKE
for the United Kingdom and Ireland
What’s New in Acute Care?

• More people eligible for thrombolysis
  – Up to 9 hours since last seen well
  – Wake-up stroke up to 9 hours from mid-point of sleep (so typically up to 12 midday after retiring at 11PM the previous evening and waking with stroke at 7AM)
  – Selected using perfusion imaging (CT or MR mismatch)

• Alteplase and tenecteplase equivalent
What’s New in reperfusion?

• More people eligible for thrombectomy
  – Basilar artery/intracranial vertebral artery thrombosis within 12 hours of onset
  – Angiographically-confirmed
  – Significant neurological deficits; no established infarction on plain CT
What’s New in reperfusion?

• **More people eligible for thrombectomy**
  – Patients with acute anterior circulation ischaemic stroke
  – With or without exclusions from thrombolysis
  – Who were previously independent
  – With a disabling neurological deficit
  – Who can be treated within 6 hours of known onset
What’s New in reperfusion?

CT perfusion used to identify ‘potential to salvage brain tissue’
What’s New in reperfusion?

- Determining eligibility using the ‘ASPECTS’ Score
What’s New in reperfusion?

- **More people eligible for thrombectomy**
  - Patients with acute anterior circulation ischaemic stroke
  - With no previous disability
  - With a disabling neurological deficit
  - Who can be treated within 6-24 hours of known onset
What’s New in reperfusion?

- More people eligible for ‘late’ thrombectomy
  – but fewer patients do well overall

**Within 6 hours, no major infarction on CT**

Control population (n=645)
- Independent: 5.0, 7.9, 13.6, 16.4, 24.7, 13.5, 18.9
- Dependent: 30%
- Dead: 46%

Intervention population (n=633)
- Independent: 10.0, 16.9, 19.1, 16.9, 15.6, 6.2, 15.3
- Dependent: 30%

**6-24 hours, large infarction on CT**

Endovascular Therapy (N=230)
- Independent: 8.3, 17.8, 17.0, 19.6, 11.7, 21.7
- Dependent: 30%
- Medical Management (N=225)
- Independent: 8.0, 21.8, 26.7, 20.0, 20.0
- Dependent: 30%
More intensive interventions:

- **Antiplatelets in minor stroke and TIA**
  - Clopidogrel plus aspirin for 21 days OR
  - Ticagrelor plus aspirin for 30 days

- **Lower target cholesterol**
  - Non-HDL cholesterol below 2.5 mmol/L

- **Lower target BP for IS and ICH (clinic or home BP) – lower than NICE**
  - Clinic BP below 130/80
  - Home BP below 125/75
More intensive interventions:

• **Antiplatelets in minor stroke and TIA**
  – Clopidogrel plus aspirin for 21 days
  – Ticagrelor plus aspirin for 30 days

• **Lower target cholesterol**
  – Non-HDL cholesterol below 2.5 mmol/L

• **Lower target BP for IS and ICH (clinic or home BP)**
  – Lower than NICE
    – Clinic BP below 130/80
    – Home BP below 125/75

What’s New in secondary prevention?
More intensive interventions:

- Antiplatelets in minor stroke and TIA
  - Clopidogrel plus aspirin for 21 days
  - Ticagrelor plus aspirin for 30 days

- Lower target cholesterol
  - Non-HDL cholesterol below 2.5 mmol/L

- Lower target BP for IS and ICH (clinic or home BP)
  - Lower than NICE
    - Clinic BP below 130/80
    - Home BP below 125/75

What's New in secondary prevention?
More intensive interventions:

- Antiplatelets in minor stroke and TIA
  - Clopidogrel plus aspirin for 21 days
  - Ticagrelor plus aspirin for 30 days
- Lower target cholesterol
  - Non-HDL cholesterol below 2.5 mmol/L
- Lower target BP for IS and ICH (clinic or home BP)
  - Clinic BP below 130/80
  - Home BP below 125/75

What's New in secondary prevention?

Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD

INITIAL CONSIDERATIONS:
- Measure non-fasting full lipid profile (total cholesterol, HDL-C, non-HDL-C, triglycerides) and HDL-C as part of an initial baseline assessment.
- Consider secondary causes of hyperlipidaemia and manage as needed.
- Ensure appropriate baseline and follow-up tests are detailed on page 2. Measure BMI. Identify and exclude people with contraindications/intractions.
- If non-fasting triglycerides above 4.5 mmol/L, see page 2.
More intensive interventions:
• Antiplatelets in minor stroke and TIA – Clopidogrel plus aspirin for 21 days – Ticagrelor plus aspirin for 30 days
• Lower target cholesterol – Non-HDL cholesterol below 2.5 mmol/L
• Lower target BP for IS and ICH (clinic or home BP) – lower than NICE – Clinic BP below 130/80 – Home BP below 125/75

What's New in secondary prevention?
Significant advances in the evidence base for dose and intensity of rehab therapy

- **Motor recovery (walking, upper limb)**
  - Daily therapy for up to 3 hours/day
  - Daily activity for up to 6 hours/day
  - Repetitive task practice should be the primary approach

- **Language recovery**
  - Use of assisted technology and telerehabilitation
  - More than 20-50 hours of therapy in chronic phase
Significant advances in the evidence base for dose and intensity of rehab therapy

**Physiotherapy**

- **Motor recovery (walking, upper limb)**
  - Daily therapy for up to 3 hours/day
  - Daily activity for up to 6 hours/day
  - Repetitive task practice should be the primary approach

- **Language recovery**
  - Use of assisted technology and telerehabilitation
  - More than 20–50 hours of therapy in chronic phase

**What’s New in rehab and recovery?**
Significant advances in the evidence base for dose and intensity of rehab therapy

Motor recovery (walking, upper limb)
- Daily therapy for up to 3 hours/day
- Daily activity for up to 6 hours/day
- Repetitive task practice should be the primary approach

Language recovery
- Use of assisted technology and telerehabilitation
- More than 20-50 hours of therapy in chronic phase

What’s New in rehab and recovery?

Speech & Language Therapy

In hospital

Community

[Graphs showing trends and statistics]
What’s New in rehab and recovery?

Significant consensus statements on areas where randomised trial evidence is weak:

- ‘Rehabilitation potential’
- Return to work
- Post-stroke fatigue
- Life after stroke
Significant consensus statements on areas where randomised trial evidence is weak:

• Rehabilitation potential
• Return to work
• Post-stroke fatigue

What’s New in rehab and recovery?
Significant consensus statements on areas where randomised trial evidence is weak:

• ‘Rehabilitation potential’
• ‘Return to work’
• ‘Post-stroke fatigue’

What’s New in rehab and recovery?

Fatigue after stroke

Stroke Helpline: 0303 3033 100
or email: helpline@stroke.org.uk

Fatigue affects most stroke survivors, and it can have a big effect on your life. This guide looks at the causes and impact of fatigue, and suggests practical ways you can help yourself and seek support.

What is post-stroke fatigue?

Fatigue is different from normal tiredness, as it doesn’t seem to get better with rest. It can happen after any type of stroke, big or small.

You can find out how to understand the triggers for your fatigue, and how to manage it. Fatigue can get better over time, and you can help to improve your recovery by getting support and trying techniques for managing...
Online-only access at www.strokeguideline.org

National Clinical Guideline for Stroke for the UK and Ireland

The National Clinical Guideline for Stroke for the UK and Ireland provides authoritative, evidence-based practice guidance to improve the quality of care delivered to every adult who has a stroke in the United Kingdom and Ireland, regardless of age, gender, type of stroke, location, or any other feature. The guideline is intended for:

- Those providing care – nurses, doctors, allied health professionals, health and social care professionals, care staff
- Those receiving care – patients, their families, their carers
- Those commissioning, providing or sanctioning stroke services
- Anyone seeking to improve the care of people with stroke.

The guideline is an initiative of the Intercollegiate Stroke Working Party. The fifth edition of the guideline was published in 2016. The 2023 edition is a partial update of the 2016 edition and was developed in collaboration with the Scottish Intercollegiate Guidelines Network (SIGN) and the National Clinical Programme for Stroke, Ireland. The 2023 edition is endorsed by the Royal College of Physicians, SIGN and the Royal College of Physicians of Ireland.

2023 edition

View Guideline

Plain Language Summary

Resources
National Clinical Guideline for Stroke for the UK and Ireland

The National Clinical Guideline for Stroke for the UK and Ireland provides authoritative, evidence-based practice guidance to improve the quality of care delivered to every adult who has a stroke in the United Kingdom and Ireland, regardless of age, gender, type of stroke, location, or any other feature. The guideline is intended for:

- Those providing care – nurses, doctors, allied health professionals, health and social care professionals, care staff
- Those receiving care – patients, their families, their carers
- Those commissioning, providing or sanctioning stroke services
- Anyone seeking to improve the care of people with stroke.

The guideline is an initiative of the Intercollegiate Stroke Working Party. The fifth edition of the guideline was published in 2016. The 2023 edition is a partial update of the 2018 edition and was developed in collaboration with the Scottish Intercollegiate Guidelines Network (SIGN) and the National Clinical Programme for Stroke, Ireland. The 2023 edition is endorsed by the Royal College of Physicians, SIGN and the Royal College of Physicians of Ireland.
Online-only access at www.strokeguideline.org

National Clinical Guideline for Stroke for the UK and Ireland

The National Clinical Guideline for Stroke for the UK and Ireland provides authoritative, evidence-based practice guidance to improve the quality of care delivered to every adult who has a stroke in the United Kingdom and Ireland, regardless of age, gender, type of stroke, location, or any other feature. The guideline is intended for:

- Those providing care – nurses, doctors, allied health professionals, health and social care professionals, care staff
- Those receiving care – patients, their families, their carers
- Those commissioning, providing or sanctioning stroke services
- Anyone seeking to improve the care of people with stroke.

The guideline is an initiative of the Intercollegiate Stroke Working Party. The fifth edition of the guideline was published in 2018. The 2023 edition is a partial update of the 2018 edition and was developed in collaboration with the Scottish Intercollegiate Guidelines Network (SIGN) and the National Clinical Programme for Stroke, Ireland. The 2023 edition is endorsed by the Royal College of Physicians, SIGN and the Royal College of Physicians of Ireland.
National Clinical Guideline for Stroke for the UK and Ireland

The National Clinical Guideline for Stroke for the UK and Ireland provides authoritative, evidence-based practice guidance to improve the quality of care delivered to every adult who has a stroke in the United Kingdom and Ireland, regardless of age, gender, type of stroke, location, or any other feature. The guideline is intended for:

- Those providing care – nurses, doctors, allied health professionals, health and social care professionals, care staff
- Those receiving care – patients, their families, their carers
- Those commissioning, providing or sanctioning stroke services
- Anyone seeking to improve the care of people with stroke.

The guideline is an initiative of the Intercollegiate Stroke Working Party. The fifth edition of the guideline was published in 2016. The 2023 edition is a partial update of the 2018 edition and was developed in collaboration with the Scottish Intercollegiate Guidelines Network (SIGN) and the National Clinical Programme for Stroke, Ireland. The 2023 edition is endorsed by the Royal College of Physicians, SIGN and the Royal College of Physicians of Ireland.

Care after stroke or transient ischaemic attack

What, when, and why?

Plain language summary for people affected by stroke

View Guideline

Plain Language Summary

Resources
Those essential changes in a nutshell

1. Big expansion of eligible patient groups for reperfusion therapy with ‘advanced imaging’
   - Thrombolysis up to 9 hours and wake-up stroke
   - Basilar artery thrombosis up to 12 hours
   - Thrombectomy with established infarction and salvageable brain tissue up to 24 hours

2. More aggressive secondary prevention

3. More intensive rehab in hospital and at home

All available from Tues 4th April 12:00 at www.strokeguideline.org