



**PROPOSED REVIEW OF SIGN GUIDELINE
CONSULTATION FORM**

Title of guideline	SIGN 64:Management of Patients with Stroke (Rehabilitation, Prevention and Management of Complications, and Discharge Planning)
Date of publication	November 2002
SIGN scoping search – sources	<p>MeSH headings for the condition specified and any common variations as free text, plus terms for the interventions and care processes discussed in the guideline</p> <p>Sources: Guidelines: NICE; National Library for Health guidelines finder; National Guidelines Clearinghouse; GIN Web site. Technology appraisals: NICE; UK HTA database (Southampton); INAHTA database. Cochrane reviews: Cochrane Library. Other good quality systematic reviews: UK HTA database (Southampton); DARE.</p>
SIGN scoping search - summary	<p>Guidelines – 8 HTAs – 5 Cochrane reviews – 16 Other good quality systematic reviews – 8</p>
Other guidelines/HTAs	<ul style="list-style-type: none"> ▪ Royal College of Physicians. National clinical guidelines for stroke: second edition. June 2004. http://www.rcplondon.ac.uk/pubs/books/stroke/stroke_guidelines_2ed.pdf ▪ College of Occupational Therapists. Occupational therapy concise guide for stroke. November 2004. http://www.library.nhs.uk/guidelinesfinder/ViewResource.aspx?resID=125464&tabID=288 (Based on “the second edition of the NICE Clinical Guidelines for Stroke”) ▪ Royal College of Physicians. Stroke in childhood: clinical guidelines for diagnosis, management and rehabilitation. November 2004. http://www.rcplondon.ac.uk/pubs/books/childstroke/childstroke_guidelines.pdf ▪ Royal College of Physicians. Use of antidepressant medication in adults undergoing recovery and rehabilitation following acquired brain injury. February 2005. http://www.rcplondon.ac.uk/pubs/books/antidepressmed-abi/antidepressmed-abi-guidelines.pdf ▪ American Heart Association and American Stroke Association. Physical activity and exercise recommendations for stroke survivors. April 2004. http://www.guideline.gov/summary/summary.aspx?doc_id=5358&nbr=003661 ▪ NHMRC (AU) - National Health and Medical Research Council. Clinical guidelines for stroke rehabilitation and recovery (CP 105). November 2005. http://nhmrc.gov.au/publications/synopses/cp105syn.htm ▪ New Zealand Guidelines Group. Life after stroke. New Zealand guideline for management of stroke. November 2003. http://www.guideline.gov/summary/summary.aspx?doc_id=4563&nbr=003364&string=stroke ▪ Department of Defense - Federal Government Agency [U.S.], Department of Veterans Affairs - Federal Government Agency [U.S.], Veterans Health Administration - Federal Government Agency [U.S.]. VA/DoD clinical practice guideline for the management of stroke rehabilitation in the primary care setting. 2003 Feb. http://www.guideline.gov/summary/summary.aspx?doc_id=3846&nbr=003061
Main conclusions from new evidence	<ul style="list-style-type: none"> ▪ Two HTAs confirm the effectiveness of stroke units. <i>Supports existing guideline recommendation (A).</i> ▪ One HTA confirms the positive effects of early home-supported discharge; the Cochrane review on this topic has been updated. <i>Supports existing guideline recommendation (A).</i> ▪ One HTA found no evidence for the use of shoulder supports to prevent subluxation or improve or maintain shoulder function. One Cochrane review of four trials concluded there was insufficient evidence of benefit for slings, supports or strapping. <i>Guideline (4.10) mentions strapping as one of a list of “new untested developments”. There is a recommendation that HPS should be managed or prevented (C).</i> ▪ One HTA found weak, inconclusive evidence that functional electrical stimulation

	<p>(FES) improved a limited range of outcomes in the short-term. A small meta-analysis from 2002 concluded that electrical stimulation can prevent shoulder subluxation if used soon after stroke, but not if used later. A systematic review from 2002 concluded that electrical stimulation has a positive effect on motor control, but that the effect may not be clinically relevant. A Cochrane review of 24 trials found “insufficient robust data to inform clinical use of electrostimulation” in stroke rehabilitation. <i>Guideline recommends electrical stimulation (ES) should be considered for use in improving muscle force, strength and function in selected patients. ES must not be assumed to have sustained effects (B).</i></p> <ul style="list-style-type: none"> ▪ Complementary therapies: One Cochrane review and one high-quality meta-analysis found no clear evidence to support acupuncture in stroke rehabilitation. One high-quality systematic review found no evidence that Danshen improved disability after stroke. <i>Not addressed in guideline.</i> ▪ A Cochrane review of 15 trials of treadmill training with or without body weight support found no statistically significant effect. <i>Guideline recommends treadmill training in carefully selected non-ambulant patients, late after severe stroke (B).</i> ▪ A Cochrane review of force platform feedback found that the intervention improved standing balance but the effect on independence was unclear. <i>Guideline (4.24) covers EMG biofeedback only; does not recommend its routine use.</i> ▪ A systematic review of focal neuronal or neuromuscular blockade for spasticity found evidence for the effectiveness of BTX-A in reducing muscle tone and improving PROM, but not on improving functional abilities. <i>Guideline (4.2.2) notes paucity of evidence in this area and refers reader to RCP London stroke guideline.</i> ▪ A Cochrane review of 12 trials of interventions for preventing depression after stroke found no preventive effect of pharmacotherapy or psychotherapy. <i>Guideline (4.14.2) recommends against antidepressant drugs for prevention of depression; does not mention psychotherapy.</i> ▪ A Cochrane review of 9 trials of interventions for treating depression after stroke found no evidence to support the routine use of pharmacotherapy or psychotherapy to treat depression following stroke. <i>Guideline (4.14.3) recommends that patients should be offered antidepressant drug therapy to treat depression after stroke (B).</i> ▪ A Cochrane review of 5 trials of drug treatments for emotionalism after stroke found that antidepressants are beneficial but the trials had methodological deficiencies. <i>Expands on guideline recommendation (4.14.4) that “drug treatments” (none specified) may be used to treat emotionalism (B).</i> ▪ A Cochrane review of physical methods to prevent DVT in stroke found insufficient evidence to support the routine use of compression stockings or compression devices. The CLOTS trial has not yet reported. <i>Guideline recommends that compression stockings “may be justified for some high risk stroke patients” (C).</i> ▪ A Cochrane review on prevention and treatment of urinary incontinence assessed a number of interventions, including acupuncture, timed voiding, oestrogen, oxybutynin, and biofeedback. The review concluded that specialist continence care may reduce urinary incontinence after stroke, while data on other interventions are inconclusive. <i>Guideline discusses incontinence but makes no recommendations.</i> ▪ A Cochrane review of 14 trials of therapy-based rehabilitation services for stroke patients living at home found that such services appear to improve independence, but the interventions were heterogeneous. <i>Guideline recommends that stroke patients living at home within one year of stroke should be considered for specialist therapy-based rehabilitation services (A).</i> ▪ One Cochrane review (10 trials) and two systematic reviews support the effectiveness of occupational therapy generally (Cochrane) and of specific occupational therapy interventions. <i>Guideline recommends that all patients who have problems with ADL after stroke should have access to occupational therapists with expertise in neurology (D).</i>
<p>New areas that could be added to the guideline</p>	<ul style="list-style-type: none"> ▪ Complementary therapies ▪ Psychotherapy for depression
<p>Summary of the recommendations that could be updated</p>	<ul style="list-style-type: none"> ▪ Shoulder pain ▪ Gait disorders – treadmill training ▪ Biofeedback ▪ Spasticity ▪ Prevention and treatment of depression ▪ Treatment of emotionalism ▪ Prevention of DVT ▪ Prevention and treatment of urinary incontinence ▪ Therapy-based rehabilitation of patients living at home

Please answer the following questions as fully as possible:

Name, designation, organisation:	GP: 1 Neurologist: 1 Other: 2 Language therapist: 1 Dietitian: 1
1(a) Is there still a requirement for an evidence-based guideline on this topic?	
Yes = 6	
1(b) If no, should the guideline be withdrawn?	
2(a) Do you agree with the assessment of the impact of the new evidence and its likely effect on recommendations?	
<ul style="list-style-type: none"> ▪ Yes = 5 ▪ Yes, although no new evidence on the prevention of DUT ▪ Yes, in principle – but there is much more of trial news (cf below) ▪ No = 1 	
2(b) Based on the information given above, and your own clinical judgement, does the guideline require revision in the light of new evidence? Please give details.	
<ul style="list-style-type: none"> ▪ Selected elements require revision ▪ The guidelines are now about 5 years old and a revision is needed. There is much important trial evidence since 2002 e.g. on antiplatelet drugs (combination therapies), statins, anticoagulants, management of intracerebral haemorrhage, decompressive surgery for malignant middle cerebral artery infarct, blood glucose in acute phase, constraint induced therapy – to name only those that directly comes to mind, there is much more! ▪ Yes, some revision is required ▪ Would support inclusion of evidence on effectiveness of home based therapy in guideline ▪ Yes, please see systematic review: Kottink AIR, et al, Artificial Organs 28(6) 577-586 2004 – positive Orthotic effect on FES on mobility Also report on consensus conference on the othotic management of stroke patients – E. Codie (ed) p130 Seot 2003, ISBN 87-89809-14-9 both positive about FES for footdrop in stroke at all stages ▪ Home based rehab – early discharge, psychological effects of stroke 	
3 Please list any additions to the remit of the guideline that you think would be beneficial	
<ul style="list-style-type: none"> ▪ Patient version, could stroke guidelines be produced together as a package like heart disease guidelines, to aid understanding/implementation ▪ Nutrition is not really addressed in this guideline, or its role in the rehabilitation and ongoing management of stroke patients e.g. ongoing management of Enteral Feeding and Dysphagia, longer term management of co-morbidities such as Diabetes, Hypertension, raised Cholesterol, or weight management/obesity. There is often input required at the Discharge planning stage, e.g. Prescription of Oral Nutritional Supplements and Thickeners, which has been overlooked. 	
4 Please tick your preferred option for reviewing this guideline	
a. there is no new evidence that will affect existing recommendations and the guideline should not be reviewed at this time	
b. some recommendations will change in the light of the new evidence and selected elements of the guideline should be reviewed	5
c. the entire guideline should be reviewed	1
d. the guideline should be withdrawn	

Thank you very much for taking part in this consultation.

Please return to: Safia Qureshi, SIGN Executive, 28 Thistle Street, Edinburgh EH2 1EN, safia.qureshi@nhs.net