

# NYA EUROPEISKA RIKTLINJER FÖR STROKE – FORSKNINGEN BAKOM

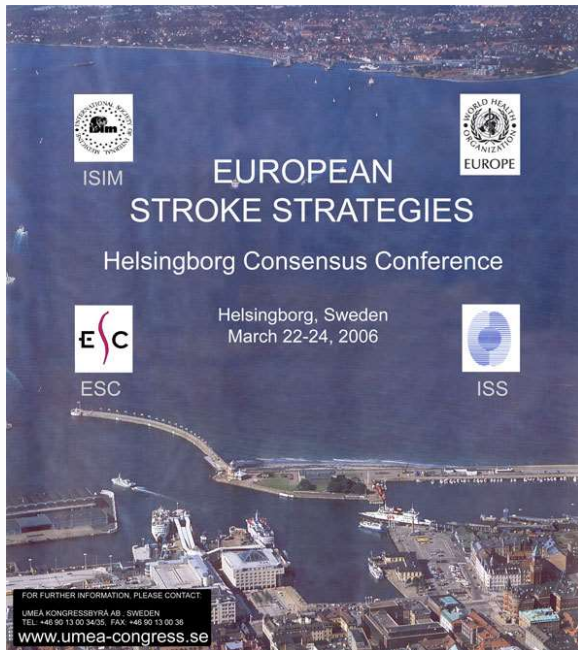


EUROPEAN STROKE  
ORGANISATION

*No* CONFLICT  
OF INTEREST



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Kjellström, Norrving, Shatchkute

The Helsingborg Declarations have been important reference documents for building up stroke services

## The 2006 Helsingborg declaration on stroke management in Europe

- Essential Principles for Good Practice Targets for 2005
- Research priorities

- I Organization of stroke services
- II Management of acute stroke
- III Prevention
- IV Rehabilitation after stroke
- V Evaluation of stroke outcome and quality assessment



## WHAT WE DO

**THE MISSION OF THE ESO IS TO REDUCE THE BURDEN OF STROKE.**

ESO aims to improve stroke care by providing medical education to healthcare professionals and the lay public.



ESO acts as the voice of stroke in Europe with the goal to harmonise stroke management and to bring

**The European Stroke Organisation (ESO) is a Paneuropean society of stroke researchers, national and regional stroke societies and lay persons' organisations that was founded in December 2007.**

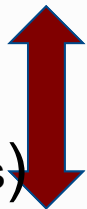
In 2015, ESO hosted its first annual conference, the European Stroke Organisation Conference (ESOC). After only 2 years, the [ESOC](#) had become the premiere event for stroke education and networking in Europe. In 2016, ESO launched the [European Stroke Journal \(ESJ\)](#) as the official scientific journal of the organisation.

In 2020 ESO was accredited as a regional [non-state actor](#) not in official relations with [WHO](#).



UN

(UN agencies)



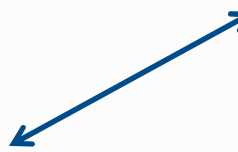
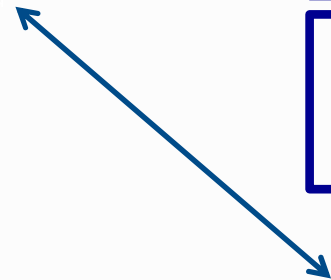
WHO



Ministries of Health

What are the roles of non-governmental organisations and academia?

Provide advice, expertize, and consultations – but not decision rights



Health profession.  
politicians, administrators

General population



Action Plan for Stroke in Europe 2018–2030

Organised by ESO, in cooperation with SAFE



## The European Stroke Action Plan 2018 to 2030 – "the 3rd Helsingborg declaration"

A basic principle:  
The Action Plan is  
**free** from involvement  
from industry

## The seven domains of the Action Plan

1. Primary Prevention (*new*)
2. Organization of Stroke Services
3. Management of Acute Stroke
4. Secondary prevention and organized follow-up
5. Rehabilitation
6. Evaluation of Stroke Outcome and Quality Assessment
7. Life after stroke (*new*)

A separate group on  
*Prioritized Research Areas for translational stroke research.*

## Proposals for new guideline topics

Suggested Topic\*

Why would this topic benefit from a guideline?\*

Name\*

E-Mail\*

### ESO publishes two types of documents

1. Full ESO Guideline Document with evidence-based recommendations and expert consensus statements (for characteristics see table below)
2. Expedited recommendation in instances where there is at least one published guideline-changing RCT

#### GUIDELINE DOCUMENT

##### Evidence-based recommendation

- Uses GRADE methodology
- Follows ESO Guideline SOP
- Provides high-quality outcome
- Offers detailed document (available online)
- Entails time-consuming process
- Is published in the ESJ

##### Expert Consensus Statement (ECS)

- Selected format if there is insufficient evidence to provide an evidence-based recommendation
- Presented in the guideline document with the result of a majority vote

#### EXPEDITED RECOMMENDATION

- Conducted in the presence of at least one published guideline-changing RCT



## GUIDELINES

- + Acute Stroke
- + Prevention and Management of Complications
- + Primary Prevention
- + Secondary Prevention
- + Rehabilitation and long-term consequences of stroke
- + ESO Standard Operating Procdures

# Conflict of Interest Disclosure Form

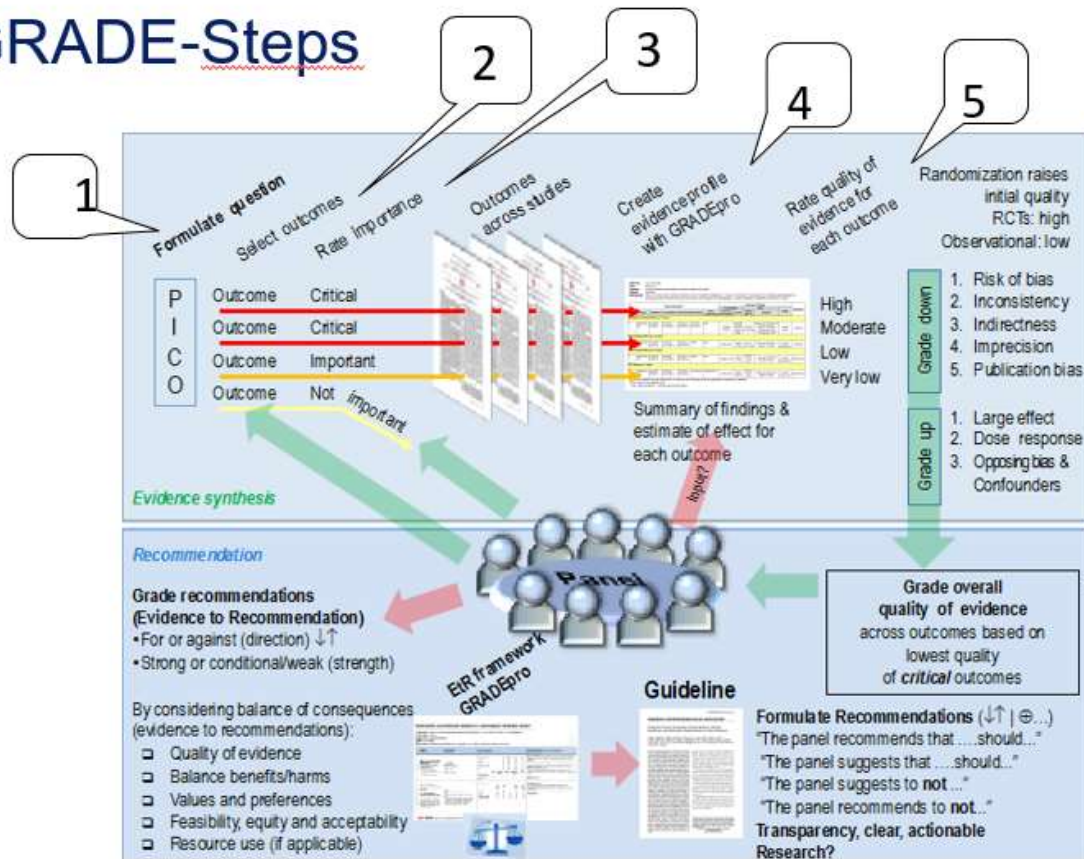
## ESO Guideline Committee

SURNAME: Stibrant Sunnerhagen

NAME: Katharina

AFFILIATION: Univ of Gothenburg

# GRADE-Steps



[https://gdt\\_grade.org/app/handbook/handbook.html](https://gdt_grade.org/app/handbook/handbook.html)

## Step 1: Ask a specific management question to be answered by a recommendation

### **PICO**

- **P**atients (population)
- **I**ntervention (therapeutic, diagnostic)
- **C**omparison (alternative intervention)
- **O**utcomes of interest (e.g. mortality, dependency)

### **Example**

- For adults with acute ICH (P), does altering blood pressure to a particular target or with a specific agent (I) compared with an alternative target or agent (C) improve outcome (O)?

## Step 5: Grade the quality of evidence for each outcome

Example: Evidence profile

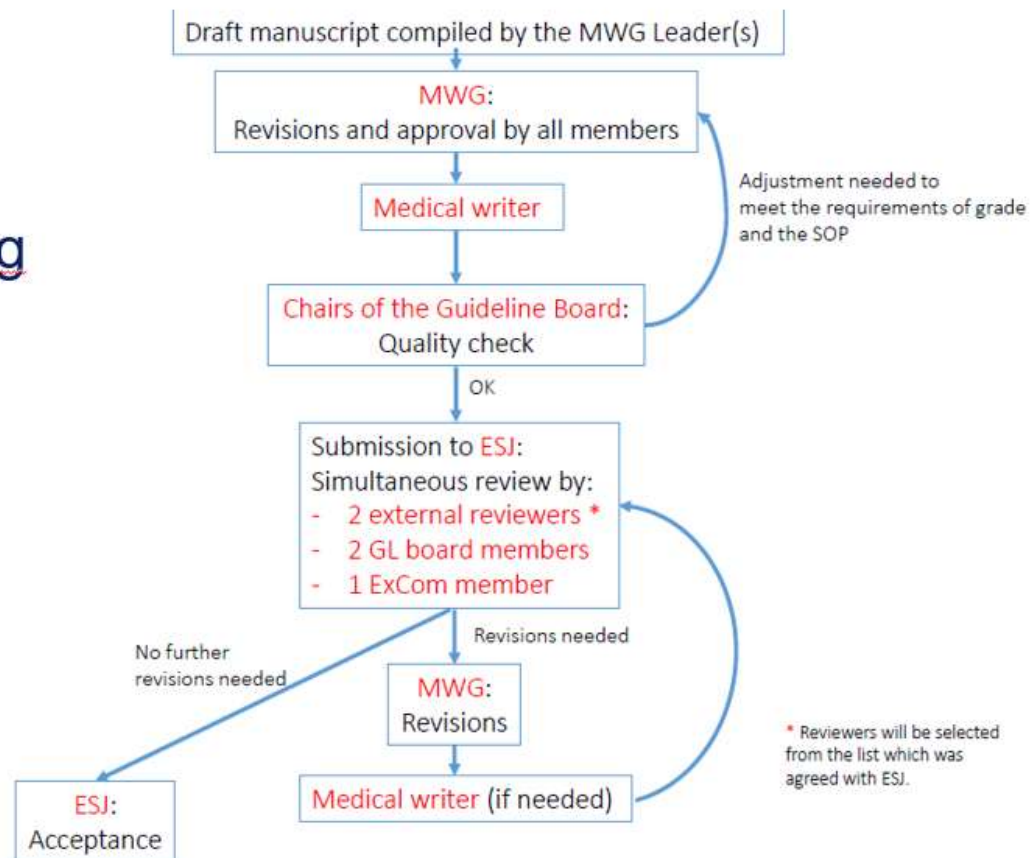
Specific software  
available: [GRADEPro.app](#)

**PICO2: In normothermic patients with acute ischaemic stroke, does prevention of hyperthermia with antipyretics compared to no prevention of hyperthermia improve functional outcome and/or survival?**

No of studies	Design	Quality assessment					No of patients		Effect		Quality	Importance
		Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	PICO2 - Prevention of hyperthermia	no treatment in normothermic patients with acute ischemic stroke	Relative (95% CI)	Absolute		
<b>Functional outcome (follow-up 1-3 months; assessed with: modified Rankin Scale)</b>												
3	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	no serious imprecision	none	450/696 (64.6%)	418/637 (65.6%)	RR 1.02 (0.94 to 1.1)	13 more per 1000 (from 39 fewer to 66 more)	<del>BBB</del> HIGH	CRITICAL
<b>Mortality (follow-up 1-3 months)</b>												
4	randomised trials	no serious risk of bias	no serious inconsistency	no serious indirectness	serious <sup>1</sup>	none	106/700 (15.1%)	104/654 (15.9%)	RR 0.96 (0.74 to 1.23)	6 fewer per 1000 (from 41 fewer to 37 more)	<del>BBB</del> MODERATE	CRITICAL

<sup>1</sup> The number of events was relatively low and there is uncertainty about which direction the effect goes.

# Reviewing Process



# European Stroke Organisation (ESO) – European Society for Minimally Invasive Neurological Therapy (ESMINT) guidelines on mechanical thrombectomy in acute ischaemic stroke



Endorsed by Stroke Alliance for Europe (SAFE)

Guillaume Turc<sup>1,2,3,4</sup>, Pervinder Bhogal<sup>5</sup>, Urs Fischer<sup>6</sup>, Pooja Khatri<sup>7</sup>, Kyriakos Lobotesis<sup>8</sup>, Mikaël Mazighi<sup>3,9,10,11</sup>, Peter D. Schellinger<sup>12</sup>, Danilo Toni<sup>13</sup>, Joost de Vries<sup>14</sup>, Philip White<sup>15</sup> and Jens Fiehler<sup>16</sup>

**PICO 9:** For adults with LVO-related acute ischaemic stroke, does selection of MT candidates based on advanced perfusion, core or collateral imaging compared with no advanced imaging: Improve identification of patients with a therapy effect of thrombectomy on functional outcome? Decrease the risk of sICH?

## Recommendations

- In adult patients with anterior circulation large vessel occlusion-related acute ischaemic stroke presenting from 0 to 6 h from time last known well, advanced imaging is not necessary for patient selection.

Quality of evidence: **Moderate** ⊕⊕⊕, Strength of recommendation: **Weak** ↓?

- In adult patients with anterior circulation large vessel occlusion-related acute ischaemic stroke presenting beyond 6 h from time last known well, advanced imaging selection is necessary.

Quality of evidence: **Moderate** ⊕⊕⊕, Strength of recommendation: **Strong** ↑↑



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