Stroke is a leading cause of death, disability, and human suffering in Poland and other European countries. In addition, the economic consequences of stroke resulting from health care-related expenses and lost productivity are considerable. The importance of stroke as a health care problem will grow in the years ahead largely because of the aging of the European population. With the advent of evidence-based medicine to influence decision making, detailed information about safe and effective measures to prevent and treat stroke is needed by health care providers. This information is based on an assessment of the results of clinical research that tests the utility of diagnostic studies and treatment modalities. Such information is provided by the guidelines for management of ischaemic stroke and transient ischemic attack 2008 that was recently authored by the European Stroke Organization.

The goal of the statement is to provide up-to-date guidance that can be used by physicians, other health care providers, health care administrators, and the public. This document meets this goal. The authors of the statement should be commended for their scholarly review of the literature and their efforts that would be relevant for patients seen throughout Europe.

The aims and contents of the recent European statement are similar to those contained in guidelines authored by professional groups in other parts of the world. The statement is as up-to-date as possible given the rapid pace of research in cerebrovascular disease. The number of references is extensive and the paper and its references are a resource for physicians. The levels of evidence and the strengths of the recommendations, which are defined in the publication, are similar to those used in other recently published guidelines. The good clinical practice (GCP) recommendation reflects a consensus of best medical practice by the members of the panel and usually means that there are limited or no clinical data available to provide a framework for the development of a recommendation. A large number of recommendations are categorized as GCP, which reflects the gaps in research on the best evaluation and treatment of patients with ischemic cerebrovascular disease.

The European panel primarily consists of a distinguished group of neurologists and stroke physicians but there appears to be limited input from a broader spectrum of health care professionals that care for persons with stroke, such as emergency medical services personnel, rehabilitation specialists, or nurses. Hopefully, the membership of future panels will be expanded include a wide representation of members that reflect the multidisciplinary management of European patients with ischemic cerebrovascular disease.

The European guideline contains numerous recommendations covering a very broad range of topics including:

1. organization of health resources including the creation of stroke centers and stroke units
2. public and professional education
3. emergency medical services
4. emergency transfer and referral
5. emergency and subsequent diagnostic studies
6. primary prevention of stroke and prevention of recurrent stroke
7. treatment of risk factors for accelerated atherosclerosis and stroke
8. antithrombotic agents to prevent stroke
9. surgical or endovascular procedures to prevent stroke
10. general emergency management of acute stroke

Correspondence to:
Harold P. Adams, Jr., MD,
Division of Cerebrovascular Diseases, Department of Neurology, Carver College of Medicine, University of Iowa, 200 Hawkins Drive, Iowa City, IA, USA, phone: 001-319-356-4110, fax: 001-319-384-7199, e-mail: harold-adams@uiowa.edu
Received: August 29, 2008.
Accepted: September 16, 2008.
Conflicts of Interest: Harold P. Adams chaired the panel that wrote the guidelines for treatment of acute ischemic stroke for the American Stroke Association/ American Heart Association. He has had numerous interactions with public and professional interest groups in stroke. He is doing or recently has performed research activities funded by the following commercial interests: NMT medical, Merck, Schering-Plough, Boehringer-Ingelheim, and Sanofi/ BMS.
Polski Archiwum Medycyny Wewnętrznej 2008; 118 (12): 686-688
Copyright by Medycyna Praktyczna, Kraków 2008
Physicians probably have no definitive data, no recommendation about the use or non-use of anticoagulants in these scenarios.

Overall, the statement is a thorough review of the current state of the art of the management of patients with ischemic cerebrovascular disease and the recommendations, which given broadly, are very reasonable. While this statement aimed at stroke care across Europe, some of the recommendations may need to be modified to meet the specific situations of individual countries and their health care systems. The lack of specifics in some of the recommendations in the guideline may be the result of the variability in stroke practices in different countries in Europe. This lack of detail is a limitation of the statement and readers may need to seek other resources to find the specifics that could be useful in their day-to-day treatment of patients.

REFERENCES


The desire to include the gamut of recommendations covering all aspects of management of patients with ischemic cerebrovascular disease has considerable merit. In this effort, the European guidelines strongly meet this aim. The recommendations are clearly written. However, because of the relatively short discussions, this statement lacks some of the specifics that are included in other statements. Many details that could be helpful for case-by-case decision making are not reviewed. As a result, physicians and other health care providers may need to seek information from other sources. For example, the section on the administration of intravenous recombinant tissue plasminogen activator (rtPA) does not list potential contraindications for use of the agent, such as a recent ischemic stroke, surgery, bleeding, or head injury. Such detail has been shown to be important because not following the detailed list of recommended indications or contraindications contained in the guidelines has been associated with a high rate of adverse experiences following the use of rtPA. Physicians probably would welcome recommendations about the selection of antihypertensive agents that could be administered in an emergency setting. While there is a reason for not including such recommendations because of the lack of available data, many physicians likely would appreciate some guidance as to potential indications for treatment and choices of medications. Hopefully, future versions of the European guidelines would include some specific details related to the indications for specific interventions including thrombolytic therapy, antihypertensive medications, etc.

In general, the statement provides important recommendations, including those based on consensus or usual practice that will be useful for physicians across Europe. However, there are other areas in the statement that may be controversial or unclear. For example, the panel recommends that oral anticoagulants should not be given to patients with non-cardioembolic stroke except for some other specific indications, such as aortic atheromas, fusiform aneurysms of the basilar artery, or cervical artery dissection. By its wording, this statement, in effect, becomes a recommendation (GCP, Class IV) to use anticoagulants in those situations. Unfortunately, there are no data to support the use of oral anticoagulants in these situations and some physicians would recommend antiplatelet agents. In addition, this recommendation may hamper support for ongoing or planned trials testing antiplatelet agents and anticoagulants for these indications. Maybe the conclusion could have stated that because there are no definitive data, no recommendation about the use or non-use of anticoagulants in these scenarios.

REFERENCES


