

30 November 2016

Ms Leah Wright
National Coordinator Guidelines
Stroke Foundation
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Melbourne VIC 3000

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Dear Ms Wright,

The Royal Australian College of General Practitioners (RACGP) thanks the Stroke Foundation for the opportunity to provide comment on the Draft clinical guidelines for stroke management 2017.

The RACGP acknowledge the incorporation of GRADE evidence and recommendations into the draft guidelines. The GRADE system is clear to follow and set aspirational evidence-based investigation and treatment targets. The RACGP provides the following areas for improvement:

Pre-hospital care

Pre-hospital care guidelines could be clearer by describing 'hours-since-event' rather than 're-perfusion time limits'. This would make the information for decision making easier to understand.

Early assessment and diagnosis

Strong Recommendation: All patients with suspected transient ischaemic attack (TIA i.e. focal neurological symptoms due to focal ischaemia that have fully resolved) should be assessed urgently.

It is common for patients to present to GPs several hours or days after onset of suspected TIA. It would be helpful to have information that qualifies the level of urgency of investigations in this setting. For instance, it would be helpful for GPs to have the guideline describe 'urgent' intervention in terms of the actions that are required to be taken and in what timeframe.

For example, the 'Key info' describe 'rapid access TIA management' and the 'Rationale' describe 'investigation completed within 1-2 business days'. This information does not specifically state what needs to be done and in what timeframe.

Strong Recommendation: All TIA patients with anterior circulation symptoms should undergo urgent carotid imaging with CT angiography (aortic arch to cerebralvertex), carotid Doppler ultrasound or MR angiography. Carotid imaging should preferably be done during the initial assessment but should not be delayed more than 2 working days.

Performing 'urgent' carotid studies within 2 business days is interpreted to mean 'as soon as possible'. However, what would be a measured response if a patient presentation is delayed? Does


the term 'urgent' entail arranging immediate transport by ambulance? Does 'urgent' MRI or CT scan (on hospital arrival) suggest a time range of 'within 60 minutes'? This additional information would be helpful for GPs.

General feedback

Whilst the draft guidelines present the evidence, there is little guidance to support patient-centred decision making. For example, explanations about the risks and benefits of anticoagulation therapy support would be of great benefit to general practitioners who manage a patients' long-term care.

A further observation was made that general practice appears to be under-represented on the guideline working groups.

Yours sincerely



Dr Bastian Seidel
President