

Priorities in stroke prevention, diagnosis, pre-hospital and hospital care



The priorities are areas of evidence uncertainty in stroke policy and practice established by the James Lind Alliance Stroke Priority Setting Partnership.

This means there are no up-to-date, reliable reviews of research evidence to guide treatment and care, or that up-to-date reviews show that uncertainty exists (James Lind Alliance, 2021). The priorities must guide research investment to address the issues that matter most to people affected by stroke.

1. What are the best interventions to stop stroke happening for the first time (i.e. primary prevention)?
2. How can the public, paramedics and other health care professionals recognise and respond to stroke or TIA better and more quickly?
3. What are the benefits and risks of acute treatments for intracerebral haemorrhage (e.g. surgery and medications)?
4. What are the benefits and risks of new therapies for stroke (e.g. stem cell therapy) and those that work to protect the brain from damage (i.e. neuroprotection)?
5. What is the risk of recurrent stroke, how does this risk change over time, and what can stroke survivors do to reduce the likelihood of having another stroke (i.e. secondary prevention)?
6. How can the proportion of patients with ischaemic stroke who get clot retrieval (thrombectomy) be increased either by using new ways to identify more patients that are eligible, or by increasing the number of specialist healthcare professionals who can carry out thrombectomy?
7. What are the processes that cause delayed changes in brain function (neurological deficit) after subarachnoid haemorrhage caused by an aneurysm?
8. How can complications of stroke be reduced (e.g. pneumonia)?
9. What are the risks and benefits of using blood-thinning treatments (antiplatelet and anticoagulants) to stop stroke happening after TIA or haemorrhagic or ischaemic stroke? Is personalised decision-making possible for the timing and types of antiplatelet and anticoagulant therapy used?
10. Do patients' other health conditions, and characteristics such as age, ethnicity and frailty, affect stroke symptoms, outcomes, interventions and care pathways?
11. How do regional and other differences in access to stroke care affect outcomes for stroke survivors and their families?
12. What effect does diet have on short and long-term outcomes for stroke survivors?
13. What is the best timing and amount of early mobilisation for stroke survivors?
14. What is the best body positioning for patients with stroke in the first hours after stroke?

The full report can be found at stroke.org.uk/psp.

All submitted questions will be available at jla.nihr.ac.uk/priority-setting-partnerships/Stroke/.