Cochrane Stroke Group 10 Years On
Progress to Date and Future Challenges
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The Cochrane Collaboration\textsuperscript{1} is an international organization that aims to help people make well-informed decisions about health care by preparing, maintaining, and ensuring the accessibility of systematic reviews of the effects of health care interventions. In the early 1990s, there was clearly a need for systematic reviews in stroke,\textsuperscript{2} and so the Cochrane Stroke Group\textsuperscript{3} was set up and registered with the Cochrane Collaboration on August 1, 1993.

**Aims**

The goals of the Cochrane Stroke Group are as follows:

1. Identify all randomized controlled trials and controlled clinical trials of interventions for the secondary prevention of stroke, the acute treatment and rehabilitation of stroke patients (including those with subarachnoid hemorrhage), and the organization of stroke services. To keep these reports in a Specialized Register of Trials and to ensure that it is a comprehensive and up-to-date database of reports of planned, ongoing, and completed stroke trials.

2. Produce high-quality Cochrane reviews for publication in the Cochrane Database of Systematic Reviews, available on the Cochrane Library,\textsuperscript{4} an electronic publication available on CD-ROM or online.

3. Ensure that published reviews are updated as new evidence becomes available.

**Methods**

Protocols for reviews are prepared according to strict methodological guidelines and must be accepted for publication before work on the review can begin. Protocols and completed reviews are subject to extensive and rigorous peer review before publication (full details of Cochrane methods and Stroke Group specific methods are available in the Cochrane Handbook and the Stroke Group’s Module, respectively, in the Cochrane Library).\textsuperscript{4}

**Progress Thus Far**

**Specialized Register of Trials**

To find relevant trials we have searched 20 general and specialist bibliographic databases and have hand-searched 50 specialist journals and numerous conference proceedings in 6 languages. Forty-six translators from 15 countries working in 17 languages have extracted study details from 453 non-English-language trial reports. The Specialized Register currently contains more than 6750 references to more than 3005 clinical trials. (Bibliographic details of the published trials from the Specialized Register are publicly available in the Cochrane Central Register of Controlled Trials on the Cochrane Library, and can be extracted using the search term SR-STROKE.)

**Reviews Published**

Members of the Cochrane Stroke Group (more than 220 individuals based in 21 countries) have contributed to the preparation of the 68 published reviews (titles are listed in the Table). The abstracts of the completed reviews are available free at the Group’s Web site (http://www.dcn.ed.ac.uk/csrgr/cliblist.asp). Readers are encouraged to comment on published Cochrane reviews. (When reading a full-text review on the Cochrane Library, simply click on the Send a comment about this review link which appears in the document.) The portfolio of reviews prepared by members of the Group is now reasonably comprehensive, covering many of the major topics in stroke treatment, rehabilitation, and secondary prevention. There are, however, significant gaps, and new questions worthy of systematic reviews arise all the time.

**Incorporation Into Stroke Guidelines**

Information from the Cochrane Stroke Group’s systematic reviews and Specialized Register of Trials has been used to inform clinical guideline and research policy documents in the United States, Europe, and Asia. The most recent UK National Stroke Guideline states: “In each hospital, the neurologist or physician with special responsibility for stroke should review the Cochrane Library regularly.”\textsuperscript{5}

**Challenges for the Future**

The main challenges for the future are (1) to provide more comprehensive coverage of the field; (2) to improve the quality of its published reviews (being up-to-date is a major aspect of review quality); and (3) to increase access to the Cochrane Library for health care workers and the public, especially in the developing world. (Access is already free to all in certain developed and low-income countries.)

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Titles of the 68 Published Cochrane Stroke Group Reviews Available in Issue 2, 2003, of the Cochrane Library*

Management of acute ischemic stroke

Anticoagulants for Acute Ischaemic Stroke
Anticoagulants Versus Antiplatelet Agents for Acute Ischaemic Stroke
Anticoagulation for Cerebral Sinus Thrombosis
Antiplatelet Therapy for Acute Ischaemic Stroke
Antithrombotic Drugs for Carotid Artery Dissection
Calcium Antagonists for Acute Ischaemic Stroke
Cooling Therapy for Acute Stroke†
Corticosteroids for Acute Ischaemic Stroke
Fibrinogen Depleting Agents for Acute Ischaemic Stroke
Gangliosides for Acute Ischaemic Stroke
Glycerol for Acute Stroke†
Haemodilution for Acute Ischaemic Stroke
Interventions for Deliberately Altering Blood Pressure in Acute Stroke†
Interventions for Dysphagia in Acute Stroke
Low-Molecular-Weight Heparins or Heparinoids Versus Standard Unfractionated Heparin for Acute Ischaemic Stroke
Lubeluzole for Acute Ischaemic Stroke
Mannitol for Acute Stroke†
Nitric Oxide Donors (Nitrates), L-arginine, or Nitric Oxide Synthase Inhibitors for Acute Stroke†
Physical Methods for Preventing Deep Vein Thrombosis in Stroke†
Pentoxifylline, Propentofylline and Pентиллфиллине for Acute Ischaemic Stroke
Piracetam for Acute Ischaemic Stroke
Prostacyclin and Analogues for Acute Ischaemic Stroke
Surgical Decompression for Cerebral Oedema in Acute Ischaemic Stroke
Theophylline, Aminophylline, Caffeine and Analogues for Acute Ischaemic Stroke
Thrombolysis (Different Doses, Routes of Administration, and Agents) for Acute Ischaemic Stroke
Thrombolysis for Acute Ischaemic Stroke
Tirilazad for Acute Ischaemic Stroke
Vasoactive Drugs for Acute Stroke
Vinpocetine for Acute Ischaemic Stroke

Management of subarachnoid or intracranial haemorrhage

Antifibrinolytic Therapy for Aneurysmal Subarachnoid Haemorrhage
Calcium Antagonists for Aneurysmal Subarachnoid Haemorrhage
Circulatory Volume Expansion for Aneurysmal Subarachnoid Hemorrhage
Fibrinolytic Therapy for Intraventricular Hemorrhage in Adults
Surgery for Primary Supratentorial Intracerebral Haemorrhage
Timing of Surgery for Aneurysmal Subarachnoid Haemorrhage

Medical therapies for prevention of stroke

Anticoagulants for Preventing Recurrence Following Presumed Non-cardioembolic Ischaemic Stroke or Transient Ischaemic Attack
Anticoagulants for Preventing Stroke in Patients With Nonrheumatic Atrial Fibrillation and a History of Stroke or Transient Ischaemic Attacks
Anticoagulants Versus Antiplatelet Therapy for Preventing Stroke in Patients With Nonrheumatic Atrial Fibrillation and a History of Stroke or Transient Ischaemic Attacks
Antiplatelet Therapy for Preventing Stroke in Patients With Nonrheumatic Atrial Fibrillation and a History of Stroke or Transient Ischaemic Attacks
Antiplatelet Therapy for Preventing Stroke in Patients With Non-valvular Atrial Fibrillation and no Previous History of Stroke or Transient Ischaemic Attacks
Dipyridamole for Preventing Stroke and Other Vascular Events in Patients With Vascular Disease
Interventions in the Management of Serum Lipids for Preventing Stroke Recurrence
Oral Anticoagulants for Preventing Stroke in Patients With Non-valvular Atrial Fibrillation and No Previous History of Stroke or Transient Ischemic Attacks
Oral Anticoagulants Versus Antiplatelet Therapy for Preventing Further Vascular Events After Transient Ischemic Attack or Minor Stroke of Presumed Arterial Origin
Thienopyridine Derivatives (Ticlopidine, Clopidogrel) Versus Aspirin for Preventing Stroke and Other Serious Vascular Events in High Vascular Risk Patients
Vascular surgery and interventional radiology
- Carotid Endarterectomy for Asymptomatic Carotid Stenosis
- Carotid Endarterectomy for Symptomatic Carotid Stenosis
- Eversion Versus Conventional Carotid Endarterectomy for Preventing Stroke
- Local Versus General Anaesthesia for Carotid Endarterectomy
- Patch Angioplasty Versus Primary Closure for Carotid Endarterectomy
- Patches of Different Types for Carotid Patch Angioplasty
- Percutaneous Transluminal Angioplasty and Stenting for Carotid Artery Stenosis
- Percutaneous Transluminal Angioplasty and Stenting for Vertebral Artery Stenosis
- Routine or Selective Carotid Artery Shunting for Carotid Endarterectomy (and Different Methods of Monitoring in Selective Shunting)

Rehabilitation after stroke
- Cognitive Rehabilitation for Attention Deficits Following Stroke
- Cognitive Rehabilitation for Memory Deficits Following Stroke
- Cognitive Rehabilitation for Spatial Neglect Following Stroke
- Electrical Stimulation for Preventing and Treating Post-stroke Shoulder Pain
- Physiotherapy Treatment Approaches for the Recovery of Postural Control and Lower Limb Function Following Stroke
- Pharmacological Treatment for Aphasia Following Stroke
- Speech and Language Therapy for Aphasia Following Stroke
- Speech and Language Therapy for Dysarthria due to Non-progressive Brain Damage

Organization of stroke services
- Information Provision for Stroke Patients and Their Caregivers
- In-hospital Care Pathways for Stroke
- Organised Inpatient (Stroke Unit) Care for Stroke
- Services for Helping Acute Stroke Patients Avoid Hospital Admission
- Services for Reducing Duration of Hospital Care for Acute Stroke Patients
- Therapy Based Rehabilitation Services for Stroke Patients at Home

*An additional 52 reviews are under development.
†This review covers the use of the intervention in both acute ischemic and acute hemorrhagic stroke.

References

Key Words: databases ■ randomized controlled trials ■ systematic review
The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://stroke.ahajournals.org/content/34/10/2537