The New Standing Guideline Committee Policy of the American Stroke Association Stroke Council

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See related article in the February issue of *Stroke*: 577–617.

Evidence-based practice guidelines encapsulate the most current knowledge about best practices, improve the delivery of care, and support the introduction of new knowledge into clinical practice.1 The development of stroke-related practice guidelines is a core mission of the Stroke Council of the American Heart Association/American Stroke Association.

Over the last 3 years, the Stroke Council performed a systematic review of procedures for practice guideline development, a review initiated by Stroke Council Chair Robert Adams, MD and strongly supported by his successors, Marc Mayberg, MD and Larry B. Goldstein, MD. This review confirmed that Council guidelines possess the great preponderance of qualities deemed essential or desirable in guidelines, as identified by the Institute of Medicine, the Conference on Guideline Standardization, and other authorities.1–4

The review identified as a deficiency the timeliness of Stroke Council guidelines. The accelerated pace of research and therapeutic advance in stroke had begun to outpace the Council’s ad hoc system for guideline development and update, which relied on convening of new writing panels when there was a general perception among the Council Leadership Committee that a particular guideline was needed or no longer current.

In response to this finding, the Stroke Council developed and implemented a new system to ensure that key Stroke Council practice guidelines are always up-to-date. The Council created the multispecialty Stroke Scientific Statements Oversight Committee (SOC), with Jeffrey Saver, MD as initial Chair, to oversee the commissioning of individual guideline-writing committees, approve the membership of committees, refine the general Stroke guideline methodology, and provide additional support as may be needed. This Committee commissioned Standing Scientific/Writing Committees in six key areas of stroke care: (1) Primary Prevention of Stroke, (2) Secondary Prevention after Stroke, (3) Acute Ischemic Stroke, (4) Intracerebral Hemorrhage, (5) Subarachnoid Hemorrhage, and (6) Stroke Rehabilitation. Each of these Standing Committees is to produce a full, comprehen-

sive guideline document every 3 years. In addition, the Standing Committees will issue interim, targeted updates when warranted by the publication of new trials or studies that have particularly substantial import for best clinical practices. In each triennial cycle, a portion of the membership of each Standing Committee will be rotated, to ensure fresh perspectives and energies. Similarly, in each cycle, each Standing Committee will have a new Chair, chosen from past members, with the immediate past Chair serving as a Committee member to optimize continuity.

This new system debuted in the last issue of *Stroke*, with the publication of the updated Guidelines on Secondary Prevention after Stroke.5 Similarly, updated versions of all of the 6 core guidelines will be appearing over the course of the next 18 months.

In addition to the 6 flagship, continually updated guidelines, the Stroke Council, via SOC, will continue to commission one-time Writing Committees to develop Guidelines and Scientific Statements on evolving areas of stroke science and practice that fall outside of the core domains. In the future, SOC will evaluate whether to expand the number of Standing Scientific/Writing Committees and continuously maintained guideline documents to additional topic areas.

We hope the launch of the new Stroke Council Guideline process will further promote evidence-based care of stroke patients, both nationally and internationally. The Stroke Council Leadership Committee welcomes suggestions and comments from users of our guidelines regarding how best to continue to optimize guideline development processes.

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References


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