

Media Release

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ESOC 2018 closes with novel research and guidelines to improve stroke care worldwide

The final day of the 4th annual European Stroke Organisation Conference (ESOC) featured new research which identified how to improve stroke care worldwide – from simple measures in low to middle income countries, through to refinement of advanced techniques for acute and preventative stroke treatments.

- **Interstroke:** Demonstrated large ongoing discrepancies in the availability of stroke units in low- and middle-income countries, and the significantly improved functional outcomes that are achieved where stroke units are accessible.
- **Gore-REDUCE:** Showed that closure of a patent foramen ovale (PFO) prevents recurrent, potentially disabling stroke.
- **Phast-Trac:** Showed that electrical stimulation of the throat muscles in patients with a tracheostomy after stroke improved the rate at which patients were ready for early removal of the tracheostomy and shortened the length of hospital stay.
- **ESO guidelines:** Provided new Europe-wide recommendations on the optimal management of acute stroke by mechanical thrombectomy, secondary prevention of stroke, treatment of unruptured aneurysms and reversal of novel anticoagulants to support physicians in the face of the recent revolution in stroke treatment options.

INTERSTROKE: Practice patterns and outcomes after stroke across countries at different economic levels

The Interstroke study reported the pattern and effects of variations in clinical practice and access to services of 12,342 patients from 108 hospitals in 28 countries between 2007 and 2015 across a range of low-, middle- and high-income countries.

Patients in low-income and middle-income countries more frequently had severe strokes and had poorer access to clinical services. However, in all countries, access to a stroke unit and use of antiplatelet medications was associated with better access to high quality clinical care and improved survival without major disability.

The Interstroke study demonstrates that there remains a large variation in the quality of stroke care across the world, but that opportunities exist to improve clinical outcomes through the implementation of changes to the mode of delivery of stroke care.

This paper is published in the Lancet today:

[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(18\)30802-X.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(18)30802-X.pdf)

Gore-REDUCE: Recurrent ischaemic strokes after closure of a patent foramen ovale

The Gore-REDUCE study, originally presented at ESOC 2017, demonstrated a significant reduction in all recurrent strokes in 664 patients randomised to closure of a patent foramen ovale (PFO) versus best medical treatment within 180 days of a cryptogenic stroke.

The results of the detailed assessment of recurrent ischaemic events were reported today. The majority of recurrent strokes were still cryptogenic in both the treatment arm and control patients, with a similar reduction in recurrent cryptogenic stroke rate in the treatment arm compared to best medical management. Importantly, there was a significant reduction in potentially disabling recurrent strokes in the closure arm compared to the best medical management arm (0 vs 4 strokes, $p=0.004$).

The Gore-REDUCE study demonstrates that not only does closure of a PFO in selected patients with cryptogenic ischaemic stroke reduce all recurrent strokes, but that there is a significant reduction in potentially disabling recurrent strokes.

PHAST-TRAC: Pharyngeal electrical stimulation for early decannulation in tracheostomised stroke patients

In this study, 69 patients with a tracheostomy after stroke and persisting dysphagia were randomised to receive three days of electrical stimulation to the pharynx compared to a sham procedure. The trial was stopped early for efficacy as more patients undergoing electrical stimulation were ready for early removal of the tracheostomy tube (48.6%) than patients in the control arm (8.8%), $p=0.0008$. Treatment responders were discharged significantly earlier than non-responders.

This study shows that for the relatively few patients requiring a tracheostomy after stroke, pharyngeal electrical stimulation shortened the time until removal of their tracheostomy.

ESO releases guidelines to guide our management of all phases of stroke care in Europe.

In the clinical guidelines session today, ESO released the principal guidelines covering stroke care in Europe:

- Optimal treatment to prevent recurrent stroke.
- Which treatments should be used to reverse anticoagulation in patients developing an intracerebral haemorrhage.
- Mechanical thrombectomy should be made available to all appropriate patients presenting within 6 hours, regardless of age or stroke severity, and may be considered after longer delays with appropriate imaging.
- Optimal management for unruptured intracranial aneurysms.

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For more information or to schedule interviews, please contact a member of the team:

Dr Alastair Webb (alastair.webb@ndcn.ox.ac.uk)

Dr Mira Katan (Mira.Katan@usz.ch)

Lynnette van Heerden (LvH.ESOC2018@gmail.com)