Clinical guidelines for aphasia following stroke: Are they sufficient?

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Background

- Clinical practice guidelines (CPGs) can improve patient outcomes¹,² however guidelines are not all of the same quality³.
- What is the quality of CPGs for stroke care and how comprehensive are CPG aphasia recommendations?

Method

- Systematic search for stroke and aphasia CPGs which were evaluated using AGREE II and ADAPTE instruments.

Results

AGREE II Nineteen guidelines were evaluated using AGREE II.

Guideline Evaluation Instruments

AGREE II

Assesses quality of guideline development. Guidelines scoring above 66.67% underwent ADAPTE evaluation.

ADAPTE Collaboration

Assesses search & selection of evidence, scientific validity and acceptability/applicability of recommendations.

Clinical Practice Guidelines

- Search & Selection of Evidence
  - Search comprehensive? Yes
  - Bias in evidence selection avoided? Yes
- Scientific Validity
  - Evidence valid? Yes
  - Coherence between evidence & recommendations? Yes
  - Scientific quality of recommendation has no risk of bias? Yes
- Acceptability/Applicability
  - Recommendations acceptable? Yes
  - Recommendations applicable? Yes

Australian/New Zealand GPG (2010) provided 10 aphasia recommendations & achieved highest quality scores in AGREE II (74% and 81% respectively) and ADAPTE (7 ‘yes’ scores).

RCSLT (2005) had 37 aphasia recommendations but lower scores in AGREE II (64%) and ADAPTE (3 ‘yes’).

SIGN 108 (2008) achieved 73% in AGREE II and 6 ‘yes’ in ADAPTE but had no aphasia recommendations.

Discussion

Significant variability was evident in:
- methodological rigour of guideline development
- scope of aphasia recommendations.

Conclusion

Improvement is needed in quality of guideline development and aphasia specific recommendations within stroke CPGs.

International collaboration could improve aphasia specific stroke management strategies.

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References