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Comparison of recommendations from Clinical Practice Guidelines (CPG) for stroke management

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Background: Primary Care (PC) is an important part of the health system where many health issues are solved. However, few evidence-based CPG exist focused specifically on this care level. There is an increasing number of stroke protocols with recommendations adopted directly from CPG of specialised care to PC. These protocols do not consider the importance of contextualisation.

Purpose: To compare recommendations from our CPG for stroke management in PC with those from others CPG.

Methods: Recommendations from 16 CPG for stroke were reviewed. These recommendations have been compared with those from the CPG for stroke management in PC. Diagnosis, acute management and recognition and monitoring of complications were compared. For each CPG, recommendations were assessed by two independent reviewers, under the following criteria: content, resources and knowledge needed and strength of recommendations.

Results: Recommendations of our PC-CPG obtained a lower strength compared to other CPG's. Concerning diagnosis, our CPG had a clinical approach compared to imaging tests proposed in the other CPG. With regard to acute management, we agreed on stroke units and additional oxygen administration, although the recommendation on antiaggregation differs. Management of blood pressure and glucaemia are similar, as much in content as in the strength of recommendations. Finally, our CPG focused on the recognition and monitoring of the complications whereas the other CPG did it on non-applicable treatments in PC.

Discussion: Our CPG included the process of contextualisation of available evidence, so that it is useful for implementation in PC. The principal reason of lower strength of our recommendations is due to the process of adaptation for PC and to the lack of studies in this context. Direct translation from specialised CPG to PC it is not suitable in terms of applicability.