

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Stroke rehabilitation in over 16s (update)

This guideline will update the NICE guideline on stroke rehabilitation in adults (CG162).

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline will also be used to update the [NICE quality standard for stroke in adults](#).

#### **1 Why the update is needed**

The NICE guideline on stroke rehabilitation in adults was published in 2013. Since then there have been changes in NICE methods and in the organisation and delivery of stroke services. At the same time, the evidence base has expanded to include more systematic reviews, randomised controlled trials and observational studies. The surveillance process has identified new evidence that could affect recommendations.

Topic experts, including those who helped to develop the 2013 guideline, advised NICE on whether areas should be updated or new areas added. Full details are set out in the [surveillance review decision](#). However, the surveillance review was published in March 2019 and more evidence is likely to have become available since then.

#### **Why the guideline is needed**

Stroke is a major healthcare problem. It can have a devastating impact on the lives of people and their carers. Morbidity from stroke is the single largest cause of complex impairments and limitations on activity. Mood disturbance,

cognitive impairment and fatigue are particular issues that exacerbate other problems and impede overall recovery.

Although stroke is one of the biggest causes of death in the UK, most people survive a first stroke. Thanks to improvements in organised stroke care and new acute treatments, the overall survival rate from first stroke has improved over the past 10 years. This has led to increases in the number of people in the community who need comprehensive post-stroke care and rehabilitation.

### **Current practice**

Modern stroke care starts immediately after the onset of stroke symptoms. Most acute care is delivered within stroke units as part of organised stroke services. Post-acute care can be delivered in secondary or primary care, often by teams working across organisational boundaries.

Within such services, specialist multidisciplinary teams of appropriately skilled professionals work together to deliver goal-directed rehabilitation with the aim of maximising function, minimising pain and distress, and enabling people who have had a stroke to function in their usual settings.

## **2 Who the guideline is for**

This guideline is for:

- health and social care practitioners
- commissioners and providers of stroke rehabilitation services
- people using stroke rehabilitation services, their families and carers.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

### **Equality considerations**

NICE has carried out an [equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed

- explains why any groups are excluded from the scope.

### **3 What the updated guideline will cover**

#### **3.1 Who is the focus?**

##### **Groups that will be covered**

The guideline will cover people aged 16 and over who have had a stroke and who have continuing impairment or limitations on their activities.

No specific subgroups of people have been identified as needing specific consideration.

##### **Groups that will not be covered**

The guideline will not cover people who have had a transient ischaemic attack.

#### **3.2 Settings**

##### **Settings that will be covered**

The guideline will cover primary, secondary, tertiary and community care settings.

#### **3.3 Activities, services or aspects of care**

##### **Key areas that will be covered in this update**

We will look at evidence in the areas below when developing this update. We will consider making new recommendations or updating existing recommendations in these areas only. We may also restructure the guideline to better reflect current models of care.

- 1 Organising health and social care for people needing rehabilitation after stroke, including medicines management.
- 2 Assessment.
  - Fatigue.
  - Vision.

- Hearing.
- 3 Planning and delivering stroke rehabilitation.
- Supported self-care management.
  - Intensity and frequency of stroke rehabilitation, including 7-day services.
  - Telerehabilitation.
  - Early supported discharge services.
  - Long-term rehabilitation.
- 4 Specific aspects of care.
- Oral feeding.
  - Oral hygiene.
  - Aphasia.
  - Walking therapy (group training).
  - Electromechanical and robot-assisted arm training.
  - Music therapy.
  - Pain, especially shoulder pain.
  - Spasticity (including baclofen, botulinum toxin, transcutaneous electrical nerve stimulation and acupuncture).
  - Mirror therapy.

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

### **Proposed outline for the guideline**

Tables 1 to 3 below outline all the areas that will be included in the guideline. They set out what NICE plans to do for each area in this update.

It is anticipated that the guideline may need to be restructured to more clearly follow the flow of inpatient rehabilitation, discharge from hospital, and community rehabilitation in different settings and for different groups of people.

## Plans for each area in the current and updated guideline

**Table 1 Organising health and social care**

| Area of care in the current and updated guideline | What NICE plans to do  |
|---|--|
| Stroke units                                      | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members   |
| Core multidisciplinary stroke team                | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members   |
| Health and social care interface                  | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members   |
| Transfer of care from hospital to community       | Review evidence: update existing recommendations as needed   |
| Medicines management                              | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members. Relevant cross-references to other guidelines may be added |

**Table 2 Planning and delivering stroke rehabilitation, including screening and assessment**

| <b>Area of care in the current and updated guideline</b> | <b>What NICE plans to do</b>   |
|--|--|
| Screening and assessment                                 | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Setting goals for rehabilitation                         | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Planning rehabilitation                                  | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Intensity of stroke rehabilitation                       | Review evidence: update existing recommendations as needed   |
| Self-care and supported self-care management             | Review evidence: new area in the guideline   |
| Duration of stroke rehabilitation                        | Review evidence: new area in the guideline   |
| Providing support and information                        | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Fatigue  | Review evidence: new area in the guideline   |
| Vision   | Review evidence: update existing recommendations as needed   |
| Hearing  | Review evidence: update existing recommendations as needed   |
| Telerehabilitation                                       | Review evidence: new area in the guideline   |

**Table 3 Addressing specific problems**

| <b>Area of care in the current and updated guideline</b> | <b>What NICE plans to do</b>   |
|--|--|
| Visual and hemisensory inattention                       | No new evidence review: retain and refresh recommendations from existing guideline (on visual neglect) using the expertise and experience of the committee members |

| <b>Area of care in the current and updated guideline</b>       | <b>What NICE plans to do</b>   |
|--|--|
| Cognitive function including attention and memory              | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Emotional functioning  | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Oral feeding   | Review evidence: update existing recommendations as needed   |
| Mouth care   | Review evidence: new area in the guideline   |
| Communication  | Review evidence: update existing recommendations as needed   |
| Strength and fitness training                                  | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Orthoses for the upper limb and the ankle-foot                 | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Electrical stimulation: upper limb                             | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Constraint-induced movement therapy                            | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Shoulder pain  | Review evidence: update existing recommendations as needed   |
| Repetitive task training                                       | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Walking therapy: treadmill with or without body weight support | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Walking therapy: group training                                | Review evidence: new area in the guideline   |
| Electromechanical and robot-assisted arm training              | Review evidence: update existing recommendations as needed   |
| Music therapy  | Review evidence: new area in the guideline   |

| Area of care in the current and updated guideline  | What NICE plans to do  |
|--|--|
| Electrical stimulation: lower limb   | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Vocational rehabilitation  | No new evidence review: retain and refresh recommendations from existing guideline using the expertise and experience of the committee members |
| Spasticity: baclofen, botulinum toxin, transcutaneous electrical nerve stimulation and acupuncture | Review evidence: new area in the guideline   |
| Mirror therapy   | Review evidence: new area in the guideline   |
| Long-term health and social support  | Review evidence. Update existing recommendations as needed.  |

Recommendations in areas that are being retained from the existing guideline may be edited to ensure that they meet current editorial standards, and reflect the current policy and practice context.

## Related NICE guidance

### Published

- [Workplace health: long-term sickness absence and capability to work. NICE guideline NG146](#)
- [Stroke and transient ischaemic attack in over 16s: diagnosis and initial management. NICE guideline NG128](#)
- [Decision making and mental capacity. NICE guideline NG108](#)
- [Hearing loss in adults: assessment and management. NICE guideline NG98](#)
- [Transition between inpatient hospital settings and community or care home settings for adults with social care needs. NICE guideline NG27](#)
- [Neuropathic pain in adults: pharmacological management in non-specialist settings. NICE guideline CG173](#)
- [Spasticity in under 19s: management. NICE guideline CG145](#)
- [Urinary incontinence in neurological disease: assessment and management. NICE guideline CG148](#)



- [Common mental health problems: identification and pathways to care. NICE guideline CG123](#)
- [Depression in adults: recognition and management. NICE guideline CG90](#)
- [Faecal incontinence in adults: management. NICE guideline CG49](#)
- [Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition. NICE guideline CG32](#)

### **In development**

- [Chronic pain: assessment and management. NICE guideline](#). Publication date to be confirmed.
- [Advocacy services for adults with health and social care needs. NICE guideline](#). Publication date to be confirmed.

### **NICE guidance that will be updated by this guideline**

- [Stroke rehabilitation in adults. NICE guideline CG162](#)

### **NICE guidance about the experience of people using NHS and adult social care services**

NICE has produced the following guidance on the experience of people using NHS and adult social care services. This guideline will not include additional recommendations on these topics unless there are specific issues related to stroke rehabilitation:

- [People's experience in adult social care services: improving the experience and support for people using adult social care services. NICE guideline NG86](#)
- [Medicines optimisation. NICE guideline NG5](#)
- [Patient experience in adult NHS services. NICE guideline CG138](#)
- [Service user experience in adult mental health. NICE guideline CG136](#)
- [Medicines adherence. NICE guideline CG76](#)

## **3.4 Economic aspects**

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key

area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using an NHS and personal social services (PSS) perspective.

### **3.5 Key issues and draft questions**

While writing the scope for this updated guideline, we have identified the following key issues and draft questions related to them:

- 1 Organising health and social care for people needing rehabilitation after stroke, including medicines management
  - 1.1 In people after stroke what is the clinical and cost effectiveness of early supported discharge compared with usual care?
- 2 Assessment
  - 2.1 In people after stroke, what is the optimal tool for assessment of fatigue?
  - 2.2 In people after stroke, what are the indications for assessment by specialist orthoptist services?
  - 2.3 In people after stroke, what is the optimal tool for assessment of hearing?
- 3 Planning and delivering stroke rehabilitation
  - 3.1 In people after stroke, what is the clinical and cost effectiveness of more intensive rehabilitation compared with standard rehabilitation?
  - 3.2 In people after stroke, what is the clinical and cost effectiveness of self-care management and/or supported self-care management compared with usual rehabilitation?
  - 3.3 In people after stroke, what is the clinical and cost effectiveness of telerehabilitation compared with standard rehabilitation and as an adjunct to standard rehabilitation?
  - 3.4 In people after stroke, what is the clinical and cost effectiveness of community participation interventions compared with no intervention?
- 4 Specific aspects of care

- 4.1 In people after stroke, what is the clinical and cost effectiveness of interventions for oral feeding compared with alternative interventions or usual care to reduce difficulties with oral feeding?
- 4.2 In people after stroke, what is the optimal tool for the assessment of oral hygiene?
- 4.3 In people after stroke, what is the clinical and cost effectiveness of interventions to improve oral hygiene?
- 4.4 In people after stroke with aphasia what is the clinical and cost-effectiveness of more intensive speech therapy compared with standard speech therapy, no speech therapy and placebo?
- 4.5 In people with aphasia after stroke, what is the clinical and cost effectiveness of computer-based tools to augment speech and language therapy?
- 4.6 In people after stroke, what is the clinical and cost effectiveness of group training to improve walking?
- 4.7 In people after stroke, what is the clinical and cost effectiveness of robot-assisted arm training to improve function and reduce disability?
- 4.8 In people after stroke, what is the clinical and cost effectiveness of music therapy to improve mood and activities of daily living?
- 4.9 In people with shoulder pain after stroke, what is the clinical and cost effectiveness of transcutaneous electrical nerve stimulation, acupuncture, functional electrical stimulation and intra-articular steroid injection to reduce pain?
- 4.10 In people after stroke, what is the clinical and cost effectiveness of interventions (oral baclofen, intrathecal baclofen, botulinum toxin, acupuncture and transcutaneous electrical nerve stimulation) to reduce spasticity?
- 4.11 In people after stroke, what is the clinical and cost effectiveness of mirror therapy to improve motor function, visuospatial function and activities of daily living?

### **3.6 Main outcomes**

The main outcomes that may be considered when searching for and assessing the evidence are:

- physical function or impairment
- communication (ability to communicate)
- activities of daily living
- health-related quality of life
- patient-reported outcome measures.

## 4 NICE quality standards and NICE Pathways

### 4.1 NICE quality standards

**NICE quality standards that may need to be revised or updated when this guideline is published**

- [Stroke in adults. NICE quality standard 2](#)

### 4.2 NICE Pathways

When this guideline is published, we will update the existing [NICE Pathway on stroke](#). NICE Pathways bring together everything NICE has said on a topic in an interactive flowchart.

## 5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in December 2022.

You can follow the [progress of the guideline](#).

Our website has information about [how NICE guidelines are developed](#).

© NICE 2021. Subject to [Notice of rights](#).