

EUROPEAN GUIDELINE:

European Stroke Organisation (ESO) and European Academy Neurology (EAN) Joint Guidelines on Post Stroke Cognitive Impairment

THE OPTIMAL MANAGEMENT of post stroke cognitive impairment remains controversial. These joint European Stroke Organisation (ESO) and European Academy of Neurology (EAN) guidelines provide evidence-based recommendations to assist clinicians in decision making around prevention, diagnosis, treatment, and prognosis. The guidelines also highlight fundamental areas where robust evidence is currently lacking.

For the full guidelines, visit: <https://doi.org/10.1111/ene.15068>



People with History of Stroke

Informative Statement

Recommendation

Monitored lifestyle-based interventions (exercise, dietary change, alcohol moderation, weight loss, smoking cessation), alone or in combination

We are uncertain about whether monitored lifestyle-based interventions prevents future cognitive decline or dementia compared to usual care

No recommendation

Monitored intensive management of vascular risk factors

We are uncertain about whether monitored intensive management of vascular risk factors prevents future cognitive decline or dementia compared to usual care

No recommendation

Monitored multicomponent interventions (lifestyle and pharmacological)

We are uncertain about whether multicomponent interventions prevent future post-stroke cognitive decline or dementia.

No recommendation

Cognitive training

We are uncertain about the benefits and limitations of cognitive training for the prevention of cognitive decline and dementia.

No recommendation

People with History of Stroke	Informative Statement	Recommendation
Stopping pharmacological management of vascular risk factors (de-prescribing)	We are uncertain about the outcomes of continuing treatment with antihypertensive or statin medications compared to withdrawal of these medications for cognitive or quality of life outcomes.	No recommendation
Multi-item prognostic tools	We are uncertain over the benefits and limitations of using multi-item prognostic tools to predict cognitive outcome following stroke.	No recommendation
Structural features on acute brain CT imaging	We are uncertain regarding the value of acute CT-brain imaging findings for predicting cognitive outcomes more than one year after stroke.	No recommendation
Structural features on acute brain MR imaging	We are uncertain regarding the value of acute MRI brain imaging findings, other than white matter hyperintensities, to predict cognitive outcomes more than one year after stroke	Weak for intervention / no recommendation

People with Stroke	Informative Statement	Recommendation
Routine use of cognitive screening	We are uncertain on the outcomes of routine cognitive screening to improve stroke care.	No recommendation
Montreal Cognitive Assessment (MoCA)	We suggest in post-acute stroke settings, screening of cognition using the MoCA be considered, it should not be a substitute for comprehensive clinical assessment.	Weak for intervention
Folstein's Mini-Mental State Examination (MMSE)	We suggest in post-acute stroke settings, screening of cognition using the MMSE be considered, it should not be a substitute for comprehensive clinical assessment.	Weak for intervention

People with Stroke	Informative Statement	Recommendation
Addenbrooke's Cognitive Examination (ACE)	We suggest in post-acute stroke settings, screening of cognition using the ACE be considered, it should not be a substitute for comprehensive clinical assessment.	Weak for intervention
Oxford Cognitive Screen (OCS)	We are uncertain on the accuracy of OCS for contemporaneous diagnosis of dementia in stroke settings.	No recommendation
Remote assessment	We suggest in post-acute stroke settings, phone-based screening of cognition can be considered, it should not be a substitute for comprehensive clinical assessment.	Weak for intervention

People with Post-Stroke Cognitive Impairments	Informative Statement	Recommendation
Cholinesterase inhibitors	We are uncertain about the outcomes of cholinesterase inhibitors for cognition, behavioural and psychological symptoms, activities of daily living and caregiver burden.	No recommendation
Memantine	We are uncertain about the outcomes of memantine for cognition, behavioural and psychological symptoms, activities of daily living and caregiver burden.	No recommendation
Actovegin or Cerebrolysin	We are uncertain about the benefits and risks of actovegin and cerebrolysin.	No recommendation
Cognitive rehabilitation (cognitive skill training or compensation strategies)	We are uncertain about the benefits and limitations associated with these interventions for stroke survivors.	No recommendation