EUROPEAN GUIDELINE:

Pharmacological Support in Early Motor Rehabilitation after Acute Ischemic Stroke

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STROKE **remains one of the most important causes of death and disability worldwide, leading to debilitating neurological deficits such as walking disability, the need for permanent care (in about one quarter of survivors), and other motor or sensory deficits which interfere with daily activities, even in mild cases.**

Early pharmacological support for post-stroke neurorehabilitation has seen an abundance of mixed results from clinical trials, leaving practitioners at a loss regarding the best options to improve patient outcomes. The objective of this evidence-based guideline is to support the clinical decision making of healthcare professionals to improve outcomes after acute ischemic stroke.

Recommended for clinical use:

- ✓ Cerebrolysin (30ml/day, intravenous, minimum 10 days) - weak recommendation
- ✓ Citalopram (20mg/day, oral) - weak recommendation

Recommended against clinical use:

- ✘ Amphetamine - weak recommendation
- ✘ Citalopram (10mg/day, oral) - weak recommendation
- ✘ Dextroamphetamine - weak recommendation
- ✘ Di-Huang-Yi-Zhi - weak recommendation
- ✘ Fluoxetine - weak recommendation
- ✘ Lithium - weak recommendation
- ✘ MLC601 - weak recommendation
- ✘ Phosphodiesterase-5 Inhibitor PF-03049423 - weak recommendation

Read the full guideline in the European Journal of Neurology: https://doi.org/10.1111/ene.14936
This guideline was developed using the GRADE framework.

1. Bernhardt J, Hayward KS, Kwakkel G, *et al.* Agreed definitions and a shared vision for new standards in stroke recovery research: The Stroke Recovery and Rehabilitation Roundtable taskforce. *Int J Stroke.* 2017;12(5):444–450. doi:10.1177/1747493017711816.
2. Dobkin BH. Clinical practice. Rehabilitation after stroke. *N Engl J Med.* 2005;352(16):1677–1684. doi:10.1056/NEJMcp043511.
3. Gorelick PB. The global burden of stroke: persistent and disabling. *The Lancet Neurology.* 2019;18(5):417–418. doi:10.1016/S1474-4422(19)30030-4.

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