



On behalf of Patrice Lindsay RN, PhD, Director Health Systems Change, Heart & Stroke, we are pleased to share the following announcement:

New release from the Canadian Stroke Best Practice Recommendations for Management of Spontaneous Intracerebral Hemorrhage 2020 seventh edition

An important module has been released by the Heart & Stroke Canadian Stroke Best Practice Recommendations (CSBPR) **for Management of Spontaneous Intracerebral Hemorrhage (ICH) module**. A separate module on ICH is a new addition for the seventh edition of the CSBPR.

The writing group chairs were Dr. Ashkan Shoamanesh and Dr. Laura C. Gioia and the module was developed in collaboration with the Canadian Hemorrhagic Stroke Trials Initiative Network (CoHESIVE) and the Canadian Stroke Consortium. Input was also provided by people who have experienced a stroke and their family members and caregivers.

Dr. Gioia explains that “spontaneous intracerebral hemorrhage, a subtype of stroke, remains an important cause of morbidity and mortality, with mortality as high as 40% of all stroke events in Canada. The development of the CSBPR for the management of ICH harmonizes best practices across Canada regarding the acute management and secondary stroke prevention in ICH survivors with the intent to improve patient care, clinical, and patient-focused outcomes.”

With the growing evidence on ICH, a separate module focused on this topic across the continuum is warranted. Previously ICH recommendations were included in the CSBPR Acute Stroke Management module, and were limited to initial emergent management in the first 12 hours. This new module enables health professionals to have one evidence-based source for ICH urgent treatment and ongoing management. Assessment and diagnosis for emergency management of ICH, inpatient care, rehabilitation and secondary prevention are addressed. Recommendations for care that are unique to ICH and differ from ischemic stroke and transient ischemic attack are also included.

Dr Shoamanesh describes the significance of this new module: “Intracerebral hemorrhage and the ensuing brain injury from ICH result from underlying mechanisms that are distinct from those of ischemic stroke. In addition, ICH survivors have different recovery trajectories and require targeted stroke prevention strategies. A stand-alone module for the management of spontaneous ICH is an essential step in standardizing and improving the clinical care of ICH patients in Canada, and identifying unmet needs that should be prioritized for future clinical research and quality improvement projects.”

Highlights and new additions for 2020

- This module contains updates to and expansion of previously existing recommendations on acute management of ICH in the emergency department (Section 1).
- Additional recommendations for secondary prevention of stroke relative to people with ICH are included in section two, including issues related to antithrombotic use and statin therapy.

- Section three highlights the unique considerations for rehabilitation, including appreciation that people experiencing ICH may have longer recovery trajectories and rehabilitation needs should be regularly reassessed.
- For initial prehospital management of a stroke patient, prior to confirmed diagnosis of ICH, the CSBPR Acute Stroke Management module, sections one to four, apply and should be followed up until a diagnosis of ICH is confirmed, then these recommendations become the applicable module for emergent and ongoing management.

The CSBPR for **Management of Spontaneous Intracerebral Hemorrhage module** has been published in the [International Journal of Stroke](#) and is part of the seventh edition of the Heart & Stroke Canadian Stroke Best Practice Recommendations.

All supporting materials for the **Management of Spontaneous Intracerebral Hemorrhage module**, including rationale, system implications, performance measures and knowledge translation resources are available at www.strokebestpractices.ca.

CoHESIVE (www.phri.ca/cohesive/) is a Canada-centric international multidisciplinary network of over 50 investigators devoted to preventing ICH and bettering the lives of ICH survivors through collaborative research, education and patient advocacy.