

German and American expert groups formulate concrete demands for the future of stroke treatment

Germany/US: Current stroke guidelines have been questioned by a rising number of cardiologists and neurologists around the world. The outcome of four randomized trials (RESPECT long-term data, REDUCE, CLOSE and DEFENSE), published mid-2017 and 2018 has led to a discussion among physicians how to treat a Persistend Foramen Ovale (PFO) and its related medical treatment. According to MedpageTODAY, July 27, 2018, the outcomes have led to formulating recommendations for the US:

- Strong recommendation for closure plus antiplatelet therapy versus antiplatelet therapy alone
- Weak recommendation for closure plus antiplatelet therapy versus anticoagulants
- Weak recommendation for anticoagulants versus antiplatelet therapy, when closure is contraindicated, unacceptable, or unavailable

The British Medical Journal published a case-dependent overview to help medical professionals to understand the new recommendations (<https://www.bmj.com/content/362/bmj.k2515>).

Three German Societies (German Society of Neurology, German Society of Cardiology and German Stroke Society, DGN, DGK, DSG) formulated five Recommendations for the German Guidelines by June 13, 2018:

Recommendation 1:

Patients between 16 and 60 years old with a (neurologically and cardiologically-diagnosed) cryptogenic stroke and PFO with at least moderate right-to-left-shunt, should undergo an interventional PFO closure.

Recommendation: A, Evidence Level: I

Recommendation 2:

In patients with a cryptogenic ischemic insult and PFO, who refuse PFO occlusion, the superiority of anticoagulation vs. antiplatelet therapy is not proven. A secondary prevention therapy based on ASS and Clopidogrel should be initiated.

Recommendation: B, Evidence Level: II

Recommendation 3:

After interventional PFO closure, a dual antiplatelet therapy with 100 mg ASS **PLUS** 75 mg Clopidogrel for 1-3 months, followed by a monotherapy with ASS 100 mg **OR** Clopidogrel 75 mg for 12-24 months is recommended. In patients with additional manifestation of atherosclerosis, a continuous antiplatelet therapy is recommended.

Recommendation: B, Evidence Level: IIb

Recommendation 4:

Atrial Fibrillation, pericardial tamponade and lung emboli are described complications of transcatheter PFO closure, but their probability is low and they do not affect the decision for an occluder implant.

Recommendation: A, Evidence Level: Ia

Recommendation 5:

Disc-Occluders showed superiority in terms of safety and efficacy versus non-circular occluders.

Recommendation A, Evidence Level: Ia

Source: German Society of Cardiology, DGK

<https://www.kardiologie.org/praevention---rehabilitation/neue-leitlinie-empfiehl-interventionellen-pfo-verschluss-bei-kr/16040324>