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# II MIĘDZYNARODOWY KONGRES CENTRAL AND EASTERN EUROPEAN STROKE SOCIETY
## Warszawa, 3-5 kwietnia 2008

## ORAL PRESENTATIONS – ABSTRACTS

Peter Sandercock

### *Clinical trials in Stroke – Where next?*

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The evidence that has emerged from clinical trials (and systematic reviews of trials) since the 1950's has completely revolutionised stroke care. There is now quite a long list of evidence-based treatments, and these include: for all patients with acute stroke, admission to a comprehensive care stroke unit; for patients with acute ischaemic stroke aspirin (for most) and intravenous thrombolysis (for highly selected patients). In secondary stroke prevention, blood pressure reduction, cholesterol reduction for most patients and oral vitamin K antagonists for patients with ischaemic stroke and AF, and for patients without AF, antiplatelet agents., and the list goes on…

However, many questions remain unanswered, for example: can thromboytics be given to wider range of patients; How should blood pressure be managed in the acute phase of stroke? What is the best strategy for preventing venous thromboembolism after stroke? What are the effective components in multidisciplinary stroke rehabilitation? (and there are many, many more questions…). Let us hope that the current trials in stroke will answer at least some of these questions over the next few years.

There will always be a place for large-scale clinical trials to provide really reliable evidence about what works and what does not. It is surprising how large trials need to be to detect moderate, but worthwhile clinical benefits. It is also certain that international collaboration in clinical trials must continue and expand. Widespread collaboration in randomised trials is the bedrock of successful recruitment.

However, the regulatory burden is making the conduct of clinical trials more difficult and more expensive. We will need new approaches that not only minimise bureaucracy but also simplify and streamline the scientific design of trials to make sure that trials continue to be feasible, affordable and yet produce answers that are reliable enough to bring about change in clinical practice in stroke care.

Markku Kaste

### *Well-organized stroke care is best for the patient and for the society*

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The magnitude of stroke burden will increase as the population ages. One of three people will suffer stroke, become demented, or both. Stroke occurs acutely and requires time-sensitive and well-organized services. In order to face this challenge all those involved – patients, their families, doctors, nurses, hospitals, governmental agencies and insurance companies – bear the responsibility for improving stroke care. Well-organized and streamlined, multidisciplinary approach