



GUEST EDITORIAL

Stroke Care 2.0: updating and moving beyond hyperacute stroke care

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In an era of constant significant changes in stroke therapy, where medical treatments continue to be optimized and multiple large randomised controlled clinical trials support mechanical thrombectomy, we also must focus on patients best medical and social care once they are discharged from the stroke unit. We believe continuity of care impacts health outcomes in this patient population. Inpatient and outpatient care should be part of the same integrated stroke care pathway, with contributions from Neurologists, Internists, Primary Care Physicians, Physical Medicine and Rehabilitation, Public Health Physicians, Nurses, Physical and Speech Therapists, Neuropsychologists, Social Service professionals, etc. Our goal is to foster this view of integrated stroke care. Thus, in our annual course, we bring together those healthcare professionals so we can align our views and contribute to a consistently high level of quality in stroke care. In this process, rehabilitation assumes a prominent role. We feel it should begin as soon as possible and that treatment plans should be

regularly reviewed, lest we lose the health gains brought by the acute therapies.

In this issue, we focus on primary and secondary prevention of stroke, namely new antiplatelet drugs, anticoagulation after stroke and novel data regarding intracranial atherosclerosis. We also highlight the importance of an organized stroke care infrastructure to achieve better results. An update on endovascular treatment will be followed by interesting interventions approaching several themes, such as intracerebral haemorrhage and special populations. The relevance of an early rehabilitation will be put in the spotlight. Its role in spasticity, the importance of music therapy in language disorders and the several tools available during the period of hospitalization, including dysphagia screening and treatment, will deserve special consideration.

Last, but certainly not least, we would like to give a warm welcome to the presence, for the first time, of patient associations in this course. It is definitely a further step in the right direction for truly providing a continuum of care.

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