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International Perspectives on Head of Bed Position for Intracerebral Hemorrhage in the Post-HeadPoST Era

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Background

HeadPoST a negative multi-site clinical trial that examined 3 month outcomes in stroke patients positioned either with their head up (30-degrees or higher) or down (0-degrees)

HeadPoST enrolled 932 ICH patients and concluded that HOB positioning provided no difference in 3 month outcomes

Prior to HeadPoST, an international survey of 128 clinicians showed equipoise for best head of bed (HOB) position in acute stroke

We aimed to determine whether HOB equipoise remains for ICH following HeadPoST

Methods

- A 5-question international survey was constructed to examine interdisciplinary clinicians' beliefs/practices associated with ICH HOB position (Likert scale: 1=strongly agree, 2=agree, 3=unsure, 4=disagree, 5=strongly disagree).
- Surveys were distributed by email and on stroke-specific listservs targeting physicians, advanced practice providers (APPs), and nurses worldwide.

Results

181 responses

- 13 countries/4 continents (79% North America; 11% Europe; 7% Australia; 3% Asia).

Results

- Respondent characteristics:
  - 37% nurses
  - 33% APPs
  - 30% physicians
  - overall 8.6+8(median 7) years stroke experience
  - median 100 (IQR 37.5-200) ICH admissions/year.

Results

- Respondents disagreed (4; IQR:3-4) that HeadPoST provided definitive evidence for ICH HOB practices
- Respondents agreed (2; IQR:2-3) with the statement "medical orders at my hospital call for ICH HOB 30-degrees"
  - no differences by nurse/physician profession
- Policy/procedures for ICH HOB 30-degrees existed at 54% of hospitals

Results

- Respondents were unsure (3; IQR:2-3) whether 30-degree HOB alone could influence ICH 6-month outcome
- Regarding endpoints
  - 82% believed proximal clinical stability was the most appropriate future trial endpoint
  - 14% believed longitudinal measures were suitable
  - 4% felt both proximal/longitudinal measures were important endpoints

Conclusions

- Experienced interdisciplinary clinicians remain unconvinced that HOB positioning is irrelevant in ICH patients.
- Future trials should focus on proximal clinical stability using serial neurological assessments as the way to ascertain the impact of HOB positioning