

## EXECUTIVE COMMITTEE FORUM



**Dr M V Padma Srivastava**  
ISA Executive Committee

Stroke is one of the top killers in our country and a common cause of disability in India and is fast reaching epidemic proportions. We need to do something, and something fast, to curtail this burgeoning menace. Disseminating information and furthering know-

ledge of clinicians across the country, the students and allied specialties about stroke and other cerebrovascular disorders is certainly the need of the hour. The past few decades have envisioned path-breaking discoveries, which have revolutionized our concepts of stroke pathogenesis, pathology, treatment, rehabilitation and preventatives. Based on twin pillars of good clinical practice and sound science, we now have entered a new era of stroke management. Many centers across the country are embarking on stroke treatment

strategies in accordance to international standards and guidelines. We have hundreds of stroke care centers giving thrombolysis. Carotid artery stenting, intracranial dedicated stenting, interventional procedures etc. are routine practices in many tertiary and even lesser known clinical practice settings. What we need is standardization of these practices, so that commercial angles don't capitalize the interventional approaches. Past nihilism associated with stroke care is no longer tenable or acceptable. At the same time, good clinical practices and justified care, which includes affordability to many, must be ensured. These are Herculean tasks of paramount importance.

Indian Stroke Association has rightly identified the thrust areas and is now initiating efforts to certify Stroke Centers to widen the stroke care network, to establish and implement uniform guidelines of management issues, network stroke research across the country and of course disseminate and enhance stroke awareness amongst both public and medical personnel.

## 5<sup>th</sup> National Congress and International Stroke Conference

Coming up...



“Stroke Buzz”-  
Post conference chronicle

Conference  
Compendium

Abstract  
Archive

A Moment with  
the Meastros



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### To contribute to Stroke Talk

Please send your articles/ experiences/ stroke related activity to : [stroketaalk.isa@gmail.com](mailto:stroketaalk.isa@gmail.com)

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# StrokeTalk

DIALOGUE OF EXPERTS



An Official Publication of ISA

ISSUE - 4

Supported by:



## A Piece of Editor's Lexis

Dear Friends,

This issue talks about the Role and Goal of the Indian Stroke Association.

You could say that our New Year begins now, as a plethora of possibilities in stroke management opens at the 5<sup>th</sup> National Stroke Congress and International Stroke Conference of ISA. New trends, new advances, new therapies and new resolutions are in the pipeline.

Ours is a field where both our practice and philanthropic skills are put to test every time.

We feel from our heart about matters of the brain. No wonder, our practice evolves with each interaction.

At 'Stroke Talk', our understanding of the importance of discussing experiences, patient interactions and voicing of opinions is what makes our initiatives better with each passing phase.

The warm response received at ISA is witness to the fact, that our work has achieved a new milestone and we have set a new benchmark for others to achieve. In this endeavor to reach out to the entire community and help them with the ISA proceedings, I would like to thank Complete Medical Group, our scientific communication partners.

This issue talks about a new direction for the ISA. Let us come together to bring a significant difference in the life of our patients.

Warm Wishes,

Dr Shirish M Hastak  
President, ISA

Dr Abhishek Srivastava

### PANEL OF ISA

President	: Dr Shirish M Hastak	Executive Committee Members	: Dr M V Padma Srivastava
Immediate Past Presidents	: Dr Subhash Kaul Dr P M Dalal		: Dr Ashok Uppal Dr Dheeraj Khurana Dr Subhash Kaul
Vice President	: Dr M M Mehndiratta	Board of Directors on World Stroke Organization	: Dr Jeyaraj Pandian
Secretary	: Dr Deepak Arjundas		
Treasurer	: Dr Zaheer Ahmad Sayeed		

## PRESIDENT'S DESK



Dr Shirish M Hastak

I strongly believe that whatever scientific knowledge is present in our country doesn't percolate down, because there is no system for it to percolate down. It is randomly absorbed from the news papers, internet and other media. One of the mainstay objectives of the ISA, is to assemble knowledge and then percolate it down through us to the community. What really happens is, that there are a lot of advances happening in the field of stroke; but the awareness in the community is around 1 to 2 percent only. Our motto should be 'Find our voice, and help others (including the patients) find their voices'.

Time constraints and inadequate distribution channels make it difficult for knowledge to percolate from the stroke specialists to neurologists, from neurologists to consulting physicians, from consulting physicians to general practitioners and to the other healthcare systems; and from them to the people. The link between the doctors and the patients must be established and strengthened. One such example is, our 'Stroke Support Group', where we have 1/2 hour of fellowship, 1/2 hour of expert talk, and 1/2 hour of Q & A session for patients and caregivers.

In one such session, one of my patients came and asked me, 'You know Dr Hastak, I have been taking this medicine since 6 to 7 years and my right arm is still weak and there's no improvement. So, why should I take this medicine?' None of his earlier doctors had told him that he was taking medication for his good/ healthy brain and not for the already damaged brain. I am sure, due to the lack of knowledge, many such patients stop medicine prematurely.

So, we have to focus on treatment to target, which is indeed a very difficult task. There are many studies in the west on what percentage of patients are actually receiving treatment to target,

- How many receive the right prescription?
- How many of them comply to the medicine for an advised period?
- How many are explained the reason for medication?

I think, only 30 to 40% of patients are treated to target. So, this big gap between the doctor and patient needs to be bridged, and this bridging can be done in different ways. One way of creating awareness is by strengthening the hands of ISA, by getting more number of neurologists and physicians in the ISA, who are interested in the stroke management. The other is by setting systems in ISA; Stroke Talk is one of the ways which we have initiated, and strengthening the stroke support system. Think of this, there are 3000, Stroke Support Groups (SSGs) in US and in India, there are only few active SSGs currently; whereas, the number should actually be 30,000.

Understanding this, the World Stroke Organization has already started a two pronged approach. One is the academic, and the other is, the stroke awareness and stroke support.

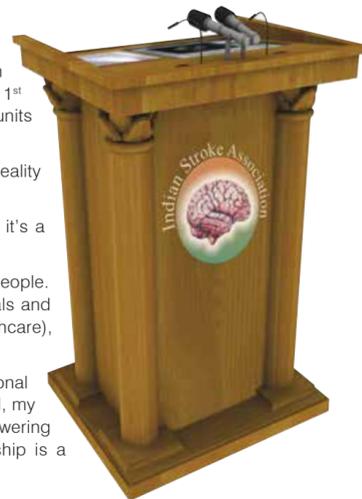
For us as a responsible organization, we have to set some goals for the future. These could be a stepwise approach of firstly, to bring the neurosciences faculty together to enhance stroke management, then to conduct academic conferences, to establish guidelines in stroke care; also, we must provide Continuing Medical Education for the physicians, the 1<sup>st</sup> point of contact of stroke patients as they play major role of bringing the patient to stroke units within the time window, and importantly, to reach out to patients through SSG.

While the figures convey, that we have thrombolysed 1000 patients in the last one year; in reality we should have thrombolysed 20,000.

Why is it not happening? Because, people still sit at home even if they had a stroke, as it's a painless disorder.

So, to help prevent damage and to get that 4 1/2 hour window, we have to reach out to people. This will have to be done through various methods; one is an Organization, other Hospitals and third is Scientific Partners, like CMG (Complete Medical Group, A Division of McCann Healthcare), who have a greater reach, and of course, through the industry.

Taking on the mantle as the President, my role in ISA will be to set systems in place for regional co-ordinators, stroke unit certification and stroke support certification. At the peoples' level, my aim will be to spread stroke awareness, strengthen stroke care management by empowering caregivers and encourage stroke support groups. Friends, as S. Covey said, "Leadership is a choice, not a position", hope together we will take up this challenge.



## VICE PRESIDENT'S DESK



Dr M M Mehndiratta

Greetings from New Delhi!

At the outset, I will like to thank the members of Indian Stroke Association for unanimously electing me the President Elect of ISA. I will like to congratulate my immediate predecessors, Dr Subhash Kaul and Dr Shirish Hastak, for doing commendable work. I am very much aware of the fact, that with the joy and privilege of handling such a responsible post for ISA is the onus of living up to the expectations of you all. I wish to reemphasize, that this post may be privilege but, in my opinion it carries a number of responsibilities. I commit myself for the growth of stroke awareness in India, and of ISA at international level.

I will like to extend my congratulations for the success of 5<sup>th</sup> National Congress and International Stroke Conference, 2010! I am satisfied, that the Indian Stroke Association has achieved good success in its short journey of five years. This organization has witnessed a fairly satisfying growth and success in the field of stroke.

Stroke burden in India is a paradox, currently it is the 2<sup>nd</sup> cause of mortality worldwide. But, most importantly the scenario is getting from bad to worse.

As a responsible organization, our focus will be to intervene now and intervene to the best of our abilities. Being the board member for the past few years in the ISA, I am sure that Indian Stroke Association is heading in the right direction, and we have achieved many of our objectives so far. But, much more needs to be done. Indian Stroke Association has initiated many action plans to improve the education of stroke fraternity, like the Annual National Conferences, the "Stroke Talk" official publication of ISA.

I would like us to be more focused on India. The general public needs to be aware of the severity of this illness. No one today knows how disabling stroke is until they are struck with one. Stroke is such an illness, where not only the patient but the family also suffers the effect of this disabling disease. Today, the society at large needs to be made aware of this fact. Everyone today knows what's hypertension? What's cancer? What's a heart attack? But, very few are aware of what's a stroke?

In the last month's national conference organized in New Delhi, we have seen advances in the stroke field but, what we really have to do is to disseminate this vital information to our patients and the general population. **THAT IS THE ADVOCACY AND WE NEED GOOD ADVOCACY for the public at large and with the administration.** The awareness of stroke in the western counterparts is increasing, but the progress is too slow. We, in India, should put our efforts in improving the knowledge of the general public as well as the medical fraternity at large.

As the Vice President, this year my objectives will be to take steps to improve stroke awareness amongst the general population across India, to improve the dissemination of stroke knowledge with all the touch points of stroke management i.e. right from the general practitioners to the hospital, to the neurologists, to the stroke specialists and rehabilitation specialists. Similarly to encourage people with stroke, their caregivers, and treating specialist to form more and more STROKE SUPPORT GROUPS.

So, the time is now to join hands to give utmost care to our patients. To improve stroke management at large scale in India. This can be achieved only with our combined efforts!!! I am sure we will take Indian Stroke Association to next level with our persuasion and urge to do best for our patients.

With best wishes!

## CONFERENCE CONSENSUS

Kudos to all!! The success of the 5<sup>th</sup> National Congress and International Stroke Conference is indeed a collaborative step against stroke. The conference was a success with regards to high level of interaction amongst the national and international faculty.

The conference was held in the most prestigious medical institute of India the "All India Institute of Medical Sciences" at Delhi between 12<sup>th</sup> to 15<sup>th</sup> March, 2010.

The 4 days event was indeed a rollercoaster ride, wherein we attended the workshops, seminars by national and international faculties. There is a need to better the stroke care in India, and the conference highlighted this fact with a lot of concern and hope, to improve the stroke therapy.

The renowned international faculties, like the president of World

Stroke Organization, Dr Bo Norrving, appreciated the efforts taken by Indian doctors and the Indian government to increase stroke awareness and stroke research in India, but also understanding the enormous population in India, emphasized on the fact that the situation needs to be improved.



The event also witnessed the release of first national guidelines of stroke management endorsed by Indian Stroke Association. The conference highlighted the current Indian scenario of stroke and the need for advances and awareness across general public.

Portrayal of hope for stroke survivors was the exhibition of paintings created by Mr. Godbole, a stroke survivor himself sponsored by the Rotary Club of Bombay, Worli. This exhibition emphasized the requirement of timely intervention and importance of rehabilitation in stroke patients.

Most importantly, the conference has yielded high level of international exposure to the Indian stroke specialist, neurologist and students. This has been the landmark event which shows that India has indeed arrived on the global platform to fight against stroke.

With this, we hope to see you contributing again next year.....Watch out for next year's event details in the next issue of Stroke Talk.



## REGIONAL CO-ORDINATORS, ISA



**Dr Rohit Bhatia**  
Regional Coordinator-ISA  
North Zone

Stroke is still an unmet need. Although both the understanding of stroke and its therapy have evolved over the years, we still have to be concerned about our limited resources and lack of

awareness about this disease. With the emerging epidemic of stroke in a populous country like ours, and the rising cost of healthcare; a serious thought is needed to bridge this gap.

**Dr V G Pradeep Kumar**  
Regional Coordinator-ISA  
South Zone

Stroke is one of the upcoming causes of morbidity and mortality among the Indian Population. Indian population is witnessing emergence of stroke in fifth and sixth decade on a large scale. Though we have a large number of experts in the field of stroke, we are still a long way to go in collecting our own data and to formulate strategies for prevention and better treatment of stroke in our country.



**Dr Jayanta Roy**  
Regional Coordinator-ISA  
East Zone

Recent epidemiological studies have shown the increasing burden of stroke in India. Time has come, where we have to be engaged in a long term war against this declared enemy.

As a regional coordinator of the association, I would first like to get in touch with the specialists/physicians in my region and create a platform for interaction and queries. It would be essential to organize frequent meetings to understand problems, share ideas and create solutions. I would urge neurologists and physicians of different cities to create local forums to increase sensitivity and awareness about stroke, both amongst doctors and patients. I would urge institutions and hospitals to create a stroke registry. It would be important to have teams to lead local events and create stroke support groups where patients and their families can approach for concerns and help.

A critical step would be to sensitize local government agencies and NGO's to come forward for financial and administrative help to strengthen this network.

The role of upcoming Neuro-intervention procedures in the acute management and secondary prevention of stroke has to be streamlined with proper guidelines for our country.

The role of public Healthcare system in the management of stroke needs to be discussed in detail. Guidelines for community level intervention of stroke including patient education, public awareness programmes and CMEs for primary and secondary care physicians are the important issues to be addressed by the Indian Stroke Association.

Here lies the role of the society as a whole to work together. The primary concern should be to increase the awareness of stroke among the professionals and the general population. As a coordinator, I will concentrate in organising awareness campaigns among general public and physicians. Local professional bodies (like IMA) may be approached to reach large number of physicians. Another important area is to develop support group for stroke victims and their caregivers. The psychological burden of the disease for the patient and the family often gets overlooked and support groups could help in that area. Regular CME for junior doctors and postgraduate residents is also equally important to create interest about stroke where future leaders will emerge.



**Dr Sudhir Shah**  
Regional Coordinator-ISA  
West Zone

Today's changing lifestyle is fast contributing to an increase in the number of stroke cases in India. India is witnessing increasing incidences in the young population.

We, at Indian Stroke Association, take on the onus to generate the necessary steps to ease stroke management through awareness and support, the key goals of ISA.

As a coordinator, creating awareness will be my first step. I plan to do this through regular interactive STROKE camps with the people and physicians. This will then be followed by strengthening the 'Stroke Support Group' for stroke victims and their caregivers.

Regular scientific learning through CMEs and conferences will keep them updated to handle stroke better.

I have also written literature on stroke awareness for public education in English, Gujarati & Hindi. Also, I have given talks on TV about acute stroke management, causes of stroke particularly in young; & importance of urgent treatment & thrombolysis. All these have helped tremendously in stroke awareness.

We have been doing I/V & I/A thrombolysis at corporate hospital for over 8 years. Now, in the community hospital (Municipal), which is a tertiary referral centre, we have been able to create a stroke unit with dedicated team & beds; & we have started doing thrombolysis in this model as well.



**Lt Col (Dr) K M Hassan**  
Regional Coordinator-ISA  
Armed Forces

Stroke is "Brain Attack" and "Time is Brain" are useful phrases to help persuade the health professionals identify stroke and accord highest level of priority in medical manage-

ment of stroke. We in the Armed Forces, are faced with a formidable burden of stroke in young soldiers resulting in substantial loss of manpower to the organization, while stroke in elderly remains a major problem. We have had gratifying results with timely thrombolysis in acute ischemic stroke.<sup>[1]</sup>

The immediate objective will be to stabilize and evacuate a patient with stroke to nearest medical facility, preferably a centre with neurology services. The sooner thrombolytic therapy is given to suitable stroke patients, the greater is the benefit. The factors which result in missing the window of opportunity will have to be addressed: Lack of awareness that stroke is a medical emergency, failure to recognize the warning symptoms of stroke, delay in transportation to hospital, failure to accord

priority in the emergency services, delays involved in notifying stroke specialist and carrying out brain imaging, lack of facility for thrombolysis, and the fear of complication of thrombolysis.<sup>[1]</sup>

The safe introduction of thrombolytic therapy can take place against the backdrop of an organized, efficient and integrated stroke service. Management of acute ischemic stroke requires a close coordination amongst all those involved with the evaluation and care of a stroke patient. Patients of acute stroke on arrival at the Emergency Services will be stratified according to the Institutional Stroke Protocol (which may be different for different levels of healthcare facility), and be accorded highest level of priority in carrying out imaging and thrombolytic therapy. A Stroke Team will be established comprising emergency care physician, neurologist, radiologist, interventional radiologist, neurosurgeon, neurointensivist, stroke nurse specialist, and key paramedical staff.<sup>[1]</sup>

While the neurologist will be the Team Leader, the emergency care physician will be the Team Coordinator, till the time neurology consult has been obtained, neuroimaging done, and patient evacuated to monitoring unit. Emergency medical personnel will be sensitized to identify early signs of stroke, practice triage and coordinate with Stroke Team. Emergency triage should be a "Fast Track" protocol to activate the acute stroke team. Stroke Care Units, on lines of 'Cardiac Care Units', will be established preferably at all levels of medical facility. This will help significantly reduce the morbidity and mortality from stroke.<sup>[2]</sup>

Based on the available data in literature, we have proposed a model of institutional Stroke Thrombolysis Protocol based on the

- Territory of stroke,
- Duration of stroke, and
- Route of thrombolysis.

Such protocol is intended to streamline the process of thrombolytic therapy of stroke and maximize benefit to the eligible candidates at a tertiary care hospital. <sup>[1,2]</sup>

However, a vast majority of patients continue to seek medical attention several hours to days after stroke. The patient's and physician's attitudes will have to change for any stroke programme to have the desired impact on the outcomes of stroke. Most of these issues can be addressed by creating awareness on aspects of early recognition of stroke amongst the public and the need for timely action by the hospital services.

To have the desired impact, public awareness lectures will be held periodically and CMEs will be organized to update the information of health care professionals. Neurologists and physicians will be encouraged to form regional/city – level Stroke Support Groups, which will serve as a platform to share individual experiences and solve problems pertaining to stroke care in their area of responsibility.

### References

- Hassan KM, Rohatgi S. Brain Attack: Time to Act Now. *Medical Journal Armed Forces India* 2009; 65(1):62-5.
- Hassan KM. About stroke team, stroke care units and stroke protocols. *Therapy Insights. Stroke Talk* Jan 2010; Issue 3.

## WORLD STROKE DAY 2009: A REPORT FROM PUNE

**Lt Col (Dr) K M Hassan**  
Command Hospital (SC), Pune

The World Stroke Week, which was observed by World Stroke Organisation from 24<sup>th</sup> – 30<sup>th</sup> October, 2009 all over the world, was observed with great enthusiasm and eagerness in the city of Pune, India.

The week began by holding a public awareness lecture on stroke recognition by Department of Neurology, Command Hospital, Pune. This was a small gathering of predominantly senior citizens of Green Acres Housing Society, Salunke Vihar Road, Pune. Major (Dr) Sudeep Prakash, Resident in Medicine at AFMC, Pune, spoke on stroke recognition. Questions were



Public Awareness Lecture at Green Acres Housing Society, Pune

fielded in the end by Lt Col (Dr) K M Hassan. Harshit and Mahashweta, MBBS students of AFMC and a stroke survey plan started by Lt Col (Dr) K M Hassan, served out a questionnaire before the start of the talk.

A public awareness lecture on early stroke recognition and importance of timely consultation was held on 28<sup>th</sup> October, 2009, on the eve of World Stroke Day at Military Hospital Khadki near Pune. Maj Gen (Dr) S Rohatgi spoke on, "Recognizing stroke in community", while Lt Col (Dr) K M Hassan spoke on "Stroke: What can I do? Stroke: What can you do?" The talks were followed by a panel discussion, in which, questions pertaining to stroke were addressed. The meet was attended by more than five hundred people from the Armed Forces. Lay public was initiated to impressionable phrases like 'Brain Attack', 'Time is Brain', 'Time Lost is Brain Lost' to drive home the message of early recognition of stroke at home and quick



Panel Discussion on World Stroke Day

reporting to hospital. The medical personnel got some lessons on concept of 'Stroke Team' and 'Stroke Care Units' for safe implementation of thrombolysis in acute ischemic stroke. The meet ended with a session with 'Stroke Survivors Speak'.

The Pune Stroke Group, co-founded by Dr N R Ichaporla, Lt Col (Dr) K M Hassan and Dr Rahul Kulkarni, gave a radiotalk on Red FM 93.5 on 27<sup>th</sup> – 29<sup>th</sup> October, 2009, under the aegis of Indian Stroke Association. The experts stressed on recognizing warning symptoms of stroke, 'Knowing FAST' and 'Acting Fast' for quick access to thrombolysis in the golden window of opportunity. We also shared our personal experiences on thrombolysis of patients with acute ischemic stroke. Indeed, Time is Brain as Brain Matters!



Lt Col (Dr) K M Hassan on 'Stroke: What can I do?'  
Public Awareness Lecture at Green Acres Housing Society, Pune

**In acute ischemic stroke management, Free Radical Scavenging Action of Fraseda**  
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Clears Way to Life

**Role of free radicals in brain injury**

- During ischemia or post-ischemic reperfusion hyperactivity at metabolic system
- Causes peroxidation of unsaturated fatty acid at cell membrane lipids
- This leads to cell membrane injury
- Causing cerebral function impairment

Watanabe T, Tahara M, Todo S. The Novel Antioxidant Edaravone: From Bench to Bedside. Cardiovascular Therapeutics 2008; 26:101-14.

## THE MAKING OF STROKE FOUNDATION OF BENGAL

**Dr Dipes Mandal**  
Coordinator-ISA  
Stroke Support Groups

### HOW TO REACH WHERE IT MATTERS?

The acute problem of stroke devastation and its remedy was keenly observed by me as HOD of Neurology at Medical College



Calcutta. We examined increasing number of stroke incidences around 50 years with high incidence of hemorrhagic ones. This was evidenced, following an ongoing CT studies on acute stroke in the emergency department, 2003. A study was conducted on Stroke awareness among general public, where it revealed that 70% did not know that stroke affects the brain. The lack of awareness about the facts of stroke, its devastation, disability, cost of management and outcome was astounding; in spite of the fact that stroke is very much a preventable and treatable human catastrophe.

As a strong measure to fight stroke, it was necessary to spread stroke awareness to the public and the practicing doctors through seminars, distribution of leaflets and writing articles in



### Stroke Support Group



papers and magazines. The stroke campaign gained momentum with the formation of Stroke Foundation of Bengal (SFB), India on 24.06.2006 (on WSD) as a registered not-for-profit organization. This was inaugurated by the State Health Minister in presence of several dignitaries of the government, Presidents of IMA and WB Medical Council. There was wide publicity in the electronic media and news papers. We continued public and professional awareness through Seminars, Meetings, Health Camps through IMA Branches, Local Bodies, Meal-committees, Teaching Institutions, Rotary Clubs, Banks, Pensioners' Association Bulletin, Magazines, Souvenirs in different festivals and others.

Other modalities include Stroke Video Documentary with English subtitles, screened in different parts of the state and teaching institutions including IIT Kharagpur, publication of quarterly newsletters in Bengali and English, which are sent to different areas of the West Bengal, adjoining states, and Bangladesh. Our official website < [www.strokefoundationbengal.org](http://www.strokefoundationbengal.org) > has helped to spread stroke message to a large section of masses in this country and abroad. SFB is trying to form the Stroke Support Group and Stroke Care Giver Training in West Bengal. Shortly, all I can say is, this is just the beginning; there is plenty to be done to fight stroke.

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**Is indicated for**  
Improvement of neurological symptoms, disability of activities of daily living and functional disability associated with ischemic stroke

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Yoshida H, Yanai H, Nambu Y, Fukatsu-Sasaki K, Tada H. CNS Drug Reviews 2007; 12: 9-20.  
Edaravone-Acute Infarction Study Group. Cerebrovasc Dis 2003; 15: 222-9.  
Health & Family Care Pharmacist; 2006; 10(7): 325-81.