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 curb this burgeoning menace. Disseminating information and furthering knowledge 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 preventative. 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, Cerebral 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.

5th National Congress and International Stroke Conference

“Stroke Buzz”- Post conference chronicle

Conference Compendium Abstract Archive A Moment with the Meastros

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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 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 is 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, he was taking it 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.

a) How many receive the right prescription?

b) How many of them comply to the medicine for an advised period?

c) 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 stroke support groups 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 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, 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 fearles 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 (Completeen 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 people’s 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.
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.

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.

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.

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 NGOs to come forward for financial and administrative help to strengthen this network.

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.

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.

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 deadly enemy.

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 organizing 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

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. A importance of urgent treatment & thrombolysis. All these have helped tremendously in stroke awareness.

We have been doing UV & 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 that illustrate the health professionals identity 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 thrombolysis in acute ischemic stroke. 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 incurred in notifying stroke specialist and carrying out brain imaging, lack of facility for thrombolysis, and the fear of complication of thrombolysis.

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.

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.

Based on the available data in literature, we have proposed a model of institutional Stroke Thrombolytic Protocol based on the 4a Territory of stroke, (b) Duration of stroke, and(c) Route of thrombolytics.

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. However, a vast majority of patients continue to seek medical attention several hours to days after stroke. The patient 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 health care professionals. Neurologists and physicians will be encouraged to form regional (i.e. 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
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 24th – 30th 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, Salunkhe Vihar Road, Pune Major (Dr) Sudesh Prakash, Resident in Medicine at AFMC, Pune, spoke on stroke recognition. Questions were fielded in the end by Lt Col (Dr) K M Hassan. Harshita and Maharshita, 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 28th October, 2009, on the eve of World Stroke Day at Military Hospital Kharadi 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?”. He paid particular attention to 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!

reporting to hospital. The medical personnel got some lessons on consist of ‘Stroke Team’ and ‘Stroke Care Unit’ 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 Ichaporia, Lt Col (Dr) K M Hassan and Dr Rahul Kulkarni, gave a radiotalk on Red FM 93.5 on 27th – 29th 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!

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 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, Paracents Association Bulletin, Magazine, 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 institutions including IMA, WB Medical Council. There was wide publicity in the electronic media and news papers. 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, Paracents Association Bulletin, Magazine, Souvenirs in different festivals and others.

Our official website < www.strokefoundationbengal.org > has helped to spread stroke messages 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.