



LECTURE

Strategies for a new dynamic in stroke management

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Abstract

Although a significant improvement has occurred in stroke patient's approach, it is still a heavy burden in the Portuguese public health. Along with the efforts regarding primary prevention measures, the acute stroke care must be a focus of health care organization. Recent advances in ischaemic stroke treatment, namely using mechanical thrombectomy, have allowed a significant increase in the number of stroke patients who are independent in their daily activities at 3 months after stroke. As the acute management with thrombolytic and thrombectomy treatment is only helpful if undertaken very early after symptom onset, a finely tuned organization is crucial to achieve the best results.

All the steps of the chain of acute stroke care are important to its global efficacy, and therefore all of them should be optimized. The population should be better informed about the stroke alarm signals and instructed to dial 112 immediately. Both the pre-hospital and intra-hospital emergent pathways must increase their efficacy to allow stroke patients to be identified and timely treated. With the development of the interventional neuroradiology centres a new challenge emerged with the necessity to easily and rapidly communicate and transfer CT scan images, and to transfer

patients from other hospitals to these centres. A better organization of this system is urgent. The inclusion criteria for stroke code activation, for intravenous thrombolysis and for mechanical thrombectomy must be standardized among all the institutions with a role in acute stroke management. Telemedicine has been proven to enhance stroke treatment efficiency, helping the development of stroke teams in smaller hospitals and allowing an increase in the number of patients treated with more effective approaches. It is time to also implement telemedicine in our region.

With the multiplicity of professionals and institutions involved in the stroke code chain and given its huge importance for population healthcare, it is indispensable to have a robust database behind a platform with epidemiologic and logistic indicators that allow quality evaluation and monitoring, and to implement measures to optimize the results. The parameters should be automatically collected from the stroke code pathway, and therefore should be systematically registered.

A feedback to the main professional agents of this stroke code pathway is essential. They should have access to the whole pathway data, and they should be active in their contribution to organizing these systems.

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