EDITORIAL COMMENTARY

STROKE: RISK FACTORS AND FACTORS PREDICTING SURVIVAL

Cerebrovascular disease is predominant in the middle and late years of life, and as life expectancy in Ghana increases many more cases of acute Cerebrovascular accidents (CVA) will be admitted in the hospitals. Some 60 years ago according to data from Korle-Bu Teaching Hospital Accra, CVA was found to be the 4th commonest cause of death and by 1990 -1993, it had become the leading cause of death in the hospital accounting for 12% of the total cause of death in those patients over 50 years of age.

Haemorrhagic strokes are more severe and tend to have a worse outcome. In Ghana we cannot easily tell how many of our strokes are ischaemic or haemorrhagic. Studies in which CT scans have been used in Africa have shown rates of intracranial haemorrhage of up to 30% as against less than 15% in most developed countries.

The way forward in tackling this problem will be to draw up guidelines for the management of strokes. Therapy of strokes is aided by a precise diagnosis of the primary vascular pathology and the extent and location of the stroke. The clinical presentation and temporal profile of a stroke often suggest its cause. Accurate diagnosis however is based largely on the history and examination supplemented by judicious use of blood tests and imaging of the brain (Computed tomography and Magnetic resonance imaging). These imaging instruments are readily available in most developed countries. Although they are expensive there is the need to invest in them to improve on health care delivery.

Creation of Stroke Units
This should be multidisciplinary comprising well-trained doctors, nurses, and physiotherapists. The need for intensive nursing and medical care on a "stroke ward" is paramount in the treatment and rehabilitation of such patients. Hospital wards need to be equipped with intensive care units to manage stroke in the acute phases. The training of medical and paramedical personnel in the treatment and rehabilitation of stroke patients should be emphasized. These measures will go a long way in increasing the survival rate after an acute stroke.

Secondary Prevention
Risk factors of strokes are many and may be grouped into two categories: Modifiable and Non-modifiable risk factors. The modifiable risk factors include hypertension, hypercholesterolaemia, diabetes mellitus, cigarette smoking, arteriosclerosis, physical inactivity, socio-psychological stress, obesity and excessive alcohol consumption. Others are cardiovascular diseases and haematological diseases affecting haemostasis.

Non-modifiable determinants include age, gender, heredity and race.

Hypertension has long been recognized as the most important risk factor of stroke.

As a result of an increasing population that is becoming more elderly, and partly due to increased urbanization with consequent stressful changes, there will be increased number of people with hypertension, diabetes, obesity and hypercholesterolaemia which may lead to increased incidence of stroke in Ghana.

Many means are now available for preventing stroke. Dietary and life-style modification is essential and hypertension should be treated. Tight control of blood sugars in patients with diabetes and other general care measures will lower stroke risk.

In the developed world the morbidity and mortality from CVA has been diminishing in recent years due largely to better recognition and treatment of the underlying arterial and cardiac diseases.

CONCLUSION
With improving life expectancy, strokes are bound to become more common. And accurate diagnosis based largely on history, clinical examination and supplemented by laboratory investigation and imaging (CT and MRI) is paramount. General measures to lower stroke risk and the creation of stroke unit in hospital with trained doctors, nurses and
physiotherapists and the application of evidenced based management guidelines will help decrease mortality and morbidity.

REFERENCES


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