

FAST TO DEFEAT STROKE

Stroke is one of the leading causes of detriment of life and yet it is also easily reversible when treated on time. Dr Siva Seeta Ramaiah, Consultant Physician and Neurologist in SJMC highlights the different types of stroke and the importance of quick treatment.

According to an entry on the *Journal of Neurological Sciences* published in 2017, stroke is the third leading cause of mortality in Malaysia, with 5.9 per cent increase in premature death from 2005 to 2015. While it remains one of the major public health problems worldwide, local ischemic stroke incidences are 29.5 per cent and haemorrhagic stroke by 18.7 per cent. Another study published

in 2012 titled *The Burden of Stroke* found that stroke is one of the top five leading causes of death and one of the top 10 causes for hospitalisation in Malaysia.

RISK FACTORS & FAST

Now, what causes Malaysians to be so susceptible to stroke? "There are many risk factors that could lead up to stroke. In Malaysia, the common factors are

uncontrolled blood pressure, poorly controlled diabetes, and high cholesterol. Smokers and alcoholics are also more prone to stroke. Sometimes, young people with irregular heart rhythm or genetic predisposition may also experience stroke," says Dr Siva.

Throughout the world, the easiest way for a layperson to detect stroke symptoms are the acronym FAST. 'F' stands for Face; face begins droopy or becomes asymmetrical with numbness. A way to find out is by asking the person to smile. 'A' stands for Arms; a patient's arms are weak and they're unable to lift

their arms up. 'S' stands for Speech; the person's speech is slurred, or difficulty in finding words to speak. Finally, 'T' stands for Time, which refers to the importance of initiating treatment immediately.

STROKE MANAGEMENT

"The patient has to be brought over to the hospital as soon as possible or within 4.5 hours for optimal initiation of treatment. Don't waste any time and don't go to places with limited medical capacity. Take the patient straight to a tertiary hospital with stroke services," reminds Dr Siva.

Once the patient is brought to the hospital, the doctor will then perform a brain scan to know whether the patient is having a bleeding, or a haemorrhagic stroke or if they're having a blockage in the blood vessel, which is called an ischemic stroke.

"If the scan reveals that there is bleeding in the brain, the patient will be referred to a neurosurgeon. On the other hand, if there is no bleeding then the patient will be attended to by a neurologist. For ischemic stroke, if the patient arrives by 4.5 hours of the stroke, we'll administer clot busters to dissolve any blockages in the blood vessels.

"We will also perform another type of scan called angiogram with the help of an interventional

radiologist to find out which blood vessels are blocked to remove the blockages via mechanical thrombectomy. After that we'll put the patients on blood thinner and cholesterol medications so that they won't get another stroke in the future.

We will also screen them for the other risk factors and any other underlying problems that may have caused the stroke," explains Dr Siva.

ROAD TO RECOVERY

Meanwhile, patients who seek professional help after the window period of 4.5 hours may miss the treatment options medically and need an angiogram to be done by an interventional radiologist provided not beyond 12 hours. After the 12 hours' window period from onset of stroke symptoms, clot busters or angiogram will not be able to help to reverse the effects of stroke, leaving patients with only rehabilitation as the most promising recovery option.

"Stroke patients who seek early treatment have better chances for full recovery compared to late comers. Maximal recovery could happen up to six months. However, if by six months they have not



Dr Siva Seeta

recovered fully, the chances of recovery beyond that decreases. We need to identify signs of depression as 30 per cent of stroke patients could develop concomitant depression. It's very important for caregivers to not only support them physically but mentally as well,"

adds Dr Siva.

Cases of recurring stroke is quite common as well, mainly due to patients not continuing their treatment or not controlling their risk factors. Once a patient has a stroke, it requires a lifelong treatment as well as risk-factor management.

YOUNG STROKE

Nowadays, stroke has been found to increase among the younger generation as well.

"When a patient below the age of 45 have stroke, we call it young stroke. A young stroke requires a lot of tests to detect the underlying problem, such as blood coagulation abnormalities, cardiac anomalies, or blood vessel abnormalities, or even a much larger concomitant systemic disease. Generally young strokes need a lot of imaging and detailed investigation to find the cause," he illuminates. ©

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