

Stroke Care is Beyond Clinical Responsibility

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Dear Editor,

Stroke is defined as a clinical syndrome characterized by rapidly developing clinical symptoms and/or signs of focal, and at times global, loss of cerebral function, with symptoms lasting more than 24 hours or leading to death, with no apparent cause other than that of a vascular origin (1). There were 47, 911 incident cases, 19,928 deaths, prevalence of 443,995 cases, and DALYs' lost of 512,726 due to stroke in 2019 (2). It is estimated that 1 in 4 will experience stroke in their life (3). In Malaysia, strokes are currently the third most common cause of mortality (2). Thus, stroke care warrants the responsibility not only from the clinical provider at the hospital setting but also requires accountability from the community's support network.

The present issues facing by Malaysia's healthcare sector include the low patient-to-neurologist ratio, the need for advanced or specialized stroke nurses, and the use of a multidisciplinary approach to stroke care in clinical settings (2, 4). In addition, the general public's reliance on government services to provide adequate stroke care has increased the cost of healthcare, thus this should not be the current objective. To lower the prevalence of stroke, a suitable plan must be devised involving the clinical or healthcare sector, primary care, and the general public.

The primary healthcare system, the private healthcare industry, and the pertinent non-governmental organization (NGO) must collaborate for a successful transition of stroke care into the community (5-6). According to the author's observations made during a field visit, the problem of stroke patients' loss to follow-up is prominent and underreported.

Stroke patients who live in the community deal with many kinds of challenges, including the need for constant assistance by caregiver, family members or friends on daily care and follow-up, financial constraints, adjusting to physical and cognitive changes and mental health issues including depression.

There is a need to ensure that stroke treatment is properly transitioned during the acute care setting (hospital) discharge plan (7-8). It is necessary to direct the appropriate stroke patients to certain primary care services, such as the rehabilitation center or pertinent NGOs. Regular monitoring through appropriate referral and follow-up is essential for the stroke patients to regain their function and prevent secondary attacks. For example, from the author's personal experience having attached to Hospital Raja Perempuan Zainab II during her Ph.D study, having a stroke team from multidiscipline background including the physician, nurses, pharmacist, medical assistant, therapist brings benefit to the stroke patients and family members throughout the rehabilitation process. They are taught on nursing care, mobility, dietary intake, medication prescription and referred to the primary care setting nearby after discharge.

It is also equally critical to educate our society about the early signs of stroke to quickly assist someone who is experiencing a stroke (9). Creating awareness to the general public, school children, and university/college students how to recognize the early stroke warning sign, which is Balance, Eyes, Face, Arm, Speech, and Time (BE-FAST), could potentially save lives (10-11). Our society must be empowered to understand that the very first thing to do when you see someone presenting early stroke symptoms is to activate 999.

In a nutshell, stroke care is multi-dimensional and holistic care approaches is important! The healthcare professionals in the acute care settings plays an important role to ensure the stroke patients and family members are educate prior to discharge and referral is made to the nearby primary care setting to ease any logistics issue. More stroke awareness program should be made available either through website, e-pamphlets or mass media (e.g. newspaper column and radio advertisement). This joint effort could be established through proper partnership between private or relevant NGOs (e.g. NASAM, PESONA) in encouraging our society to lead healthy lifestyle to prevent stroke.

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