

Action is being taken to allow stroke victims to be treated beyond three hours of the onset of symptoms.

By Cheah Ui-Hoon

WHEN you have a heart attack, getting to the hospital as fast as you can is imperative. But not many people realise that the same time factor applies to stroke patients too.

"It's important to recognise the symptoms for stroke – upon the first signs, you should head to the hospital immediately," says Dr Lee Kim En, senior consultant and head of Neurology Department at the National Neuroscience Institute.

Not enough stroke victims are doing that, and because of this, only about one to 2 per cent of them get the thrombolytic therapy that benefits them. The remaining patients either don't get to the hospital in time, or are not suitable for the therapy which has its own risks.

The problem is that "sometimes stroke victims aren't sure they're having a stroke if the symptoms are mild or if they don't recognise them," says Dr Lee. "By the time they come in, it's too late for the therapy."

Right now, thrombolytic therapy (to dissolve blood clots) with Actilyse within three hours of the onset of symptoms is the only current approved treatment for acute ischaemic stroke.

Now, NNI is pioneering a move to widen the time window to 4.5 hours at Tan Tock Seng hospital here, and hopefully increase the percentage of patients treated to 5 per cent.

"It used to be that when patients come to us too late, even though it's 15 minutes past three hours, we won't administer Actilyse. Even though we do think it will benefit," explains Dr Lee. This is because the standard three-hour protocol for Actilyse is strictly adhered to.



TIME IS PRECIOUS

Only about one to 2 per cent of stroke victims receive the thrombolytic therapy that benefits them because they get to the hospital in time

FILE PHOTO

Timely move for stroke victims

However, a recent clinical trial – The European Cooperative Acute Stroke Study 3 (ECASS 3) – showed that the drug could still be beneficial, although less so, even if it was administered up to one and a half hours beyond the accepted three hours.

However, the extra window of time doesn't mean that stroke victims should take their time getting to hospital. "The three-hour window still applies, as the benefits are better if Actilyse is given within that time period," says Dr Lee.

The NNI Tan Tock Seng hospital will share its experience in the change of

thrombolytic therapy protocol with other hospitals, and could possibly recommend the Ministry of Health to adopt the new practice as well.

Stroke in Singapore is the fourth leading cause of death. Almost one in four men and one in five women aged 45 and above have a stroke if they live to age 85.

About 25 per cent of survivors will recover with minor impairments. An additional 40 per cent will experience moderate to severe impairments that require special care.

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Acute ischaemic stroke

Thrombolytic therapy: The area of brain tissue that is deprived of oxygen after an acute ischaemic stroke is called the ischaemic core. This tissue is irreversibly damaged. However the tissue surrounding this core that has been exposed to a reduced blood flow but has not been completely deprived of oxygen, remains alive. This brain tissue is potentially salvageable but blood supply must be restored to this area within a very short period of time if the area is to be saved.

Symptoms: Sudden weakness in face, arm or leg, especially on one side of the body; sudden confusion, difficulty speaking or understanding; sudden problems seeing in one or both eyes; sudden problems walking, dizziness, loss of balance or coordination; sudden severe headache; sudden onset of seizures; sudden loss of consciousness