Endovascular Stroke Treatment in the Developing World



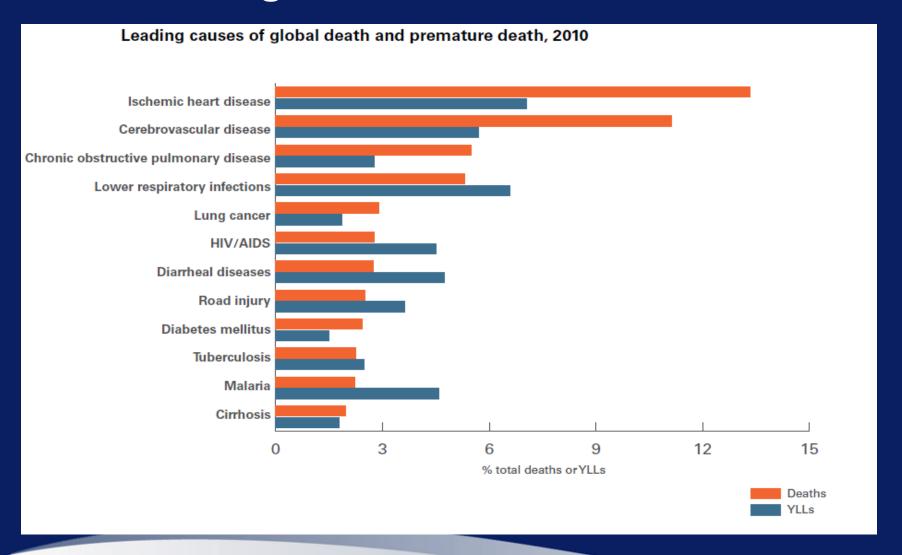
Ammar AlKawi, MD, FAAN

Associate Professor, AlFaisal University
Consultant, Vascular & Interventional Neurology
King Faisal Specialist Hospital, Riyadh

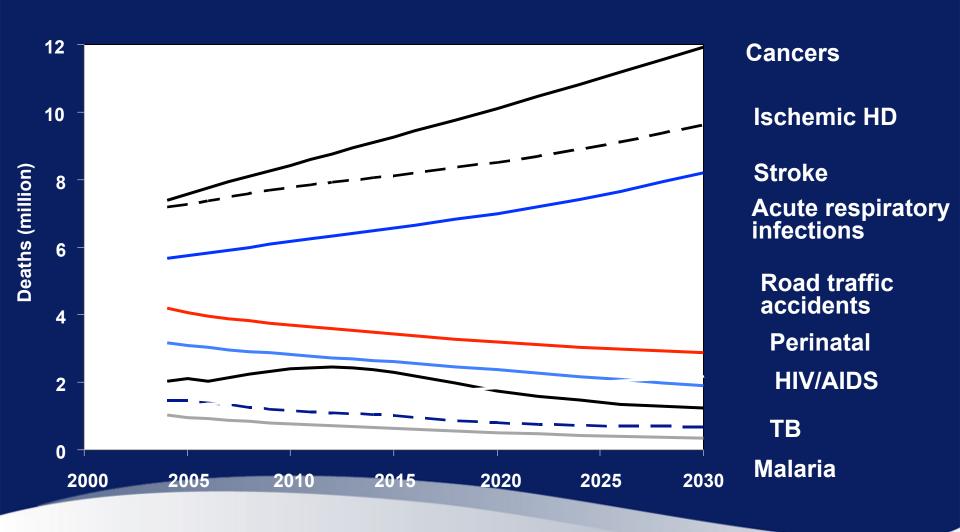
Disclosures

None

The global burden of stroke



Global projections for selected causes of death, 2004 to 2030





Area of Saudi Arabia 2.27 million m2

150 Cities

More than 2000 villages

Vast distances between cities

Population of more than 27 million

0

Population growth rate 3.19%

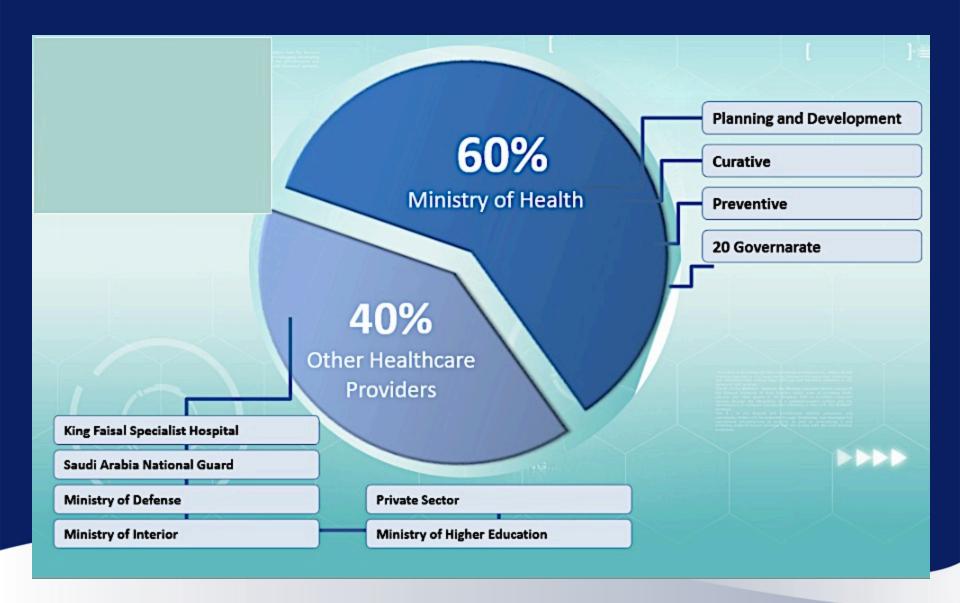
Birth rate 23.3 per 1000 people

Annual number of births 513,000

Proportion of the population 15 years and less %42.49

Proportion of the population above 15 years %57.51

Health system in Saudi Arabia



Population of 27 million

Incidence : 126 / 10⁵ / yr. *

 Indirect estimate suggests that there is at least 20,000 strokes / yr across the country (150/10⁵)

This leads to:

```
≈ 4,000 deaths/yr.
```

- ≈ 6,000 disabilities/yr.
- Majority of stroke patients (>70 %) are cared for by ministry of health hospitals.
- The rest are admitted into other health sectors

- Stroke patients are largely cared for by general internist particularly in the MOH hospitals.
- Only a few hospitals have a stroke service run primarily by neurologists.
- Number of neurologists across the country is about 150 - 200.

- There are around 10 trained stroke neurologists in the country primarily located in Riyadh.
- 9 Endovascular Interventionalists:
 - 4 Neurologists
 - 4 Radiologists
 - 1 Neurosurgen
- There are less than 20 qualified and trained practicing physiatrists.

Stroke Awareness Among the Public

- Face-to-face interview survey of 3,750 volunteers in 6 GCC countries.
- Only 29% were familiar with the term "stroke"
- Of these, 29.3% believed age group 30-50 yrs are at highest risk for stroke.
- HTN & DM were more common among those unfamiliar with the term "stroke"
- Predictors of stroke knowledge:
 - Level of education.
 - Monthly income.
 - Smoking.
- Conclusion:
 - Majority of people had not heard of term "stroke"
 - Stroke knowledge is poorest among the high risk groups.

 There are no published practice guidelines for stroke in KSA.

 The stroke system and stroke care advocate in Saudi Arabia is the Saudi Stroke Association (SSA) established under the "Saudi commission for health specialties" governed by an elected board.

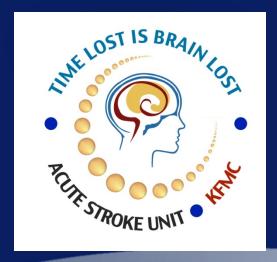
- There are only 2 well established stroke units:
 - King Abdulaziz medical city-Riyadh
 - King Fahad medical city-Riyadh.

Admitting around 1200 patients per year.

Established stroke centers



SANG- Comprehensive Stroke Program



King Fahad Medical City stroke program

- New initiatives between SSA and Evidence based health care (MOH) to establish practice guidelines for stroke.
- Initiatives include:
 - Development, implementation, & evaluation of guidelines.
 - Training stroke care providers across the country on "state of the art" stroke care

Estimated Numbers

- KFSH Riyadh:
 - IV tPA: 20/yr
 - IA thrombolysis: 1-2/yr
- KFSH Jeddah:
 - IA thrombolysis: 1-2/yr
- <u>NGH:</u> IV tPA ≈ 100/yr
- KFMC Riyadh: IV tPA ≈ 200/yr
- Military Hosp:
 - IV tPA: 150-200/yr
 - IA thrombolysis ≈ 25/yr
- Rashid Hospital: IV tPA: 100-150/yr

- There are few rehabilitation centers in the country:
 - King Fahad medical city-Riyadh.
 - Sultan bin Abdulaziz humanitarian city-Riyadh.
 - King Abdulaziz hospital-Jeddah.
 - Abdulatef Jameel Rehabilitation center-Jeddah.

- There are few smaller rehabilitation units:
 - King Abdulaziz medical city-Riyadh.
 - Military hospital in Riyadh & Taif.

The KFMC Stroke Program

- 1st Acute Stroke Unit in Saudi Arabia.
- April 2, 2005.
- Written protocols, database and quality indicators.
- Nucleus: Acute Stroke Unit
 - Multidisciplinary program
 - Neurology, Nursing, Emergency Dept, Laboratory, Radiology, Rehab (Physical, occupational, speech therapy), Neurosurgery, Vascular surgery, IM

8th Stroke Unit Anniversary



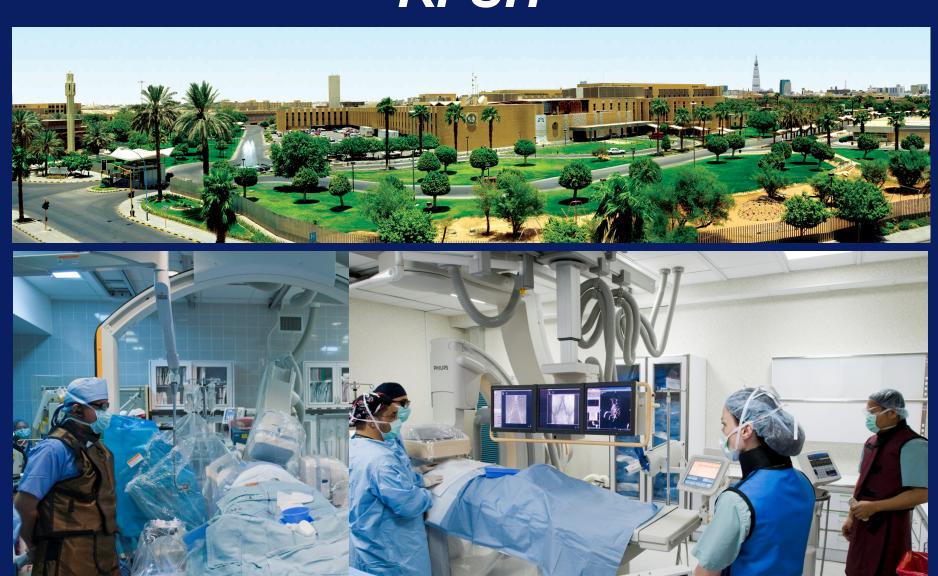






Source: Dr. F. Al-Senani

KFSH



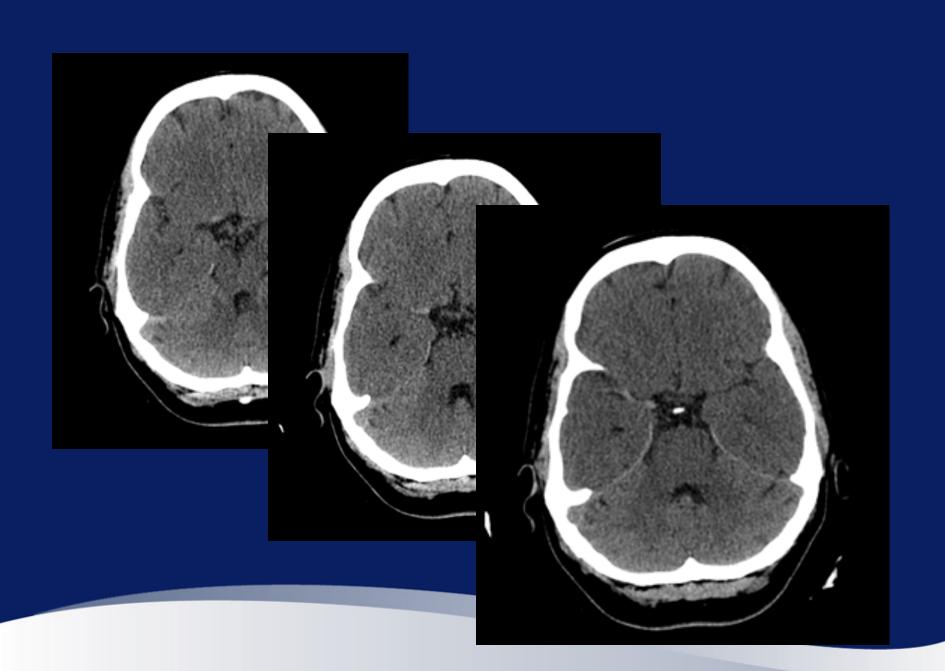
Dubai, Rashid Hospital



Dubai, Rashid Hospital



30 F, acute dense Lt hemiplegia NIHSS 16

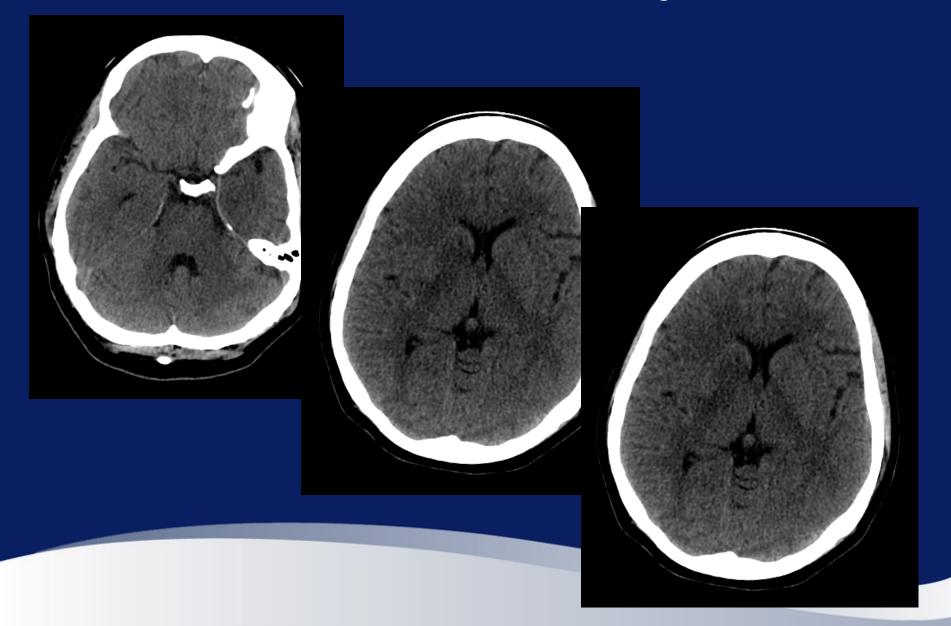




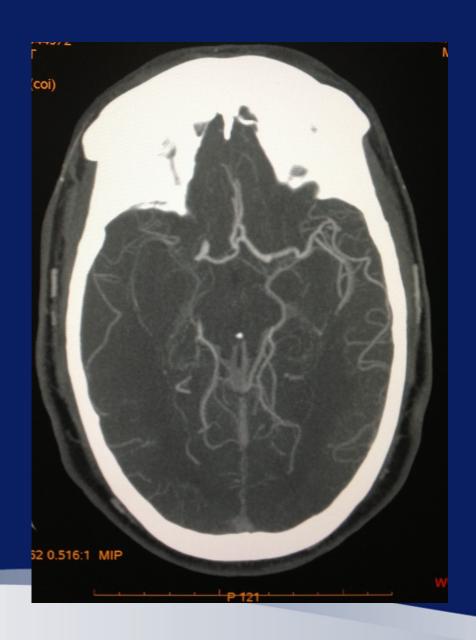


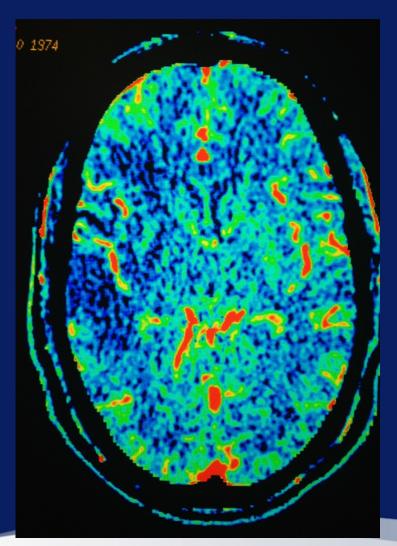


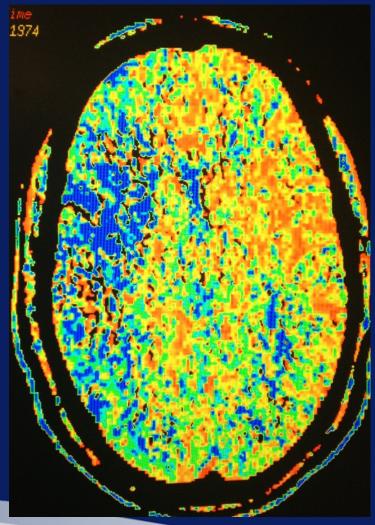
Post Thrombectomy



39 yo male, Case of wakeup stroke , last seen normal >6hrs



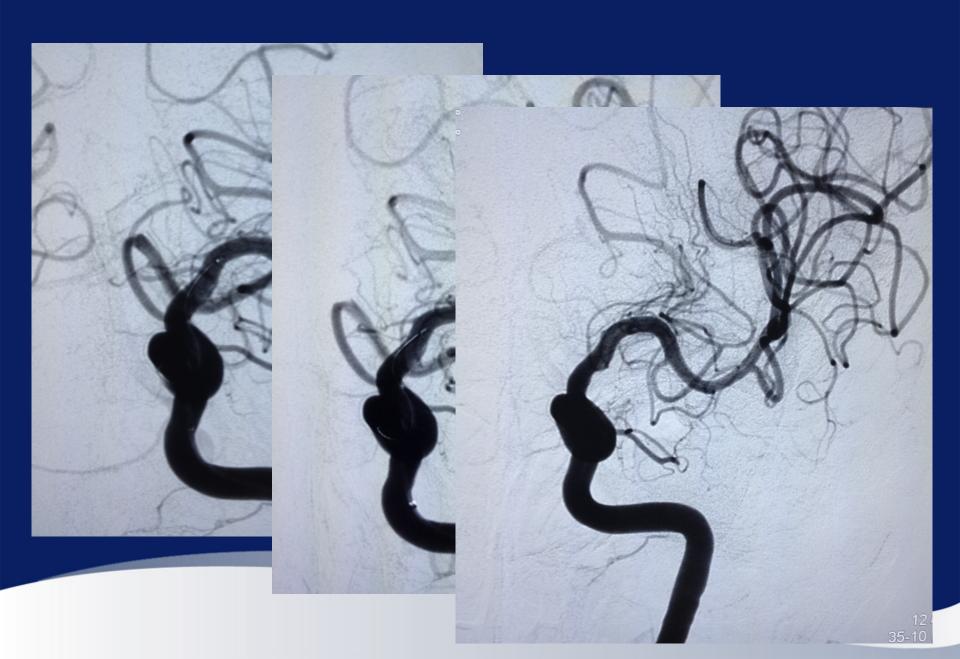


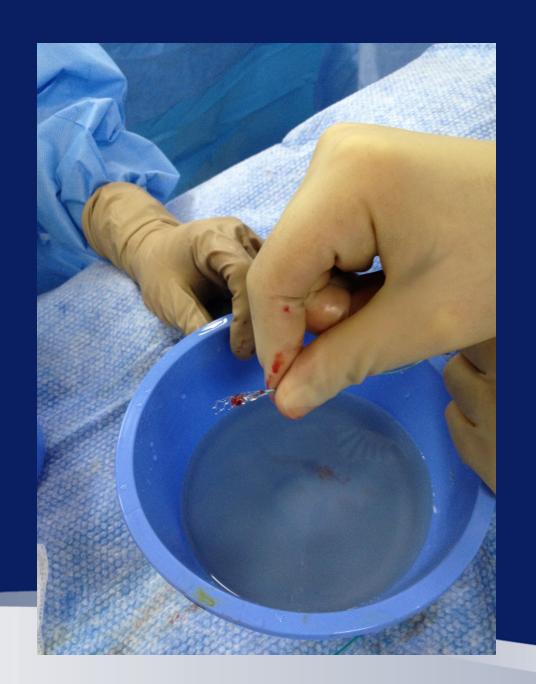


Post IV tPA









Factors Impeding Stroke Management

Public awareness of stroke is inadequate.

 Duplication of investigations: one patient presents to multiple hospitals.

 Access to primary health care is excellent, but different eligibility criteria for acceptance in specialized centers.

 No good address system, and suboptimal utilization of EMS "Red Crescent" for transport to medical centers.

Factors Impeding Stroke Management

- Few centers have multidisciplinary stroke teams.
- Stroke units are still very few, establishments of a unit is based on strategic plan of hospitals, priority of services and other factors.
- Radiologists in several centers maintain monopoly on interventions leading to fragmentation of care.
- Inadequate rehabilitation units and few long term health care facilities.

Future direction

The MOH-SSA agreement:

- National assessment of need.
- Saudi stroke audit.
- National stroke registry.
- Training of stroke care providers.

Building capacity:

- Annual stroke course for residents.
- · CME for primary care and general internist.

Stroke system & Pre-hospital care redesign:

- In Riyadh:
 - New address system based on GPS
 - Advances in EMS "Red Crescent"

Future direction

- Increase awareness of stroke in public.
- Establishment of more stroke units & stroke centers.
- Expansion of manpower (Vascular Neurologists, ER physicians, rehabilitation, occupational, & speech therapist).
- Improve cooperative relations with Neurosurgery,
 Vascular surgery, & Radiology especially interventional.
- Improved registries and research.
- Support Gulf Stroke Group.

THANK YOU