Men's Health

Edited by: jmargo@afr.com.au

The essential treatment guide for stroke victims

Jill Margo

When *The Australian Financial Review* told readers that the best way to minimise brain damage after a stroke was to go immediately to a hospital with an acute stroke care unit, people rang up.

"Where are these units?" they asked.

Only 50 Australian public hospitals have them, and with the help of the National Stroke Foundation we now have a list. We also have the first list of which of these hospitals provide the Rolls-Royce of stroke treatment in the form of a clot-busting drug.

These lists have never been published before because of concerns that they would raise public expectations for the best treatment when, in fact, opportunities for such treatment are limited. Difficulties with accuracy and currency have also inhibited publication.

Everyone who has a stroke can potentially benefit from treatment in a stroke unit and thereby reduce their risk of death or permanent disability by 20 per cent. The problem is that 80 per cent of hospitals don't have these units, which are staffed by teams of experts who deal only in stroke.

These experts rapidly assess the brain damage, do what they can to prevent further damage and then begin treatment and rehabilitation without delay. A person who has just had a stroke can have many incidental issues not always apparent to a non-specialist. They may have a swallowing problem and not be able to eat or drink safely; they may be incontinent but not be able to be catheterised; or they may look like they can balance but fall.

In addition to preventing the immediate and later complications of stroke, these experts also treat to prevent a second stroke.

"These units are the most cost-effective way of delivering stroke care because they have such a powerful impact on death and disability," says Erin Lalor, chief executive of the National Stroke Foundation.

While many hospitals provide general stroke care and have mobile stroke teams that move from ward to ward, Lalor says this does not constitute a stroke unit. A unit has a defined area with its own beds; has a dedicated multidisciplinary team that includes physiotherapists, occupational therapists, speech pathologists, nursing staff and doctors; has its own stroke physician; and holds regular team meetings.

Another advantage of many hospitals with stroke units is the culture in their emergency department. They often have an appreciation of the urgency of swift intervention and the need to get the patient to the stroke unit quickly.

Measures are often put in place by "stroke champions", doctors who drive cultural change in the hospital and put fast-tracking procedures in place.

Many such hospitals are also participating in clinical trials, which mean doctors and nursing staff are well briefed and know exactly what to do.

But only three out of every four Australian stroke patients get into such a unit because they hardly exist in rural and regional areas, and where they do exist in cities, they often have limited capacity and are full.

Some are handicapped by "bed block". Patients block beds while they wait for a vacancy in a nursing home.

Lalor says this is one of the paradoxes of the system because as fewer patients get into stroke units, more will need nursing homes. Many patients only get to a hospital with a stroke unit if an ambulance delivers them to one.

In NSW, which has the most units, the ambulance service is yet to be programmed to bypass smaller hospitals and take the stroke patient directly to one with a stroke unit.

In Victoria, which has far fewer stroke units, there has been more co-ordination with the ambulance service.

While rural models for stroke care are being developed, there is also a push to upgrade more stroke units so they administer a clot-busting drug.

Most strokes are caused by a blockage in a vessel in the brain. If the blockage can be dissolved quickly, damage can be minimised or even prevented.

The clot-busting drug, known as tPA – or tissue plasminogen activator – has the potential to reduce the likelihood of death or disability by a further 30 per cent. But it is only for people with a blockage and it must be given within three hours of the stroke occurring.

In Australia, some 29 public hospitals with stroke units now administer tPA. There are an additional three hospitals that give tPA without stroke units which are not included in the list.

"For those who get to hospital within three hours, tPA should be the standard of care," says Denis Crimmins, co-chair of NSW Stroke Service Network.

Across Australia, NSW is best served with tPA currently available at 11 hospitals and another three coming on line next year. Eventually all NSW stroke units should have tPA, including those planned for country centres.

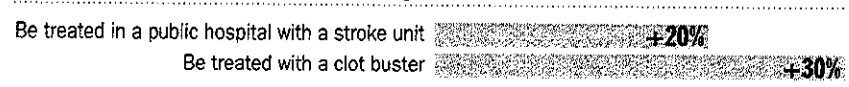
"But it is important that people who have had a stroke six or more hours earlier attend their nearest local stroke service regardless of whether it gives tPA. By searching for tPA at this stage they could do themselves a disservice."

Chris Levi, medical director of the Stroke Foundation, says that although funding is an issue, one key reason for the lack of stroke units is the shortage of expert stroke nurses and physicians.

The good news for the 53,000 Australians who have a stroke each year is that the old nihilism is fading. People now know that something can be done. However, authorities stress that attending one of the listed hospitals does not guarantee you will receive care in a stroke unit or tPA.

BETTER ODDS

How to improve your chances of surviving a stroke



Public hospitals with stroke units and whether they use clot busters

Hospital	Clot buster
TASMANIA	
Royal Hobart	✓
Launceston General	✓
NSW	
Bankstown	✗
Belmont District	✗
Blacktown	✗
Bowral	✗
Broken Hill	✗
Campbelltown	✗
Concord	✓
Gosford	✓
John Hunter, New Lambton Heights	✓
Hornsby	✗
Liverpool	✓
Manly	✓
Nepean, Penrith	✓
Mater, Newcastle	✗
Mona Vale	✗
Prince of Wales, Randwick	✗
Royal North Shore, St Leonards	✓
Royal Prince Alfred, Camperdown	✓
Sutherland, Caringbah	✗
St Vincents, Darlinghurst	✓
Westmead	✓
Wollongong	✗
Wyong	✓
St George, Kogarah	✗

Hospital	Clot buster
ACT	
Canberra, Woden	✓
VICTORIA	
Alfred, Prahran	✓
Austin, Heidelberg	✓
Ballarat Health Services Base	✗
Box Hill	✓
Geelong	✗
Monash Medical Centre, Clayton	✓
Royal Melbourne, Parkville	✓
St Vincent's, Fitzroy	✓
South West Healthcare, Warrnambool	✗
Western, Footscray	✗
QUEENSLAND	
Wesley, Auchenflower	✓
St Andrew's, Brisbane	✗
Royal Brisbane & Women's, Brisbane	✓
Princess Alexandra, Woolloongabba	✗
Redcliffe	✗
WESTERN AUSTRALIA	
Royal Perth	✓
Sir Charles Gairdner, Nedlands	✓
Fremantle	✓
Geraldton Regional	✓
Albany Regional	✓
SOUTH AUSTRALIA	
Royal Adelaide	✓
Flinders Medical Centre, Bedford Park	✓
Repatriation General, Daw Park	✗

Source: National Stroke Foundation, AFR research

KEY POINTS

- Thirty years ago people thought stroke could not be prevented or treated.
- Today there are several ways of preventing it, including stopping smoking, blood thinners to control cholesterol, controlling blood pressure, and surgery to the carotid artery.
- Stroke can also be treated with tPA, aspirin and in stroke units.
- There are also new drugs in the pipeline. One protects brain tissue after a stroke, while another is for the less common strokes that result from a bleed. The drug forms a clot at the site of a leak in vessel and reduces bleeding.

Waiting room

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Babies with big heads get the brains

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Moderate drinkers, take heart

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Chemo drains muscles in elderly

Muscle weakness is a frequent consequence of chemotherapy in elderly patients and is different to fatigue, according to research presented to the American Society of Clinical Oncology. A study of 200 patients showed muscle deconditioning occurred early during treatment, at a median of 30 days. The authors said this often-ignored side effect could have a major impact on the lives of elderly patients.

Prostate primer revised, still free

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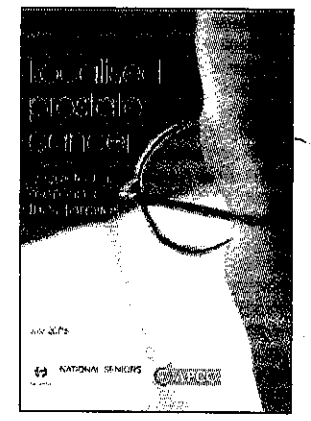

Prescription victims crowd casualty

Every year about 700,000 Americans go to hospital emergency departments because of adverse reactions to prescribed drugs. A report in the *Journal of the American Medical Association* says these include allergic reactions, unintended overdoses, adverse effects, secondary effects and vaccine reactions. For people over 65 years, these visits are nearly as common as those for motor vehicle occupant injuries.

Kidney cancer deadlier than ever

While greater numbers of small kidney tumors have been detected and removed over the past 20 years, the incidence and death rate from kidney cancer continues to climb. This "treatment disconnect" calls for a reassessment of the current treatment paradigm, according to a report in the *Journal of the National Cancer Institute*. More than 60 per cent of kidney cancers are discovered unexpectedly and more small detectable cancers are being treated. But the number of patients with large lethal masses has not diminished. Taken together, this suggests that at least a proportion of the smaller cancers might be indolent and might not merit surgical removal.

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NSW		Alfred, Prahran	✓
Bankstown	✗	Austin, Heidelberg	✓
Belmont District	✗	Ballarat Health Services Base	✗
Blacktown	✗	Box Hill	✓
Bowral	✗	Geelong	✗
Broken Hill	✗	Monash Medical Centre, Clayton	✓
Campbelltown	✗	Royal Melbourne, Parkville	✓
Concord	✓	St Vincent's, Fitzroy	✓
Gosford	✓	South West Healthcare, Warrnambool	✗
John Hunter, New Lambton Heights	✓	Western, Footscray	✗
Hornsby	✗	**QUEENSLAND**	
Liverpool	✓	Wesley, Auchenflower	✓
Manly	✓	St Andrew's, Brisbane	✗
Nepean, Penrith	✓	Royal Brisbane & Women's, Brisbane	✓
Mater, Newcastle	✗	Princess Alexandra, Woolloongabba	✗
Mona Vale	✗	Redcliffe	✗
Prince of Wales, Randwick	✗	**WESTERN AUSTRALIA**	
Royal North Shore, St Leonards	✓	Royal Perth	✓
Royal Prince Alfred, Camperdown	✓	Sir Charles Gairdner, Nedlands	✓
Sutherland, Caringbah	✗	Fremantle	✓
St Vincents, Darlinghurst	✓	Geraldton Regional	✓
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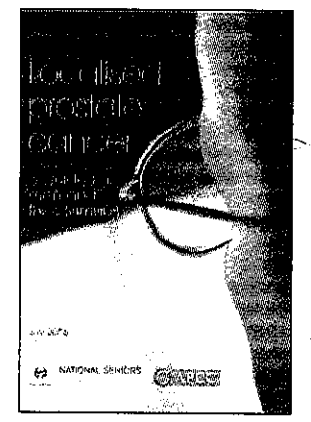

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