Prevalence of Stroke in a Tertiary Care Teaching Hospital, Warangal

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ABSTRACT

Background: History: Stroke is one of the biggest deaths as well as the major cause for victims’ disabilities worldwide. Stroke is a disorder of considerable public health concern. Stroke has serious economic and social implications. In future decades, Stroke is expected to rise and may double until 2030. Aim: The aim of that analysis is to determine the frequency of ischemic stroke in the Telangana community with hemorrhagic stroke and other forms of stroke. Methods: It is a forward-looking observer study in the MGM Hospital. Our study includes patients diagnosed with ischememia, hemorrhaging and other types of stroke. Results: Out of 750 patients, 703 patients are suited for our study. The regional distribution of stroke is estimated to be more prevalent in Warangal when compared to other regions of Telangana. Male patients are more likely to be more affected by stroke when compared to females. Majority of the patients affected are between the age group of 51-60 years. Ischemic Stroke was found to be highest when compared to hemorrhagic stroke and other types of stroke. Majority of the patients were presented with co-morbidity of hypertension and subjects with social habits like alcoholism, smoking and gutkha chewing are estimated to be more prone to stroke. Conclusion: The study showed that prevalence of stroke is higher in Warangal population. Ischemic stroke (60.17%) was found to be highest when compared to hemorrhagic (34.28%) and other types of stroke (5.54 %). Major modifiable risk factors are associated with stroke symptoms.

1. Introduction

The Stroke can be defined as an abrupt onset of focal neurologic deficit that lasts for at least 24 hours and it may be either ischemic or hemorrhagic. Ischemic stroke occurs due to local thrombus formation or emboli occlusion in a cerebral artery. Hemorrhagic stroke may occur due to subarachnoid hemorrhage, intracranial hemorrhage and subdural hematomas. Transient ischemic attacks (TIA) is characterised by focal neurologic deficits lasting less than 24 hours and usually less than 30 minutes.[1] Stroke is second leading cause of death worldwide. High morbidity of stroke results in 50% of survivors left being disabled chronically. The high mortality and morbidity of stroke is said to rise over future decades in developing countries. It is estimated that 15 millions of people are presenting with stroke symptoms worldwide each year. Out of these, 5 millions die and other 5 millions are left seriously disabled. High blood pressure and improper lifestyle are the key contributors of stroke. It is predominant in developing countries.[2] Stroke mortality is higher in Asia due to low birth weight, insecure social health system, hypertension, diabetes, obesity and cigarette smoking are prevalent and poorly controlled. Moreover organised stroke centres and diagnostic tools are insufficient which is increasing the stroke mortality in Asia [3]. Among the Asian countries, in India, the mortality rate of stroke is higher ranging 262/100,000 in rural areas, while 424/100,000 in urban areas. The stroke units are predominantly available only in private hospitals in urban areas. Because of this rural people were unable to get proper diagnosis and treatment for stroke. Early diagnosis, management and public awareness for stroke is necessary to reduce the mortality rate [4]. Women have poorer functional and lower quality of life than men due to factors like coagulation status, Sex hormones, genetic backgrounds and lifestyle [5].

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Age, Gender, Race, Family history of stroke and Low Birth Weight (LBW) are considered as non-modifiable risk factors of stroke [6, 7]. Hypertension, Atrial fibrillation, Dyslipidemia, Cigarette smoking, Alcohol consumption, obesity, diet, physical inactivity, migraine and sleep disordered breathing are considered as modifiable risk factors [8, 9, 10]. Ischemic stroke is caused due to due to atherosclerotic plaque, cardiac embolism, migraine, arthritis and dissections [11].

Ischemic stroke occurs from vascular occlusion. Ischemia causes cell hypoxia and depletion of ATP. Since no ATP, there will be no energy to maintain ionic gradients across the cell membrane. Sodium and calcium influx and passive inflow of water into cell causes cytotoxic edema. Affected regions with cerebral blood flow of lower than 10ml/100g of tissue/minute is called core and zones of decreased perfusion <25ml/100g of tissue is called the Ischemic Penumbra. Tissues in core will die within minutes of onset while tissues in penumbra remain viable [12].

Hemorrhagic stroke occurs by intracerebral hemorrhage, subarachnoid hemorrhage, subdural hematomas. Intracerebral hemorrhage caused by damage of brain due to pressure by mass effect of hematomas. Subarachnoid Haemorrhage causes elevated intracranial pressure and impairs cerebral auto regulation which occurs in combination with acute vasoconstriction and micro vascular perfusion [13]. Subdural hematoma is a collection of blood below the inner dura region but external to brain and arachnoid membrane.[14]

Testing of muscle weakness, Physical examination, CT-scan, MRI-scan are useful tools in diagnosis of stroke [15]. Blood thinners, ACE-inhibitors, Statins and Mannitol are used in management of stroke [16, 17, 18].

The study is about prevalence of stroke in tertiary care teaching hospital. The rural people are not aware of stroke symptoms due to insufficient knowledge and negligence. This results in their failure to seek medical care further leading to high mortality rate. Identifying individuals with history of stroke symptoms and early diagnosis will reduce the mortality. There is no proper stroke studies reported in Warangal region. Hence the study is conducted to educate the Patients explaining the symptoms and time crux in management of stroke and its complications.

2. Results

Ischemic stroke is the most common type of stroke when compared to hemorrhagic and other types of stroke.

The geographical distribution of stroke is estimated to be more prevalent in Warangal when compared to other regions.

Out of all 703 patients, male patients are more likely to be prone to stroke compared to female patients.

Maximum number of patients was presented with risk factor of hypertension (409) and least number of patients with diabetes.

The mean age of study population (n= 703) was 56.8(±) 11.9 years. Majority of the patients are between the age group of 51-60 years. Subjects with social habits like alcoholism, smoking and gutkha chewing are estimated to be more prone to stroke. In this study out of 705 patients, 277 (39%) patients were receiving physiotherapy for the recovery of symptoms.
The majority of the patients in the present study experienced weakness of limbs as the most common symptom followed by slurred speech and deviation of mouth.

Smoking and Alcoholism were found to be the risk factors in the study. Out of 703 patients, 541 patients were smokers which were supported by a study done by Robert et al., 1986.

The demographic details, family history, personal history, signs and symptoms were assessed and estimated the prevalence of stroke. Ischemic stroke showed a higher incidence among hemorrhagic and other types of stroke.

4. Materials & Methods

Study design: It is a prospective observational study conducted in Mahatma Gandhi Memorial Hospital, Warangal. The patients who are diagnosed with ischemic, hemorrhagic and other types of stroke were included.

Inclusion criteria: Patients diagnosed with measurable neurologic deficit, Subarachnoid hemorrhage (SAH), Intracranial hemorrhage, Stroke presenting emboli were included.

Exclusion criteria: Patients presenting with seizures, gastrointestinal hemorrhage, myocardial infarction, underlying neurologic disorder and with co morbidities (ESRD, Pregnant women, lactating mother) were excluded.

5. Conclusion

The study revealed high prevalence of stroke in Warangal population. Among them ischemic stroke was found to be highest (60.17%) than hemorrhagic (34.28%) and other types of stroke (5.54%). Major modifiable risk factors are associated with stroke symptoms. These findings suggest that target interventions aiming to reduce hypertension, smoking, psychological distress and to encourage physical activity and adherence to Mediterranean Diet should be conducted to decrease the burden of stroke.

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Conflict of Interest

The author(s) confirm that this article content has no conflict of interest.

References


Fig 1: Distribution of Age

Fig 3: Physiotherapy, Gender distribution Social history of samples


