

Standard post-stroke care: Far from reality in Pakistan

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According to the World Health Organization, stroke is defined as "rapidly developing clinical signs of focal (or global) disturbance of cerebral function, lasting more than 24 hours or leading to death, with no apparent cause other than that of vascular origin".¹ Across the globe, stroke is the second most common cause of death.¹ According to a recent study, an estimated annual incidence of stroke in Pakistan is 250 per 100,000 population, which translates into 350,000 annual burden of stroke related morbidity in a country of 180 million people.²

A significant majority of stroke survivors require proper post-stroke rehabilitation services, as acute strokes mostly lead to life-long disability and impairment in carrying out routine activities.³ Due to the absence of well-designed post-stroke rehabilitation services, stroke survivors are unable to integrate back into the community, becoming a burden, not only on the patient's family members, but also on the already exhausted health care services of a third world country like Pakistan. Following the various post-stroke rehabilitation algorithms available, will allow for stroke survivors to cope with their disability better and help attain a substantial amount of personal satisfaction.⁴ Even in stroke survivors who can perform their tasks with greater ease and are functionally active, physical activity tends to be lower as compared to their healthy elderly counterparts.⁵

An effective rehabilitation programme consists of a multi-disciplinary team that works to tailor rehabilitation

services according to the individual needs of stroke survivors. In Pakistan, we lack the resources to take care of the large number of stroke survivors encountered in routine clinical practice. At present there are 23 centers that are providing proper physical therapy and rehabilitation in Pakistan,⁶ operating under the aegis of the Pakistan Army or the Private Health care services.⁷ Of these, many don't have a proper multidisciplinary team approach, mainly due to low workforce, untrained personnel or a paucity of funds.

We recommend improvement of currently available stroke centers by increasing the number of trained personnel, up scaling of available facilities through reallocation of resources, as well as establishing dedicated stroke care and rehabilitation centers where the needs of stroke survivors can be catered to at an individual level. We can utilize mass media to create awareness among the populace regarding stroke, and provide better understanding of the risk factors leading to stroke. The development of support groups and stroke helplines to answer queries of stroke survivors is also highly recommended.

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