Delay in Seeking Treatment Is Still the Main Barrier in Receiving Acute Stroke Therapy

To the Editor:

Although there have been major advances in stroke diagnosis, prevention, and treatment during the past decade, stroke is still the third most common cause of death in Taiwan.¹ The intravenous tissue plasminogen activator (tPA) is currently the only approval medical therapy for acute ischemic stroke within a 3-hour window²,³ and is recommended by Taiwan Stroke Society’s Guidelines for the Management of Acute Ischemic Stroke.⁴ In the Taiwan Thrombolytic Therapy for Acute Ischemic Stroke Study⁵ and thrombolysis with alteplase for acute ischemic stroke in the Safe Implementation of Thrombolysis in Stroke-Monitoring Study⁶ both showed that intravenous tPA is safe and effective in routine clinical use for acute ischemic stroke within 3 hours. However, in Taiwan Thrombolytic Therapy for Acute Ischemic Stroke Study, only 241 patients had received tPA treatment in 32 months of observation.⁵ A survey of stroke center status in Taiwan showed that <1% of ischemic stroke patients received thrombolytic therapy.⁶ These 2 studies showed that the extreme low percentage of Taiwan stroke patients had received proper treatment in acute ischemic stroke.

The main key in acute stroke management is the time it takes the patient to recognize the stroke symptom and seek proper treatment, not the dose of the tPA regimen. In the past, most investigators have investigated the relationship of sociodemographic and clinical factors of delay in treatment.⁹ However, the percentage of patients receiving tPA treatment for acute ischemic stroke is low in Taiwan, and this is the main barrier in acute stroke therapy. If we can shorten the prehospital delay, then we can save more patients with tPA.

Disclosure

None.

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