

Multidisciplinary approach in stroke: Onset to rehabilitation

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EDITORIAL

Stroke is a curse in life. Sufferers only know its devastating effect. It is a wide spread public health problem, non-communicable disease and considered killer as well as disabling disease. Both modifiable and non-modifiable risk factors are responsible for stroke. Modifiable risk factors like obesity is preventable. Once upon a time old age was considered as risk factor but recently observing that it attacks after 30 years of age. The public health burden of young age stroke is high in these populations because of a relatively greater loss of productivity and wage-earning years (1).

To lessen the financial burden of stroke in a low income country like Bangladesh prevention could be the best way and the recognition of amendable risk factors is vital (2). Bhopal, et al (3) propose that the explanation for high rates of stroke in Bangladeshis lies in their heavier burden of some established risk factors, their socioeconomic deprivation, and some novel risk factors that are yet to be characterized. Pending deeper understanding of the causes, doctors should be aware of the high risk of stroke and stroke fatality in Bangladeshis even in the absence of raised blood pressure. There is a high modifiable burden of risk factors for adult stroke deaths in rural Bangladesh, most notably including hypertension.

Misconception about symptom of heart attack and stroke exists which ultimately results delay in reaching hospital or reaching wrong hospital though every single second is important to save life or minimize brain damage. In acute stage emergency medical management is required. Rehabilitation protocol should be started as early as possible. As stroke demands huge medical management, so no single medical discipline/professional involves to manage it. Emergency medical officer, neuro medicine specialist, neurosurgeon, nurse, physiotherapist, occupational therapist, psychologist, speech

and language therapist, social worker can take part in stroke management from onset to rehabilitation. Everybody has their unique role; coordination and cooperation among various discipline/professional is desirable to do better management and aiming to target reduce distressful life and patients sufferings in the long run. It will be better if all of these facilities are available under one umbrella in our country.

After discharging from hospital patient usually stays in home. Community based rehabilitation can be a useful option for post-stroke disable patients. Public health professionals can build awareness on risk factors of stroke as well as importance of rehabilitation. Medical doctors should be conscious about rehabilitative treatment and make understand patients or attendants about continuation of physiotherapy after discharging from hospital. Written record in medical file or clear indication of rehabilitation in discharge paper or refer to physiotherapy professional is crucial and needed. Though there is no graduate physiotherapist in public hospital in our country but concern authority should think about multidisciplinary approach and engagement of physiotherapist, occupational therapist, speech and language therapist is burning issue now.

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