



Canadian Stroke Network

Réseau canadien contre
les accidents cérébrovasculaires

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Organized care can prevent nine out of 10 in-hospital stroke deaths, Canadian study shows

NEW ORLEANS, LA: Nine out of 10 in-hospital deaths could be prevented within the first week following stroke by putting in place organized care, according to startling new research from the Registry of the Canadian Stroke Network presented today at the International Stroke Conference.

This is the first time data have shown such a striking link between organized care -- giving patients access to physiotherapy or occupational therapy, stroke-team assessment or admission to a specialized unit -- and in-hospital stroke mortality. The study looked at 3,631 patients admitted to 11 Canadian hospitals due to ischemic stroke between July 2003 and March 2005.

The mortality rate (adjusted for age, gender and stroke severity) for those who received organized care post-stroke was 2% at seven days, compared with 22.5% for those who didn't get organized care. At 30 days post-stroke, the mortality rate for patients who received organized care was 6.3%, compared to 28.1% for those who did not; at one year post-stroke, the mortality rate was 17.9% for those who received organized care, compared to 34.7% for those who did not.

“This is a stunning illustration of the impact of providing organized care to stroke patients,” says study leader Dr. Gustavo Saposnik of the Canadian Stroke Network, who is based at St. Michael's Hospital in Toronto. “This very issue is under intense debate in the stroke world as hospitals organize services to meet the needs of patients. It is sometimes difficult to understand that a ‘stroke unit’ or ‘physiotherapy’ is a treatment, in much the same way as a pharmacological intervention or a medical procedure like bypass surgery or appendectomy.”

The study showed that escalating levels of access to organized care were associated with improved stroke survival. It also showed that even when patients receiving higher levels of care had more severe strokes, their outcome was better.

“These research findings should be a call-to-action for all ministries of health and regional health authorities,” says Elizabeth Woodbury, Executive Director of the Canadian Stroke Strategy, a joint initiative of the Canadian Stroke Network and the Heart and Stroke Foundation. The Canadian Stroke Strategy is a national effort to reorganize and improve stroke prevention, care and rehabilitation.

Canadian Stroke Network Scientific Director Dr. Antoine Hakim says today’s findings provide “powerful justification” for the Canadian Stroke Strategy. “We’re all familiar with treating heart attacks as emergencies, and the need for major hospitals to have cardiac care units. This research shows that the same system needs to be in place to care for stroke patients in all parts of the country.”

“Together we’re supporting the development of organized stroke care in every province,” says Sally Brown, CEO of the Heart and Stroke Foundation of Canada. “We’re working to make these research results a reality for every Canadian.”

The Registry of the Canadian Stroke Network is the largest clinical database of patients with acute stroke.

About the Canadian Stroke Network (www.canadianstrokenetwork.ca)

The Canadian Stroke Network includes more than 100 of Canada’s leading scientists and clinicians from 24 universities who work collaboratively on various aspects of stroke. The Network, which is headquartered at the University of Ottawa, also includes partners from industry, the non-profit sector, provincial and federal governments. The Canadian Stroke Network, one of Canada’s Networks of Centres of Excellence, is committed to reducing the physical, social and economic impact of stroke on the lives of individual Canadians and on society as a whole.

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