

IAN Stroke Subsection 2021 annual Online Meeting 13.11.2021

Agenda

1. Welcome address by the Chairman: Prof. Kameswar Prasad.
2. Approval of the minutes of the 2020 IAN subsection meeting uploaded at IAN website
3. Annual Report: Sunil.K.Narayan, Convener, Stroke Subsection
4. Approval of the annual report
5. Introduction of new members
5. Deliberation of 2021-22 programmes including mid-term meeting or webinar series
6. Vote of thanks by Convener and conclusion of the meeting.

Annual Report of the stroke subsection (IAN) 2021 November

Subsection activities

A. Membership:

During 2020, the subsection membership drive progressed vigorously and the membership has now further grown to a total of **201** as on 1st November 2021. A whatsapp group has also been created of the subsection members to facilitate their interactions.

Due to the unprecedented and shocking development of the Covid-19 pandemic in India from March 2019 to November 2020 and a second wave again from March 2021 onwards, some of the planned physical meetings and conference activities of the subsection had to be suspended. However, the subsection was involved in the following online activities focussed on the stroke care during this period.

B. Stroke Education Programmes:

1. **World Stroke Day 2021 stroke awareness public seminar** on 30th October 2021 in collaboration with the WFN-IAN education programme:

The meeting was Chaired by the President of the IAN, Shri JMK Murthy and co-chaired by Prof Chandraekhar Meshram and Dr. Nirmal Surya, President-Elect, IAN. Dr. Kameswar Prasad, Chairman, Stroke-subsection gave a talk on "All that you need to know about stroke". This was followed by a public interaction on stroke with stroke expert panel. This year's panel was joined by Prof. Peter Rothwell, the Stroke expert from the University of Oxford who had worked extensively on the role of Carotid surgery in ischemic stroke and stroke secondary prevention. Dr. Kameswar Prasad Director, Rajendra Institute of Medical Sciences, Ranchi; Dr. Chandrasekhar Meshram, President, TGNSG, WFN; Dr. Sunil Narayan, JIPMER, Dr. Deepika Joshi, Varanasi and Dr. Srijiithesh PR, NIMHANS.

2. **The IAN Stroke webinar Series 2020:**

A number of important webinars were conducted in connection with the World Stroke Day by the IAN stroke subsection in 2020. A list of these seminars is as given below.

Date	16.10.20	6.11.20	13.11.20	20.11.20	27.11.20	6.12.20	30.12.20
Speaker1	Dr. Kameswar Prasad, New Delhi	Dr. Louis Caplan, Boston	Dr. Raj Kalaria, Newcastle	Dr. Gary Ford, Oxford	Dr. Peter Sandercock Edinburgh	Dr. Vikram Huded, Bangalore	Dr. Bindu Menon, Vijayawada
Topic	Thrombolysis today in ischemic stroke in Indian Scenario: Basics	Mechanisms of Stroke	Cerebrovascular pathology in ischemic stroke: An update	Improving pre-hospital diagnosis of stroke and prospects for the future	30+ years of Evidence-based stroke medicine: how far have we come in that time, how far still to go?	How did I do thrombectomy in India during the Pandemic times?	Outreach Stroke Service: My experiences
Speaker 2	Dr. Sunil K Narayan, Pondicherry	----	Dr. Pankaj Sharma, London	Dr. Vijay Sharma, Singapore	Dr. Kameswar Prasad	-----	Dr. Sushma Sharma, New Delhi
Topic	Supportive care in acute Ischemic stroke in Indian Scenario: Basics	----	Are Indians more vulnerable to stroke than Caucasians?	Intracranial stenosis	Treatment gaps in stroke care in India: data from Medical colleges and district hospitals	-----	Novel Oral Anticoagulants in Stroke therapy: An update

These topics were carefully selected after discussions with members of subsection and with interests of the young members particularly in consideration. There were participants from other groups also. The talks were of very high academic standard and very well appreciated. We received several important feedbacks like interest of overseas members to have training and impart training in certain areas of stroke care.

C. Collaboration with Stroke Alliance India to strengthen Patient Participation in stroke care

The IAN Stroke Subsection collaborated with the Dakshama Stroke Support Alliance Group who is an important emerging voice of the stroke patients and caretakers and the physicians directly taking care of them. This meeting for the southern regions was convened by the Dakshama on 29th October 2021. The objective of the meeting was to discuss on the various nuances of stroke care journey from prevention to rehab and palliative care. The meeting sought valuable inputs from 5 stroke experts from the southern region who could help crystallize the main topics for discussion for a National consultation on the world stroke day as a 2 panel format with a wider representation of stakeholders from various backgrounds in stroke care. The brainstorming covered the key challenges and issues faced by patients in stroke care and their solutions to overcome. Some of the interventions that was taken into the consideration as a part of the discussion and which are also views shared by the stroke subsection, are as follows:

Training:

- Skilling and reskilling of the physicians and training them for identifying the acute stroke patients for thrombolytic treatment is essential for increasing the awareness and reach of physicians serving in remote areas.
- Skilling of workforce- specially, frontline and first responders like ambulance staff, ANMs etc.
- Training of the physicians in the periphery under the guidance of at least one neurologist.
- Physicians at the community or DH should be trained in such way so that they are able to provide a referral to a stroke ready hospital after stabilizing the patient by adopting hub and spoke model.

Awareness:

- Patients and public should be educated about the symptoms and signs for early recognition of stroke, on common and modifiable risk factors of stroke, and post-stroke complications and their possible prevention.
- Importance of patient groups must be highlighted among the patients and caretakers who visit hospitals and they should be encouraged to join such groups.
- Social media platforms and other means of communication like Television and radio must be used liberally for awareness generation
- Awareness in the community must be more focused on early recognition of stroke and on reaching a stroke ready hospital and on the dissemination of the message that stroke is treatable.
- Awareness on currently available government health and patient benefits and welfare schemes must be disseminated among the general population.

Role of a Family physician:

- In Primary prevention: Emphasis on The importance of undergoing screening investigations to evaluate the presence of these risk factors, and once identified to take the required life style modifications and medicines as advised. Thereafter the need to periodically consult with the family physician and modify the medicines as needed.

- Of late, the concept of the family physicians role has been losing relevance after the advent of specialists and this needs to be corrected, as the family physician has a great role to play in both the primary and secondary prevention of stroke and coordinated implementation of advices from specialists and for health communication
- Patients are unable to reach the concerned specialist as required as they may not be available easily when required and family physicians can support the patients until they reach a specialty hospital.

Stroke Rehabilitation:

- Stroke rehabilitation is in its nascent stage and facilities are not available even in cities to the required extent. Also these are expensive and not within reach of ordinary patients, steps have to be taken to make rehab facilities available in all district and taluk hospitals
- Strong operational guidelines for stroke rehabilitation to be created from patient perspective.

Caregiver's perspective:

- Emphasis should be made on how to reduce the caregiver burden especially for first few months after stroke.
- Caregiver based rehab model should be adopted for better management of the stroke patients at home.

Infrastructure:

- More and more primary and comprehensive stroke units to be established in government hospitals where more than 70% of the stroke patients receive treatment. with a physician based outreach model to care for the patients especially in the peripheral hospitals.
- Basic acute care and post-stroke rehab (for at least 1 week) to be given to stroke patients in the hospital.

Thrombolysis:

- Government may take steps urgently to bring thrombolytic treatment and lifesaving drugs like intravenous (IV) alteplase and tenecteplase essential drug list and to make them freely and readily available to the patients.

- Health insurance:

Inclusion of stroke care packages and post-stroke rehabilitation under Ayushman Bharat (PM-JAY) and other insurance schemes

D. National Stroke Guidelines, Ministry of Health, Revision plans

The Office of DGHS had contacted D. Sunil Narayan, in his capacity as convener, stroke subsection, IAN and stroke expert from JIPMER, Pondicherry on considering revisions on the existing guidelines. The proposed revisions were evaluated by stroke subsection and our feedbacks given. Involving stroke patient and caretaker inputs while planning any revisions and incorporating them into any new guidelines was suggested by the subsection. Regarding a proposal from pharmaceutical firms challenging the

thrombolytic therapy guidelines of IV Tenecteplase bolus of 0.2mg/kg, instead of 0.25 mg/kg as per current evidence, the stroke subsection gave feedback that it was based on the only existing DCGI approval for the licensing for Tenecteplase in India where the approval was for 0.2 mg/Kg. This would need modification but will have to be consistent with existing DCGI recommendations for the drug currently licensed in India. However, subsection do appreciate that 0.25mg/kg is perhaps more effective and safer as well and in the next revision, this needs to be considered. The chairman had earlier given a comprehensive review on the evidence for the same in one of the subsection meetings. group feedback that since the last revision was only in January 2019, immediate revisions are not needed. But it is felt that stroke subsection must start working on the updates. Incorporation of grading system into the guidelines was discussed during the international symposia of the subsection, and it is one of the items for discussion in the agenda at the subsection meeting

D. COVID-19 Pandemic and Stroke in India

Covid-19 general guidelines and disease specific possible impacts on vascular diseases necessarily resulted in formulation of specific Covid-19 stroke guidelines. This has been uploaded at the IAN Stroke subsection website.

Covid Stroke Care guidelines formed by IAN stroke subsection was uploaded at the subsection website of IAN. The reports of venous and arterial thrombosis as a complication of several COVID vaccines had alarmed the world. Several of the subsection members have since then been following up on COVID-19 disease and COVID vaccine related venous and arterial events including strokes. IAN stroke subsection can combine the relevant databases to have an estimate of the COVID-19 and COVID vaccine associated strokes and on the impact of COVID-19 pandemic on stroke patients. The chairman was a member of the WHO committee on the study of the thrombotic thrombocytopenic syndromes associated with CoVID-19 vaccination.

E. Direct Mechanical thrombectomy vs. bridging thrombolysis followed by thrombectomy for acute ischemic stroke

The Stroke subsection of IAN is part of an international consortium led by the McMaster university on the evaluation of direct Mechanical thrombectomy vs. bridging thrombolysis followed by thrombectomy for patients in with large artery stem occlusions with massive stroke, who present within the conventional thrombolytic window. This is another area for discussion at the general body meeting of the stroke subsection



Dr. Sunil Narayan,
Convenor, Stroke Subsection.

S/D

Dr. Kameswar Prasad
Chairman, Stroke Subsection

1.11.2021