Stroke and the Covid19 Pandemic

Brian Trimble, MD, MPH, FAAN

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Talking Points:

- Triage of acute stroke patients
- The problem of acute stroke patients delaying or avoiding care
- Covid19 and increased risk of stroke

Triage of acute stroke patients

- Begins with activation of EMS to identify those who maybe infected and prepare accordingly
- Strategies to limit spread of infection to stroke unit and other vulnerable patients and staff
  - PPE
  - How and were imaging should be done
  - Covid19 unit for Covid19 positive patients
  - Stroke unit for Covid19 negative patients
- The need to minimize delay in treatment
- Identifying hemorrhagic vs ischemic stroke
  - Thrombolytics
  - Thrombectomy

The problem of patients with acute stroke symptoms delaying care

- Stroke is treatable but the treatment window is narrow
  - Thrombolytic treatment window is 4.5 hours
  - Thrombectomy window is 6 hours, up to 24 hours if there is a perfusion mismatch
- Estimates are that there are 20-30% fewer strokes being seen in hospitals world wide
- People are afraid they may get infected
- Symptoms are mild or go away (TIA)

The problem of patients with acute stroke symptoms delaying care

- Stroke is a treatable condition
  - Acute treatment
  - Secondary prevention measures require identification and mitigation of risk factors
    - Hypertension
    - Hyperlipidemia
    - Diabetes
    - Obstructive sleep apnea
    - Use of tobacco
    - Alcohol abuse
    - Atrial fibrillation, PFO, other sources of cardioembolism
    - Carotid stenosis
    - Coagulopathy
  - People with a history of stroke are at risk of recurrent stoke

People infected with Covid19 have an increased risk of stroke

- Arterial and venous occlusion
- Coagulopathy and/or vasculopathy
- Young people without risk factors are getting strokes
  - 30’s, 40’s and 50’s
- Has been seen with other Covid pandemic (SARS)

Stroke Management Resources

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