

BRAIN ATTACK: A PREVENTABLE DISEASE

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Stroke or focal neurologic deficit due to vascular event in the brain is a serious disease with high morbidity and mortality. It is currently the third leading cause of death world over, surpassed only by the heart disease and cancer.¹⁻³

Ischaemic stroke is also called Brain Attack, to equate it with Heart Attack and to highlight the fact that if early recognized, thrombolysis might help to re-canalize the thrombosed vessel and reverse the ischaemic process.^{4,5}

There are numerous modifiable risk factors for stroke, which if recognised early and corrected well in time, can reduce the mortality from stroke.⁶ So much so that even a low socio-economic status is also a risk factor,⁷ but the most important ones among these are hypertension, diabetes mellitus, smoking, and dyslipidaemia.⁸⁻¹⁰ A study published in the same issue by Marwat et al from Swat has reappraised these important risk factors.¹⁰ In this study, hypertension was the most common risk factor; 75% stroke patients were hypertensive, as pointed in other local studies as well.^{12,13}

It is high time to act and struggle to modify the risk factors for stroke, especially the hypertension, diabetes, smoking and dyslipidaemia.

Hypertension should be recognized early as it is a silent killer with no symptoms unless it ends up with complications. Community measures should be taken to reduce its incidence. Foods full of salt should be reduced in the market and more parks and public places should be provided in the cities. Diabetes mellitus which is now classified as cardiovascular disease rather than an endocrine disorder can be reduced by healthy diet and life. These measures will also correct the dyslipidaemia.

Of course smoking needs a collective effort. Although it is carried out on individual and organizational level in the developing countries like Pakistan but it needs more organized efforts.

REFERENCES

1. Donnan GA, Fisher M, Macleod M, Davis SM. Stroke. *Lancet* 2008; 371: 1612-23.
2. Feigin VL. Stroke epidemiology in the developing world. *Lancet* 2005; 365: 2160-1.
3. Qureshi MA, Jamshaid TD, Siddiqui AM. Stroke – A study of clinical patterns and risk factors. *Ann King Edward Med Coll* 2003; 9: 98-100.
4. Graham GD. Secondary stroke prevention: from guidelines to clinical practice. *J Natl Med Assoc* 2008; 100: 1125-37.
5. Hacke W, Kaste M, Bluhmki E, Brozman M, et al. Thrombolysis with alteplase 3 to 4.5 hours after acute ischemic stroke. *N Engl J Med* 2008; 359: 1317-29.
6. Iqbal F, Hussain S, Hassan M. Hypertension, diabetes mellitus, and hypercholesterolaemia as risk factors for stroke. *Pak J Med Res* 2003; 42: 17-22.
7. Li C, Hedblad B, Rosvall M, Buchwald F, Khan FA, Engström G. Stroke Incidence, Recurrence, and Case-Fatality in Relation to Socioeconomic Position: A Population-Based Study of Middle-Aged Swedish Men and Women. *Stroke* 2008; 39: 2191-6.
8. Onuwuchewa A, Bellgam H, Asekomeh G. Stroke at the university of port harconet teaching hospital, rivers state, Nigeria. *Trop Doct* 2009; 39: 150-2.
9. Alam I, Haider I, Wahab F, Khan W, Taqweem MA, Nowsherwan. Risk factors stratification in 100 patients of acute stroke. *J Postgrad Med Inst* 2004; 18: 583-91.
10. Javed MA, Ahmed M, Shahid M, Sial H, Naheed T. Risk factors in stroke. *Pak J Neurol* 1998; 4: 55-8.
11. Marwat M, Usman M, Hussain. Stroke and its relationship to risk factors. *Gomal J Med Sci* 2009; 7:
12. Alam I, Haider I, Wahab F, et al. Risk factor stratification in 100 patients of acute stroke: 2004, 18; 583-91.
13. Amin R. Risk factors evaluation in patients presenting with acute stroke. [Dissertation] *Coll Physician Surg Pak* 1998: 100.