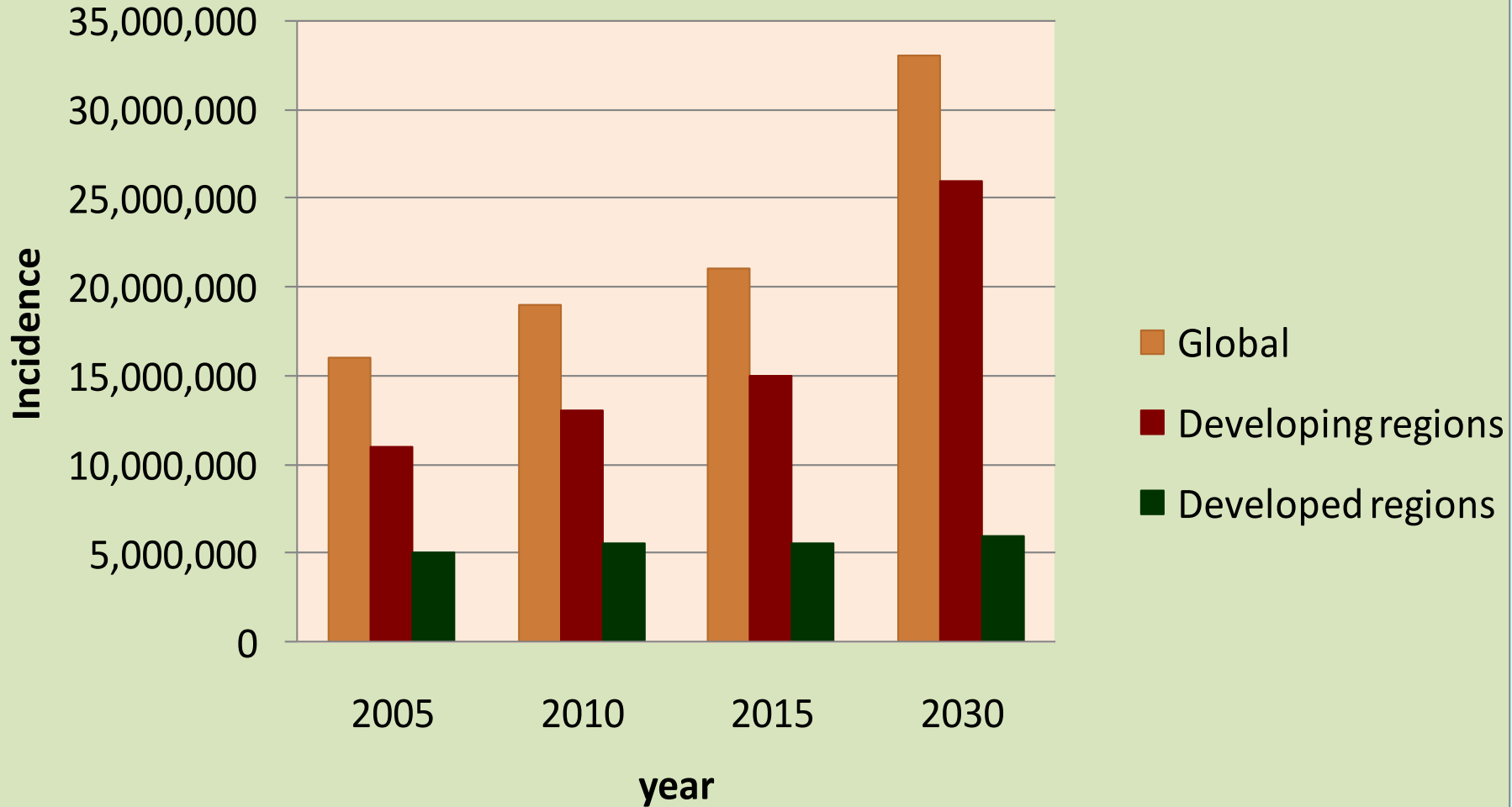


National Stroke Strategy

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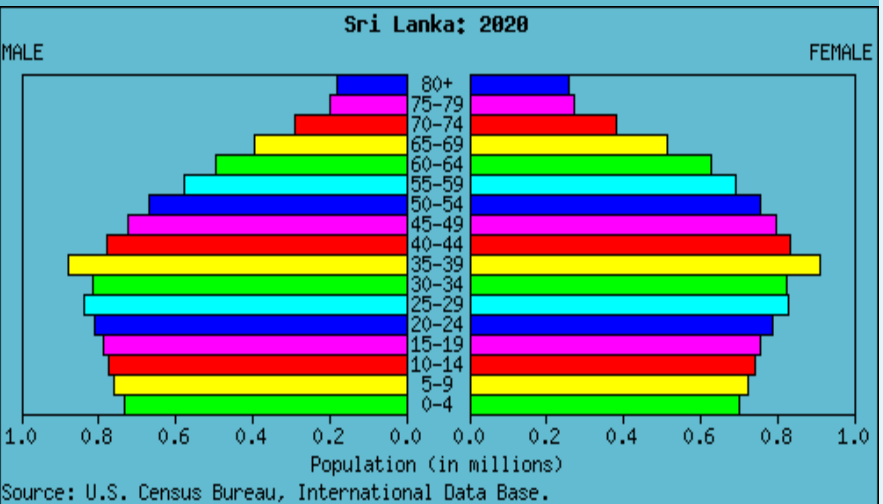
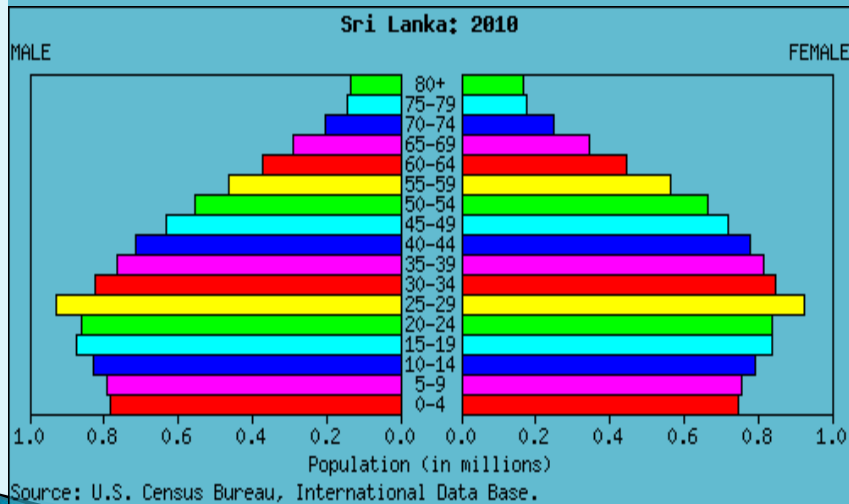
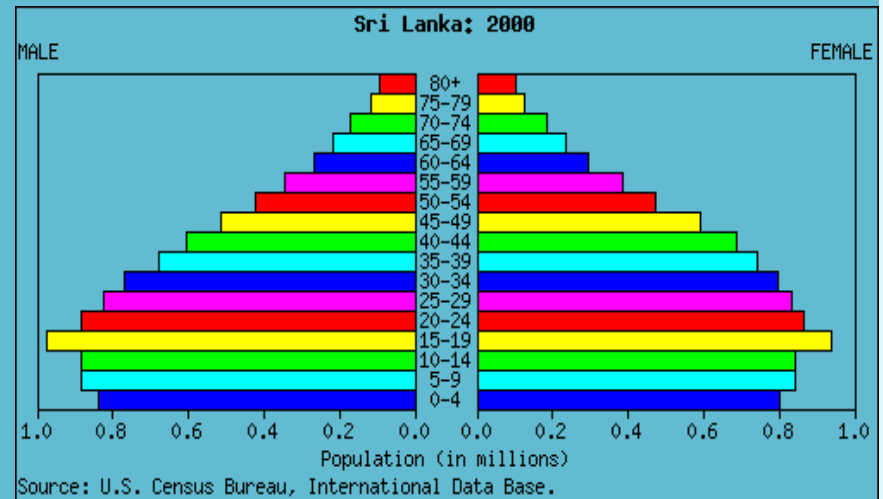
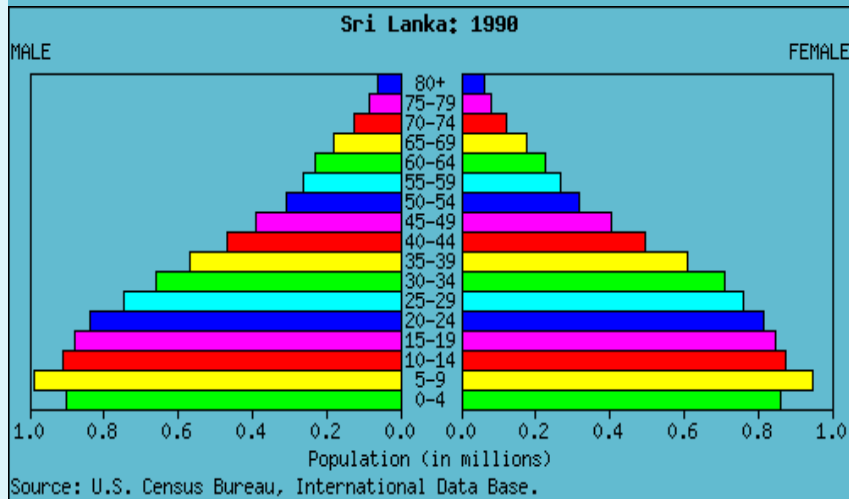
Stroke Incidence projections, 2005-2030, Men and women combined



Epidemiology

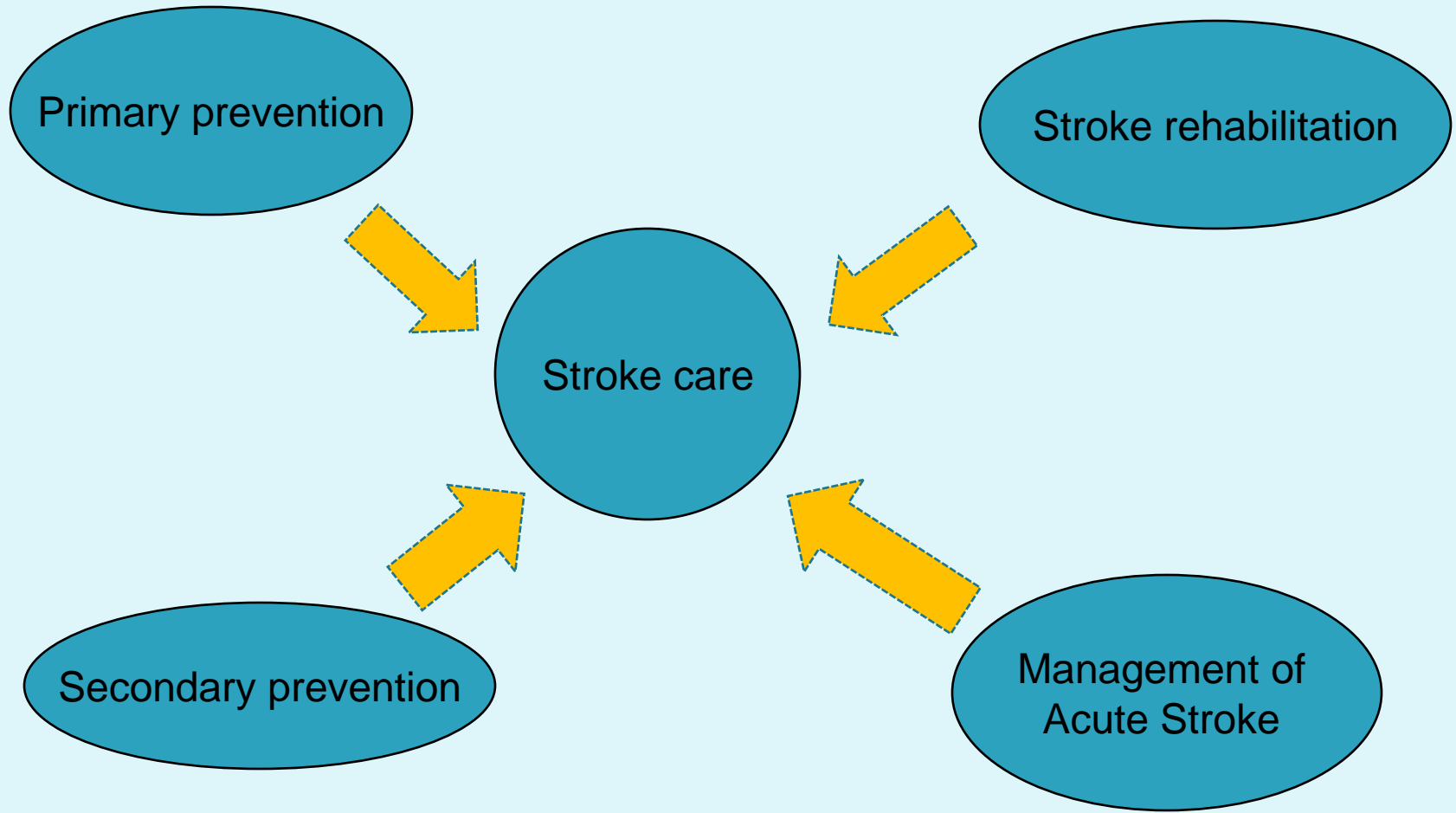
- ▶ Third leading cause of deaths
- ▶ Commonest cause for adult disability
- ▶ WHO predication
- ▶ Aging population

Age -Sex Distribution of SriLankan population (1990,2000,2010,2020)



Epidemiology

- ▶ Third leading cause of deaths
- ▶ Commonest cause for adult disability
- ▶ WHO predication
- ▶ Aging population
- ▶ 60% die or left disabled
- ▶ 10% die within one month, 50% left disabled, 30% recover normal



Advances in stroke care

- ❑ Control of BP & Cholesterol
- ❑ Stopping smoking
- ❑ Aspirin
- ❑ CT scanning of brain
- ❑ Intravenous rtPA
- ❑ Stroke units
- ❑ Anticoagulants for heart disease
- ❑ Carotid endarterectomy
- ❑ Others
 - ❑ Stroke physicians
 - ❑ Comprehensive and primary stroke care centres
 - ❑ Community based rehabilitation

Stroke care in Sri Lanka

- ❑ 90% are not on lipid lowering drugs.
- ❑ 30% are not on aspirin.
- ❑ 40% and 75% have not checked blood sugar and cholesterol respectively within last one year.
- ❑ Smoking is the second leading cause of stroke in men.
- ❑ Most do not undergo CT scanning of brain.
- ❑ Thrombolytic programme is available only at the National Hospital.
- ❑ There are no stroke units but only 30 stroke beds in Ministry of Health
- ❑ No comprehensive stroke centers, centers for community based rehabilitation and stroke physicians.

National Stroke strategy

- ▶ Awareness
- ▶ Preventing stroke by control on vascular risk factors
- ▶ Acting on the warnings; TIA
- ▶ Imaging brain
- ▶ Stroke units
- ▶ In hospital long term rehabilitation
- ▶ Social Workers & counsellors
- ▶ Community based rehabilitation
- ▶ Thrombolysis with rtPA
- ▶ Research in stroke

National Stroke Strategy for Sri Lanka

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