Stroke Management In Kyrgyzstan: Results From RES-Q Stroke Registry

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Background and Purpose

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The quality of the treatment and prevention of stroke
in the Kyrgyz Republic

Results of the Kyrgyz Integrated Household Survey in 2007 showed that only 17% of patients with elevated blood pressure had taken medication for hypertension within the last 24 hours. One of the reasons is their doctor's recommendation to take drugs only during a crisis, and not on a regular basis as is suggested in the clinical guidelines. In addition, patients themselves "thought this was not necessary."

Figure 4. Recommendations at discharge, %

Figure 2. The treatment of hemorrhagic stroke patients in in-patient facilities (%)

Figure 3. Treatment of ischemic stroke patients in in-patient facilities (%)

Weaknesses in the prevention and treatment include:

- Not all of the patients are admitted to inpatient facilities, they rather stay at home. In Bishkek, only 39% of patients are hospitalized.
- In half of the oblasts where the study was conducted, patients are hospitalized after 24 hours from the first symptoms' manifestation.
- The ambulance service has a narrow coverage and performs an insufficient range of services for stroke patients in more than a half of the studied oblasts.
- Availability of modern methods of diagnostics of stroke and its subtypes (CT/MRT) in Kyrgyzstan remains low. Mostly, the differential diagnosis of certain types of stroke in Kyrgyzstan is based on physical examination and doctor's experiences.

2010, National Clinical guideline of the stroke management

ESO and WHO Initiatives :

Aim of study

To observe and compare approaches to the acute ischemic stroke management according to RES-Q stroke registry in two departments in Bishkek, Kyrgyzstan

Methods

Design

Departments:

Civil City Clinic #1, angioneurology department, Bishkek-city
Chui Regional Clinic, neurological department, Bishkek-city
Naryn Regional Clinic, angioneurology department, Naryn-city
Osh Regional Joint Clinic, neurological department, Osh-city

Inclusion criteria were:

- patients age 18-90 years;
- the acute phase of the ischemic stroke, not later than 36 hours from the onset, supported with neurovisualisation data (MRI or CT-scan)

Interviewing patients at Kyrgyz hospitals

Results

The percentage of patients treated in the stroke unit / ICU

Discharge destination

Antihypertensives at discharge

Median hospital stay (days)

Antiplatelets recommended in discharge

Statins therapy in discharge

RES-Q activities in Kyrgyzstan

Educational trip to Naryn, 3000 m

WHO meeting for the ROADMAP for stroke and acute coronary syndrome: Stroke registry RES-Q is highly accepted and recommended by WHO professionals

Students and residents are presenting the RES-Q data and winning prizes on scientific conferences in Kyrgyzstan and Kazakhstan

ESO-Angels Awards Position

Conclusion

RES-Q is a user-friendly stroke registry and is an important source of clinical, administrative and demographic information. Its implementation in all neurological centers in Kyrgyzstan is critical to stroke management improvement and standardization in the country.

Practical significance

The management of the RES-Q hospital register has made it possible to reliably estimate the structure and features of the course of cerebral strokes, to identify the most important risk factors, and to assess the severity of the patient's condition and the availability to thrombolytic treatment, which is the next stage in the implementation of the program for improving the course of treatment for patients with acute violation of cerebral circulation.

The implementation of this stage is the preparation for the introduction of thrombolytic therapy in the acute period of ischemic stroke in Kyrgyzstan.