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Acute Stroke Management in Japan

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One of the most important causes of long-term disability in both Japan and other Western countries is stroke. Although intravenous thrombolysis using recombinant tissue plasminogen activator (IV rt-PA) was approved in United States and Japan, few patients have been treated by IV rt-PA. The low utilization of IV rt-PA at present is quite similar to the Japanese national estimate. One of the most important factors associated with increasing the number of patients treated by IV rt-PA is the establishment of infrastructure for medical systems. To maintain provision of adequate stroke services, such as pre- and in-hospital stroke care, key components are likely to include a stroke team including a stroke unit, neuroimaging available 24/7, and sufficient number of stroke physicians (SPs).

We suspect that some hospitals in Japan providing IV rt-PA have discontinued stroke services, while a small number of other hospitals are starting to conduct IV rt-PA. We therefore hypothesized that a factor associated with discontinuing or starting IV rt-PA might be the availability of SPs. In this session, we would like to show the relationships between components of stroke services, particularly the number of SPs, and discontinuing/starting IV rt-PA based on questionnaires received from hospitals conducting stroke care. Then, we will also state that other recommendations, such as stroke telemedicine and helicopter transportation, have arisen from previous reports on methods to compensate for the disparities of stroke services among hospitals.