

Ipsa Scientia Potestas Est: Regional Epidemiological Studies Lead to Regional Strategies for Stroke Prevention

Stroke is the fifth leading cause of death in the Western countries,^[1] however, both prevalence and mortality have declined in the past 20 years.^[1,2] This is attributed to a more optimum utilization of antihypertensives, statins, and antiplatelets that have targeted the associated risk factors in the Western populations.^[2] Therefore, the success in decreasing stroke incidence is a consequence of recognition of the stroke risk factors.

Recent studies have shown the stroke incidence in Asian and South Asian populations is growing.^[3,4] We have already learned from epidemiological studies in the Asian population that the prevalence of atherosclerotic disease in stroke patients is different from the Western population.^[5,6] This prioritizes certain screening tests and preventive measures in Asian population to address the risk factors of atherosclerotic diseases. The sparsity of epidemiological data on stroke subtypes and associated risk factors in developing countries^[4,7] will make it difficult to devise region-specific recommendations for stroke prevention. The more limited resources in South Asian and Middle Eastern countries further highlights the importance of more regional studies to optimize provision of targeted treatments for primary and secondary stroke prevention in those countries. Therefore, stroke epidemiological studies on South Asian populations are a prerequisite to reducing stroke incidence and severity.

The paper entitled “Frequency of ischemic stroke subtypes based on TOAST classification at a tertiary care center in Pakistan” has addressed the above-mentioned need and has categorized stroke subtypes in a cross-sectional study of incoming stroke patients in a hospital in Pakistan. Authors have also evaluated the rate of risk factors in stroke patients. They have discovered a pattern of stroke that in part resembles the stroke in the well-studied Western population: cardioembolism, cryptogenic stroke, and small vessel disease are the stroke subtypes in the order of prevalence. Although their reported rate of unspecified stroke etiologies is comparable to non-Hispanic whites in Western countries,^[8] it is worth mentioning that the rate of cryptogenic stroke is influenced by efficiency of neuroimaging techniques to discover underlying atherosclerotic disease. In addition,

they have recognized the prevalence of high blood pressure, diabetes, heart failure and valvular disease, followed by smoking, dyslipidemia, ischemic heart disease, atrial fibrillation, and hypercoagulable state in stroke patients.

The cross-sectional design of the study, however, limits drawing a more causal relation as they have only studied the prevalence of risk factors in stroke patients and have not included a matched control. In addition, as authors have pointed out, private hospitals tend to have patients with a higher socioeconomic status, and therefore, their study population may not be representative. In fact, one interpretation to have cardioembolism as the leading stroke subtype could be the possibility that the people of higher socioeconomic status could have better-controlled atherosclerosis risk factors due to their superior access to preventive medical care, and therefore, they will have a higher share of stroke caused by non-atherosclerotic causes, mainly cardioembolism. This ambiguity could be solved as future studies include larger cohorts with a matched control population.

Pouria Moshayedi

*Department of Neurology, University of Pittsburgh Medical Center,
Pittsburgh, PA 15213, USA
E-mail: pouria@cantab.net*

References

1. Writing Group Members, Mozaffarian D, Benjamin EJ, Go AS, Arnett DK, Blaha MJ, *et al.* Heart disease and stroke statistics-2016 update: A report from the American Heart Association. *Circulation* 2016;133:e38-360.
2. Fang MC, Coca Perrillon M, Ghosh K, Cutler DM, Rosen AB. Trends in stroke rates, risk, and outcomes in the United States, 1988 to 2008. *Am J Med* 2014;127:608-15.
3. Kim AS, Cahill E, Cheng NT. Global stroke belt: Geographic variation in stroke burden worldwide. *Stroke* 2015;46:3564-70.
4. Wasay M, Khatri IA, Kaul S. Stroke in South Asian countries. *Nat Rev Neurol* 2014;10:135-43.
5. Bang OY, Saver JL, Liebeskind DS, Pineda S, Yun SW, Ovbiagele B. Impact of metabolic syndrome on distribution of cervicocephalic atherosclerosis: Data from a diverse race-ethnic group. *J Neurol Sci* 2009;284:40-5.
6. Gorelick PB, Wong KS, Bae HJ, Pandey DK. Large artery intracranial occlusive disease: A large worldwide burden but a relatively neglected frontier. *Stroke* 2008;39:2396-9. Available form: <https://doi.org/10.1161/STROKEAHA.107.505776>.

7. Tran J, Mirzaei M, Anderson L, Leeder SR. The epidemiology of stroke in the Middle East and North Africa. J Neurol Sci 2010;295:38-40.
8. Bang OY. Considerations when subtyping ischemic stroke in Asian patients. J Clin Neurol 2016;12:129-36.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online	
Quick Response Code: 	Website: www.asianjns.org
	DOI: 10.4103/ajns.AJNS_72_17

How to cite this article: Moshayedi P. *Ipsa Scientia Potestas Est*: Regional epidemiological studies lead to regional strategies for stroke prevention. Asian J Neurosurg 2018;13:1301-2.

© 2018 Asian Journal of Neurosurgery | Published by Wolters Kluwer - Medknow