SYLLABUS

Marrakesh, Morocco, November 12-17, 2011

XXth WORLD CONGRESS OF NEUROLOGY

XXth
WCN 2011
MARRAKESH
World Congress of Neurology

WFN

SMN
Societe Marocaine
DE Neurologie

ABC CARDINAL PRINCIPLES OF STROKE MANAGEMENT
An Educational Program of the World Stroke Organization

Chairpersons: **Michael Brainin**, *Austria*
                 Stephen M. Davis, *Australia*

14:30 **THE NUMBERS AND NEEDS OF STROKE EDUCATION IN NORTHERN AFRICA**
Mohammed Faouzi Belahsen, *Morocco*

15:00 **EARLY RECOGNITION AND DIAGNOSIS OF STROKE**
Stephen M. Davis, *Australia*

15:30 **MEDICAL TREATMENT OF STROKE**
Peter Sandercock, *UK*

16:00 *Coffee Break*

16:30 **PREVENTION OF COMPLICATIONS IN ACUTE STROKE**
Michael Brainin, *Austria*

17:00 **EARLY MOBILIZATION OF STROKE PATIENTS**
Bo Norrving, *Sweden*

17:30 **DISCUSSION**

Early recognition and diagnosis of Stroke

Professor Stephen Davis MBBS, FRCP(Edin), FRACP
Professor and Director of Neuroscience
Royal Melbourne Hospital & University of Melbourne

Stroke is the most common serious neurological disorder, the second commonest cause of death worldwide and a leading cause of long term adult disability. Acute stroke has a mortality rate higher than most forms of cancer. We are in the midst of a stroke epidemic, particularly occurring in low and middle income countries. There is substantial variation in stroke mortality around the world. Improved outcome depends on early recognition and accurate diagnosis. The new definition of stroke involves brain or retinal cell death due to prolonged ischemia. This includes episodes lasting less than 24 hours and strokes that are clinically 'silent'.

Both ischemia and hemorrhagic strokes are dynamic, evolving conditions and therapies for both stroke subtypes are aimed at limiting stroke growth. The chain of recovery in stroke depends on Recognition (both public and professional education), Reaction (speedy ambulance delivery to an emergency department), Response (rapid team work in the emergency department to assess the patient), Reveal (urgent imaging) and Rx-treatment (including stroke unit care, tPA, clot retrieval and new interventional therapies). FAST is a useful public education tool incorporating F (facial weakness) A (arm weakness) S (speech difficulty) T (time to act fast).

Professional education should include conditions that mimic stroke, particularly common disorders including seizures, sepsis, toxic or metabolic encephalopathy, tumours, syncope, confusional states and vestibular dysfunction. Strokes are predicted by exact time of onset, the patient being well in the preceding week with definite focal signs or symptoms. An emergency department protocol is critical and the concept of 'Code Stroke' with mobilization of an expert stroke team is proven to enhance efficiency and rates of thrombolysis. Acute imaging with CT and MRI should be performed in the emergency setting and the patient rapidly admitted to a stroke unit. Stroke unit care should be universal.