



# Doctor pushes system to save stroke victims

By Jill Coley  
The Post and Courier  
Monday, September 17, 2007

## Have a stroke plan

To benefit most from available treatments, people must recognize the symptoms of a stroke and act fast.

### Know the symptoms

- Sudden numbness or weakness of the face, arms or legs, especially on one side of the body.
- Sudden confusion or trouble speaking or understanding speech.
- Sudden trouble seeing in one or both eyes.
- Sudden trouble walking, dizziness, or loss of balance or coordination.
- Sudden severe headache with no known cause.

### Act fast

- Call 911.
- Insist on prompt evaluation.

Charlene Washington sat down on her bed to talk to her husband. She thought she was speaking, but her husband heard only

mumbling. Her right hand drew up to her chest and her mouth twisted.

Her husband, Keith, asked if he should call someone. She nodded her head. Charlene Washington, 25, had a stroke, a blood clot that affects the brain.

At the first sign of stroke, the three-hour window to receive a clot-busting drug called alteplase begins to close.

Washington made it to Medical University Hospital in time and was diagnosed as having a type of stroke that would benefit from the drug. Within 10 minutes of treatment, she could move her toes and her right arm, she said.

Three months later, she feels 100 percent recovered and credits much of that to alteplase. Doctors found and closed two holes in her heart, a congenital defect, which they blamed for the stroke.

The Medical University of South Carolina is gearing up to share its know-how about alteplase. Dr. Robert J. Adams, the new director of the MUSC Stroke Center, is championing an Internet consulting system that will link a team of specialists with small- and mid-sized hospitals.

Equipped with high-speed Internet access, the specialists could see and examine patients at a distance, speak to the family and staff, and view CT scans.

"The unfortunate reality is that, due to time constraints, if the first hospital a stroke patient is taken to cannot or does not give (alteplase), and give it properly according to national guidelines, the patient will not receive it or may be harmed by it," Adams said.

He was part of a team at the Medical College of Georgia that established an Internet consulting system known as REACH, or remote evaluation of acute ischemic stroke.

Nine small communities in eastern Georgia participated. Before the

program began in 2003, virtually no patients were treated with alteplase. Since then, more than 500 Internet consultations resulted in 100 patients being treated.

South Carolina has the second-highest death rate associated with stroke in the U.S., Adams said. Leaning against the freshly painted wall of his office is a state map dotted with pins. White flags mark the primary stroke centers: MUSC, Roper, and hospitals in Spartanburg and Anderson.

The state needs more centers and to Web-enable more of the smaller hospitals, Adams said. Georgetown Hospital System plans to bring its two hospitals, Georgetown Memorial and Waccamaw Community hospitals, online with MUSC by November.

"These communities up and down the coast have terrific rates of stroke," Adams said. "The idea you can helicopter all of them to Columbia or Charleston or somewhere else like that is not practical."

Alteplase was approved for stroke treatment a decade ago and is also used for heart attacks. The drug accelerates the body's mechanism of breaking down a clot and gives the blocked vessel a chance to open before the brain is destroyed.

But not everyone who can benefit from the drug receives it. People in 16 eastern counties targeted by the MUSC Stroke Center initiative suffered 1,963 strokes in 2006. Of those, 30 people, or 1.5 percent, received the clot-busting drug.

Not all stroke patients qualify for the drug, such as those who get to the hospital too late, or those who suffer a hemorrhagic stroke, when a blood vessel breaks and bleeds into the brain. Also, the drug is not given when a person is rapidly improving on her own, Adams said.

But data from developed stroke programs indicate that as many as 30 percent of stroke patients should be getting the drug.

Even when the clot-busting drug is administered according to national guidelines, 6 percent of patients suffer a significant

hemorrhage, and half of those die.

"It made me nervous when they said I could die from the drug," Charlene Washington said. Her husband and her sister were with her. They listened to the statistics and made the decision, she said.

That grave risk could deter some hospitals from using the drug, but Adams said the greater liability issue nationwide is in not using alteplase and having the patient suffer long-term disability.

The drug's benefits are proven. About 20 percent of stroke victims recover well with no treatment at all. That outcome increases to 33 percent when the drug is given, Adams said.

Roper Hospital, which has a primary stroke center, treated 442 stroke patients and administered the drug seven times. "Patients who get the drug have shorter stays, quicker recovery and are more likely to return to a higher quality of life," said Joy Huntington, clinical nurse specialist for emergency services.

Adams also is looking at stroke care from a national perspective. The American Heart Association asked him and other specialists to determine the readiness of stroke care in the state in anticipation of the Stop Stroke Act before U.S. Congress. The legislation calls for states to set up systems of care.

His diplomas and office art are still in boxes as he heads to Washington this week to meet with U.S. Reps. Jim Clyburn and Henry Brown.

When it comes to stroke care, Adams' message is clear: Don't wait.

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