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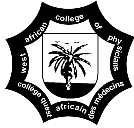

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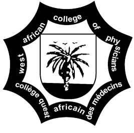

WEST AFRICAN JOURNAL OF MEDICINE

EDITORIAL

The Stroke Epidemic and Associated Co-morbidities

It is with great pleasure that I welcome the penultimate edition of the West African Journal of Medicine (WAJM) for the year 2022. It has indeed been an intriguing year of giant strides in research in the West African Subregion and globally, despite political and economic tensions worldwide. We welcome articles from diverse fields in this edition, including the Clinical Perspective on Acute Stroke by Prof. Oguns.

Stroke continues to plague the world, having become one of the most disabling diseases of humanity.[1] With over 101 million prevalent cases of stroke, 143 million disability adjusted life years (DALYs) due to stroke, and over 6.5 million deaths from stroke, stroke has remained the second leading cause of death and the third-leading cause of death and disability combined.[1] This is quite alarming despite advances in interventional therapies such as IV thrombolysis (IVT) and mechanical thrombectomy (MT) worldwide.[2] The largest burden of disease is disproportionately borne by low- and middle-income countries (LMICs) who continue to experience low or minimal access to acute stroke care and interventional therapies, due to inadequately equipped health facilities.[1,2]

Leading risk factors for stroke such as hypertension, diabetes mellitus, high body mass index/overweight, amongst others, remain prevalent in most parts of LMICs while disparities in access to hospital services, and poor healthcare-seeking behaviours and stroke myths continue to compound the problems.[1,3,4] Poor blood pressure control, among hypertensives, and other cardiovascular risk factors for stroke predominates among Africans as evidenced by the study on *The impact of co-morbidities on the pattern of blood pressure control in elderly hypertensives in Nigeria* by Ugwu, *et al* in this edition. The study found that the level of control of hypertension was poor in over two-thirds (68%) of the elderly hypertensive patients, with high prevalence of modifiable cardiometabolic risk factors such as dyslipidaemia, diabetes mellitus, obesity, excess alcohol intake and sedentary life style.

Acute stroke is often associated with electrolyte disturbances, amongst other metabolic problems, and this impacts negatively on stroke outcome resulting in mortality, if not promptly corrected.[3] Sodium (Na) and potassium (K) derangements are identified as the most common electrolyte abnormalities in patients with acute stroke.[5,6] Eze, *et al* in the study on *Prevalence of Hyponatremia in Acute Stroke Patients* found a relatively high incidence of 32.8% among study participants in an article published in this edition. Factors significantly associated with hyponatremia in their study included advanced age, alteration in consciousness, and hemorrhagic stroke.

The high incidence and prevalence of stroke with attendant disabling outcomes calls for an urgent need for global and national collaboration between various sectors of healthcare and policy-makers in order to ensure that effective strategies are implemented at all levels of care, especially in the prevention of stroke.[1] Population-wide awareness campaigns must be integrated into the community structure and stroke risks and avoidance must become routine education curriculum. Stroke units and facilities for management of acute stroke should also be prioritized as this will optimize outcomes and reduce the need for institutional care.[1,2] Comprehensive management must also be implemented for stroke disabilities and rehabilitation centers must be easily accessible and affordable for stroke sufferers.[2] On the overall, everyone must become stroke advocates, in our homes, communities, workplaces, and organizations, and be at the fore-front for stroke prevention as we go about our daily activities.

Prof. Gregory E. Erhabor,
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