

## 'Cafeteria Diet' one of the prominent reason behind stroke in India: Dr Jeyaraj Durai Pandian

07 November 2016 | Interviews | By BioSpectrum Bureau

### 'Cafeteria Diet' one of the prominent reason behind stroke in India: Dr Jeyaraj Durai Pandian



In the recently concluded 10th World Stroke Congress 2016 at Hyderabad, jointly organised by World Stroke Organisation (WSO) and Indian Stroke Association & Medtronic Inc., medical practitioners announced the launch of Stroke Roadmap in India. Currently, stroke incidence in India is much higher than western industrialised countries. With a population of 1.2 billion today and growing, India finds itself staring at a stroke epidemic.

The officials claim that the newly designed roadmap is intended to guide local healthcare officials and stroke care clinical groups in establishing stroke systems of care and will provide the framework for the implementation, monitoring and evaluation of stroke services nationally. In an exclusive interaction with BioSpectrum, Dr Jeyaraj Durai Pandian, Head of Neurology, Christian Medical College & Hospital, Ludhiana elaborates on the subject and how the Stroke Roadmap might prove a perfect shield to doge off the disease.

#### **Q1. Why stroke rate is getting higher in India, specifically among the young generations?**

1.8 million Indians out of a population of 1.2 billion suffer from stroke every year. Common risk factors such as hypertension, diabetes, smoking, and dyslipidaemia are prevalent and insufficiently controlled due to low awareness levels of the disease. One of the primary factors of early stroke is the so-called 'cafeteria diet' which is rich in high-calorie, high-sugar and high-salt foods. Smoking and uncontrolled alcohol consumption also serve to exacerbate the situation.

The rising incidence of stroke in India indicates the inadequate levels of awareness and education about the disease. A stroke can strike anyone, at any time. Stroke rates among young and middle-aged people nationwide are increasing, almost 15 to 20 per cent of strokes occur in people in their 30s and 40s.

**Q2. What is the general perception of the denizens of the country regarding stroke?**

Surveys conducted over the last ten years reveal that about one-fourth of urban and one-third of rural respondents had no knowledge of any warning symptoms of stroke. Only 55 per cent of the urban population were aware of one warning symptom of stroke; 16.2 per cent were aware of two symptoms; and, only 6.2 per cent could identify three symptoms.

Many people affected by stroke are unable to access treatment and rehabilitation due to lack of awareness. People generally tend to ignore the symptoms of stroke. That's why the awareness campaigns undertaken by the World Stroke Organization and Medtronic are so important.

**Q3. What are the major causes that lead to stroke and how one can minimize his or her chances of getting hit by it?**

A stroke occurs when the blood supply to your brain is interrupted or reduced. This deprives your brain of oxygen and nutrients, which can cause your brain cells to die. A stroke may be caused by a blocked artery (ischemic stroke) or the leaking or bursting of a blood vessel (hemorrhagic stroke).

Diet and exercise can reduce one's risk of stroke, but ultimately genetics may play a large role in who is impacted by this disease. For those who are afflicted, the speed at which he or she gets medical attention is critical to the opportunity for complete recovery. With stroke, time is brain. People generally tend to ignore the symptoms of stroke. However, early detection is very crucial because in stroke, 32,000 brain cells are damaged every second the disease goes untreated. And stroke is treatable. Until recently, physicians have been using intravenous tPA, a clot-busting drug to open blocked blood vessels, as the first line of defence. Five global clinical trials have shown that the addition of stent retriever therapy to IV-tPA improves functional disability in patients and is now recommended as a first-line treatment for acute ischemic strokes.

Stent retrievers are administered via a catheter through the groin area to the targeted vessel in the brain, where it is used to manually remove the clot and re-establish blood flow. The stent retriever is then removed from the patient. The addition of stent retriever technology has reduced disability, improved neurological outcomes and increased the rate of return to functional independence in patients suffering stroke.

**Q4. What are the major symptoms stroke?**

It is critical to pay attention to the signs of stroke, which may include drooping or numbness in the face; sudden weakness or numbness of one arm; trouble speaking; trouble seeing; loss of balance; or severe headache with no known cause F.A.S.T. (face drooping, arm weakness, speech difficulty and time to seek medical help) is an easy way to remember the sudden signs of stroke. If someone is exhibiting any of these symptoms, even if the symptoms go away, it is important to seek medical attention immediately.

**Q5. How you are planning to chalk out the 'Stroke Roadmap' in India and are you going to first float it across the major cities of the country and then later on, take it to others?**

The model that could work in India is focusing on both private and public (government hospitals). In large cities, stroke ready hospitals could be identified and the public should be able to find this information through a mobile app. For government hospitals, stroke units should be established in district hospitals and government medical colleges in the country. Similar models of care seem to work in two states. A hub and spoke model in both private and public hospitals may be the best way to improve stroke services in India. There are four states where rtPA is available free of cost in government hospitals. Stent retriever therapy is being covered by one state in government hospitals.

**--Nitin Konde**