Letters to the editor

do: 10.1093/eurheartj/ehi209

Online publish-ahead-of-print 11 March 2005

Comment on stroke with atrial fibrillation: data from the Austrian stroke registry

We read with great interest the recent article by Steger et al. This report confirmed the important reality that stroke with atrial fibrillation is associated with worse in-hospital outcome. The accompanying editorial by Thijs provides us with an excellent overview about the key principles in the management of acute complications in this potentially deadly disease.

Steger et al. unfortunately do not give us the information of exact number of acute cerebral computed tomography (CT) or magnetic resonance imaging; so we do not have precise insight into how the stroke pathological type was documented. Although we know from the article by Brainin et al. that the rates of acute CT scanning in stroke patients in Austria are high, this information will be useful as a quality measure.

In addition, it was not obvious from the article in which departments the patients were treated (i.e. neurological wards, stroke units, intensive neurological units, or central intensive care units) and by whom the patients were treated (neurologists, intensive care specialists, or internists). The level of education, physician volume, and intensity of medical care are associated with outcomes of patients with cerebrovascular and cardiovascular diseases. The authors only report the fact that mortality did not differ among hospital departments regarding the number of included patients.

References


Mario Ivanuša
Department of Internal Medicine
Bjelovar General Hospital
Mihanovićeva 8
HR-43000 Bjelovar
Croatia

Tel: +385 43 279 228
Fax: +385 43 279 333
E-mail address: mivanusa@vip.hr

Zrinka Ivanuša
Department of Neurology
Bjelovar General Hospital
Mihanovićeva 8
HR-43000 Bjelovar
Croatia

do:10.1093/eurheartj/ehi210

Online publish-ahead-of-print 11 March 2005

Comment on stroke with atrial fibrillation: data from the Austrian stroke registry: reply

We agree with Dr Ivanuša M. and Dr Ivanuša Z. that the management of acute stroke is an important factor for the outcome of stroke patients, depending on the pre-hospital care, emergency team, departments where stroke patients are treated, and the level of education of physicians and nurses concerned with stroke patients. The aim of our study was to assess the care of acute stroke patients exclusively in departments for internal medicine, as it is indicated in the Abstract and in the Methods sections. These patients were treated by specialists for internal medicine. Twelve per cent of patients with atrial fibrillation (AF) and nine per cent of patients without AF were transferred to intensive care units and were treated there by specialists for intensive care medicine. We did not evaluate in how many cases a neurologist was additionally consulted. Nevertheless, mortality and outcome of patients in our study were quite comparable to patients treated on specialized stroke units. We emphasize the importance of early cerebral computed tomography (CCT), because immediate CCT was shown to improve survival and quality of life after stroke. In our study, 95% of patients with AF and 96% without AF had a CCT, 4% with AF and 10% without AF were examined by magnetic resonance imaging.

References


Christina Steger
II Medical Department
Krankenanstalt Rudolfstiftung
Steingasse 31/18
A-1030 Vienna
Austria

Jörg Slany
II Medical Department
Krankenanstalt Rudolfstiftung
Steingasse 31/18
A-1030 Vienna
Austria

Claudia Stöllberger
II Medical Department
Krankenanstalt Rudolfstiftung
Steingasse 31/18
A-1030 Vienna
Austria

E-mail address: claudia.stoellberger@chello.at

© The European Society of Cardiology 2005. All rights reserved. For Permissions, please e-mail: journals.permissions@oupjournals.org