

A career in stroke

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Why should I think about stroke as a career?

It's exciting and treatable



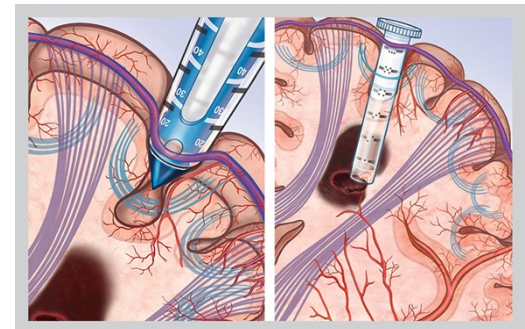
THEN

“There is probably little that medical treatment can do to alter the immediate prognosis of stroke. Both fibrinolytic drugs and anti-coagulation increase the risk of intracranial bleeding and should usually not be used.”

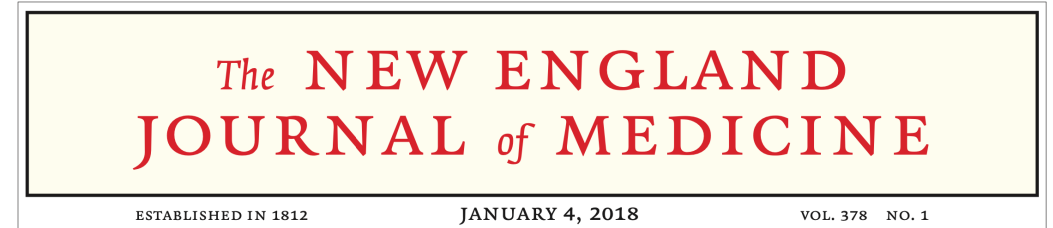
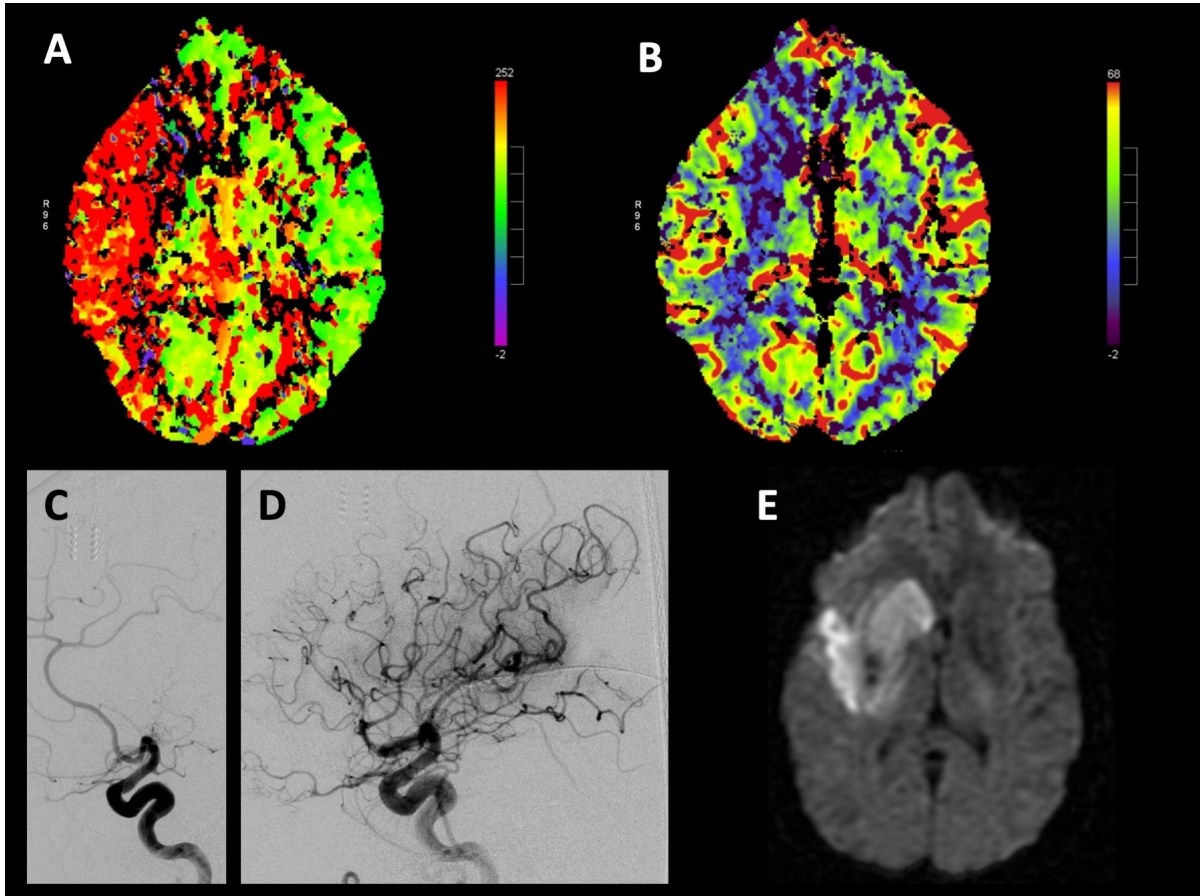
Oxford textbook of medicine, 1983

NOW

- Thrombolysis for acute ischaemic stroke
- Mechanical thrombectomy for large vessel occlusion
- Stroke Unit Care benefits
- Carotid endarterectomy to prevent further strokes
- Hemicraniectomy for malignant MCA infarction
- Preventing recurrent stroke with maximum rapid medical treatment
- Blood pressure reduction in cerebral haemorrhage
- Minimally invasive surgery

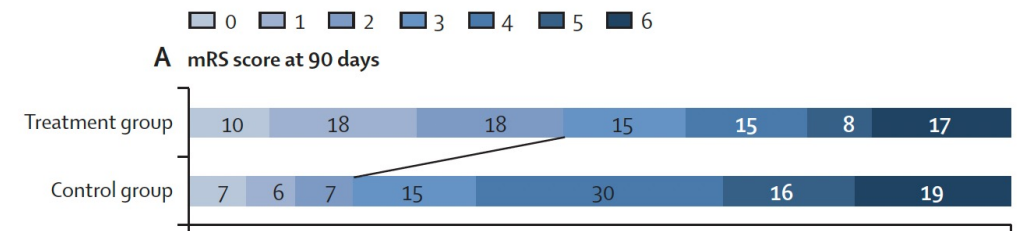


Mechanical thrombectomy



Thrombectomy 6 to 24 Hours after Stroke with a Mismatch
between Deficit and Infarct

**Number needed to treat
to reduce disability: 2!**



Good functional outcome: 46% vs 19%

It's important

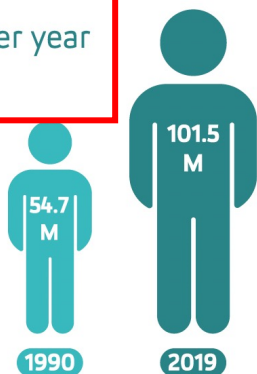


Around the world, there are
12.2 MILLION new strokes per year
ONE EVERY 3 SECONDS

101 MILLION

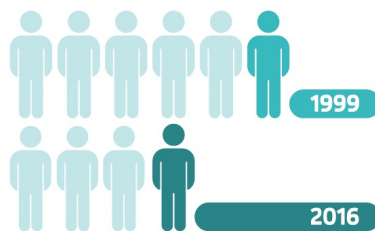
people worldwide are living
with stroke aftermath

**THIS NUMBER HAS ALMOST
DOUBLED OVER THE LAST 30 YEARS**



Up to **80%** of strokes and heart attacks happen in people with **LOW OR MODERATE CVD ABSOLUTE RISK**

1 in 4 people will have a stroke in their lifetime
THIS NUMBER HAS INCREASED 50% OVER THE LAST 17 YEARS



In 2019, **63%** of stroke happened in people younger than 70 years old.

STROKE IS NO LONGER A DISEASE OF THE ELDERLY



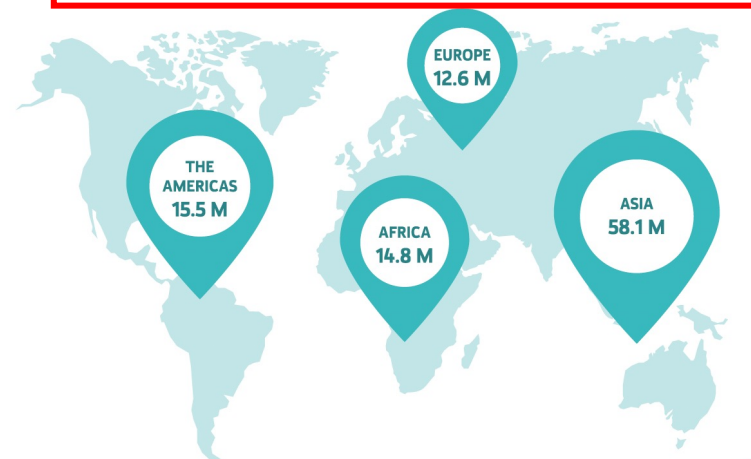
**British & Irish Association
of Stroke Physicians**
Advancing stroke medicine



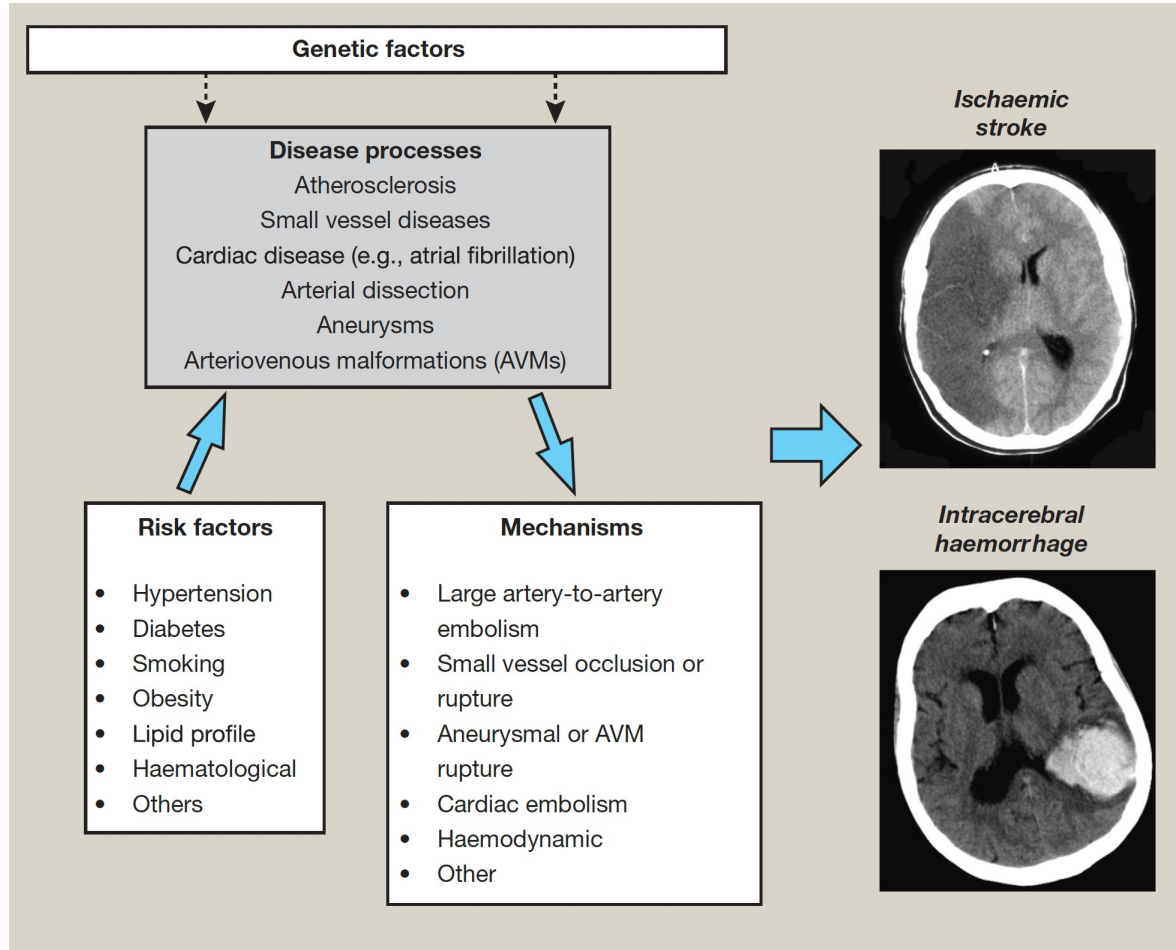
The total estimated worldwide cost of stroke (in international dollars) in 2017 was **US\$861 BILLION**
(ABOUT 1.12% OF THE GLOBAL GDP)

The number of stroke survivors in world regions in 2019.

89% OF THE GLOBAL STROKE DEATHS AND DISABILITY COMBINED RESIDE IN LOW-TO MIDDLE-INCOME COUNTRIES

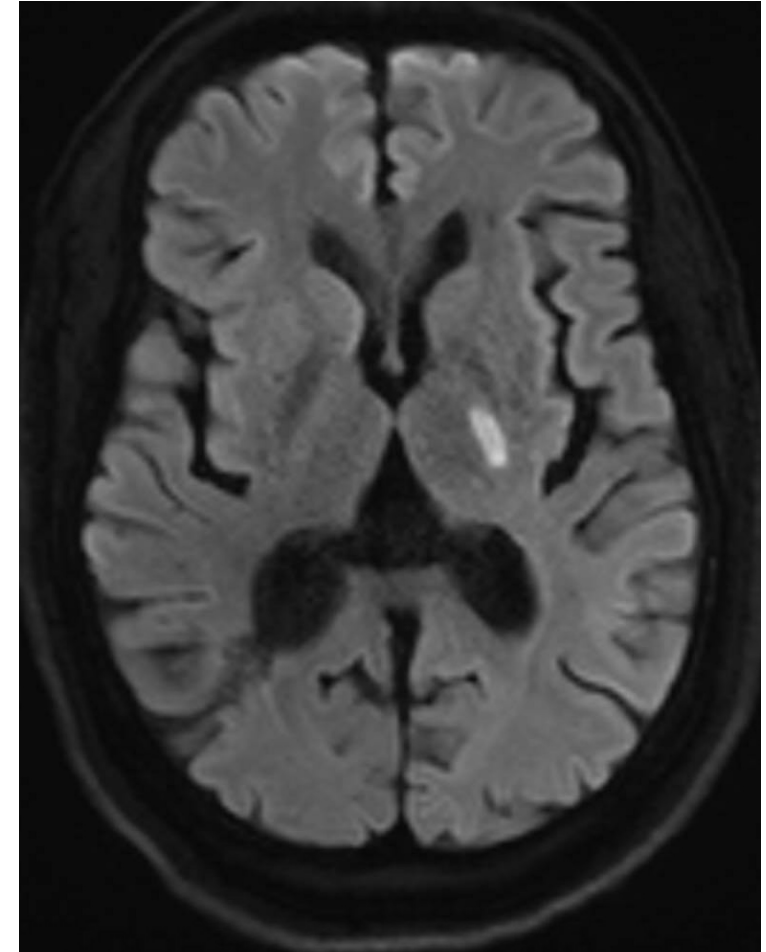


It's really interesting



'speed neurology'

It's hugely varied and not really a single disease!

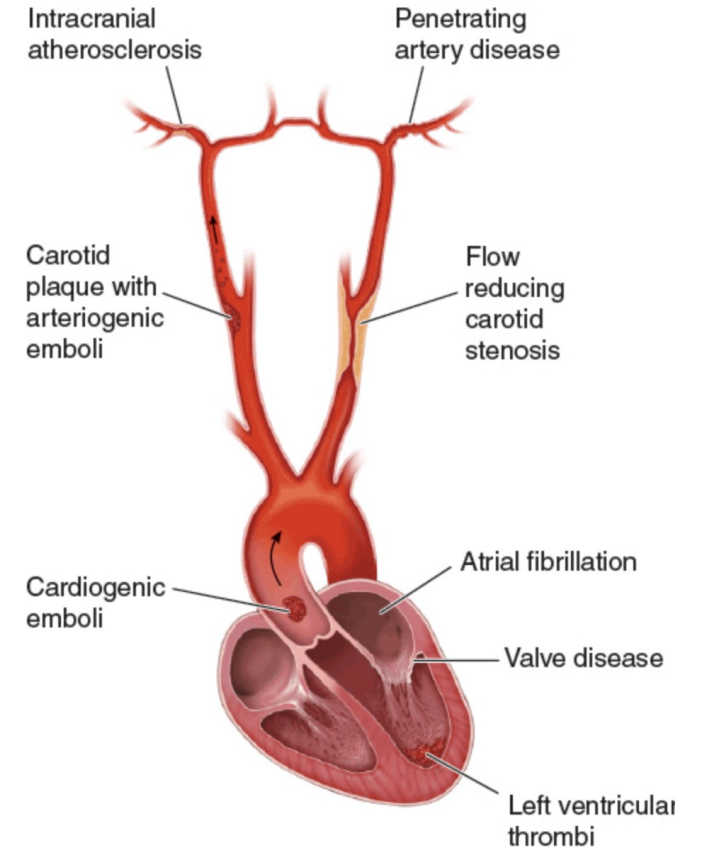


It isn't an accident

cerebrovascular accident (CVA)



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It's a very varied job



Acute diagnosis and care in
ED, resus, HASU

Rehabilitation ward round

TIA and acute neurology
clinics

Family meetings about
complex ethical decisions
e.g., tube feeding, lasting
power of attorney, etc.

End of life care

Secondary prevention or
complex follow-up

Work with many other
medical teams
(neuroradiology,
neurosurgery, haematology,
cardiology, etc.)

Treat patients of all ages

It's a great example of teamwork



Training pathways are flexible



- Completion of foundation programme
- Completion of core training programme e.g., IMT
- Entry is possible via several specialties
 - Acute medicine
 - Geriatric Medicine
 - Neurology
 - Rehabilitation Medicine

It has great research opportunities

NATIONAL CLINICAL GUIDELINE FOR STROKE

for the United Kingdom and Ireland

2023 edition

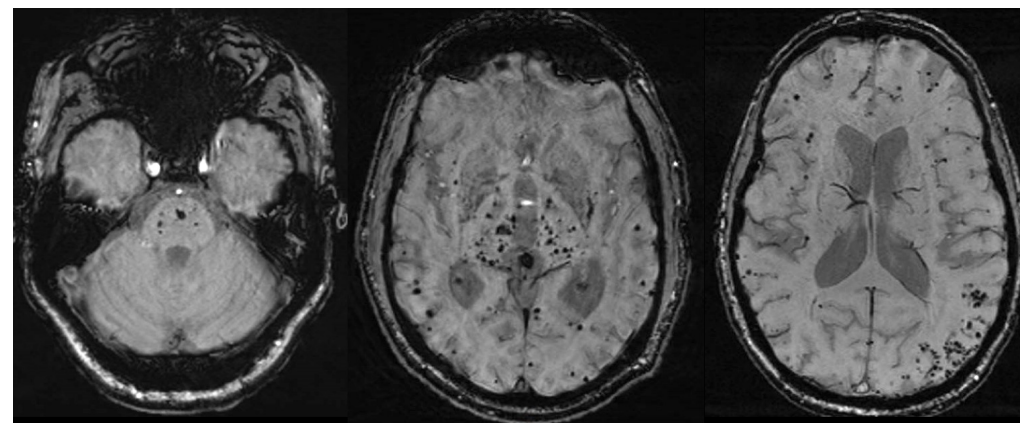


www.strokeguideline.org



Development of imaging-based risk scores for prediction of intracranial haemorrhage and ischaemic stroke in patients taking antithrombotic therapy after ischaemic stroke or transient ischaemic attack: a pooled analysis of individual patient data from cohort studies

Jonathan G Best, Gareth Ambler, Duncan Wilson, Keon-Joo Lee, Jae-Sung Lim, Masayuki Shiozawa, Masatoshi Koga, Linxin Li, Caroline Lovelock, Hugues Chabriot, Michael Hennerici, Yuen Kwun Wong, Henry Ka Fung Mak, Luis Prats-Sanchez, Alejandro Martínez-Domeño, Shigeru Inamura, Kazuhisa Yoshifuji, Ethem Murat Arsava, Solveig Horstmann, Jan Purucker, Bonnie Yin Ka Lam, Adrian Wong, Young Dae Kim, Tae-Jin Song, Robin Lemmens, Sebastian Eppinger, Thomas Gatringer, Ender Uysal, Zeynep Tanriverdi, Natan M Bornstein, Einor Ben Assayag, Hen Hallevi,



...and discoveries rapidly translate to improved care

Summary



- It's exciting and treatable
- It's important
- It's really interesting (and not an accident!)
- It's a very varied job
- It's a great example of teamwork
- It has great research opportunities
- It is great fun! (...most of the time)

Become a BIASP Member

Benefits of a BIASP membership include:



Substantially discounted registration fee for UK Stroke Forum

Partnership with other organisation – discounted rates to join the British Geriatric Society (BGS), European Stroke Organisation (ESO) and the World Stroke Organisation (WSO) and the British Society of Physical & Rehabilitation Medicine (BSPRM)

Monthly electronic BIASP Bulletin

Access to the BIASP website

Opportunities to be elected to BIASP Committees and to shape the future of UK Stroke Medicine

Full members can vote in the BIASP Elections

Invitation to attend the BIASP AGM

Mentorship Scheme, for full members access to free training modules to be a mentor and mentorship for trainee members

Promotion of surveys relating to stroke via Bulletin and X

Eligibility for BIASP President Prize

The BIASP Warlow Prize is to be presented to the best abstract presentation by a BIASP member who is a medical trainee or consultant of 3 years standing at the UK Stroke Forum

Monthly BIASP Webinars

There are a range of membership options available to you, including:

Full Member

Associate Member

Overseas Member

Affiliate Member

Retired Member

Student Member - Free for duration of studies

We also offer 20% discounted registration to those who work less than full time

Become a BIASP Member Here:
<https://biasp.org/amember/signup>

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