LETTER TO EDITOR

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Impact of Government Policy and Socio-Economic Hardship on Stroke Re-Occurrence

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Dear Editor,

Recurrent stroke is a major contributor to disability and mortality in patients with stroke.[1] Several studies in western countries have shown that the recurrence risk was 11.2% within 12 months; 15% after 2 year and 9.5% within 5 years.[2-4] However, Africa appears to have the highest incidence, prevalence and case fatality of stroke.[5-9] Recurrent stroke still remains a challenge even with improved neuroimaging, acute stroke management, and disseminated use of secondary prevention.[10] The risk of recurrence of stroke has been earlier associated to previously undetected risk factors that are overlooked due to assumptions made about the etiology. Also, relevant risk factors of stroke recurrence and the recurrence patterns of the different stroke subtypes could be mapped systematically.[11]

More so, recurrent stroke remains a challenge though secondary prevention is initiated immediately post-stroke.[11] In one of the previous study, stroke recurrence rate ranged from 5.7% to 51.3% and it has been widely reported that stroke recurrence rates seem unchanged over time despite the use of secondary prevention. There were few studies on recurrent stroke in Sub Saharan Africa, particularly in Nigeria which should attract the attention of researchers.[12-14]

In recent time in the developing country like Nigeria, it has been observed through in-patient record that the incidence of recurrent stroke has been on the increase. Notable is that many patients attending physiotherapy out-patient rehabilitation programme absconded and later get readmitted for repeat stroke. Although, many factors could cause stroke reoccurrence and long-term disability among stroke survivors.[15] These factors include but not limited to poverty, poor knowledge of the disease, lack of access to hospital and rehabilitation facilities as well as environmental or physical factors such as transportation and insecurity.[16]

Following brief interaction with some of these patients, most of them associated their abscondment to fuel scarcity across the nation has been another set-back for neuro-rehabilitation of stroke survivors and as such, another possible contributing factor to stroke re-occurrence among stroke survivors in Nigeria. Many patients cannot fuel their cars and also have challenges using the public transport due to scarcity, high cost of transportation as well as inconveniences associated with public transportation.

Also, previous study on the cost burden of post stroke condition in Nigeria found that, it requires an average of N 95, 100.00 and #767,900.00 in a government and private hospital respectively to access care within the first 36 weeks of post-stroke affectation in Nigeria.[17] This suggests that managing stroke constitute a huge direct cost burden unaffordable by an average Nigerian stroke survivor. As such, lack of means for rehabilitative care may result in stroke reoccurrence as well as disability adjusted years which further compound burdens in term of indirect cost on the patients and caregivers' productivity.[17] In addition to the recent restriction on cash withdrawal due to government policy on new Naira note design, unavailability of cash has intensified the burden associated with cost of care required for stroke survivor. Therefore, not regular on medication and clinical follow up for physiotherapy rehabilitation by stroke survivors due to government policies and socio-economic hardship has made things more difficult for the stroke survivors as were assumed to be contributing to stroke reoccurrence.

In conclusion, government policies have negatively affected the outcome of care, the quality of life as well as possible reoccurrence of stroke among stroke survivors in Nigeria. The problem has been observed to have stems from the stress involved in transporting stroke survivors to the hospital for follow up due to fuel scarcity as well as inadequate currency in circulation.

Therefore, we recommend that stroke survivors and people with other disabilities should be considered by providing an effective coping mechanism while making policies for the nation. Also, support groups and non-governmental organization should step up in providing support for stroke survivors. Lastly, hospitals and clinics should fully adopt the cashless policy for easy payment of service and purchase of drugs.

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