

ORIGINAL ARTICLES

Clinical features of transient ischemic attack or ischemic stroke patients at high recurrence risk in Indonesia

¹M Akbar, ²J Misbach, ³FSusatia, ⁴ARasyid, ⁵A Yasmar Alfa, ⁶T Syamsudin, ⁷EKustiowati, ⁸MIngrid Tjahjadi, ⁹M Hasnawi Haddani, ¹⁰T Suwirno Zakaria, ¹¹Suratno, ¹²LAmalia, ¹³A Basuki Prima Birawa, ¹⁴D Tugasworo, ¹⁵I Setyopranoto, ¹⁶ERaharjo, ¹⁷T Eko Purwata, ¹⁸O Adnyana I Made

¹Department of Neurology, Faculty of Medicine, Hasanuddin University; ²National Brain Center Hospital, Jakarta; ³Siloam Hospital Kebon Jeruk, Jakarta; ⁴Bhakti Yudha Hospital, Depok; ⁵Hasan Sadikin Hospital, Bandung; ⁶Advent Hospital, Bandung; ⁷Kariadi Hospital, Semarang; ⁸Husada Hospital, Jakarta; ⁹Siti Khadijah Hospital, Palembang; ¹⁰Premier Bintaro Hospital, Jakarta; ¹¹Kustati Hospital, Solo; ¹²Muhammadiyah Bandung Hospital, Bandung; ¹³National Brain Center Hospital, Jakarta; ¹⁴Kariadi Hospital, Semarang; ¹⁵Department Neurology Faculty of Medicine Gadjah Mada University/RSUP Dr Sardjito Yogyakarta; ¹⁶Karanganyar Hospital, Solo; ¹⁷Department of Neurology, Faculty of Medicine, Udayana University, Denpasar; ¹⁸Department of Neurology, Faculty of Medicine, Udayana University/(RSUP) Sanglah, Denpasar, Indonesia

Abstract

Background: In Indonesia, stroke is the leading cause of death. Identification of patients with transient ischemic attack (TIA) or ischemic stroke (IS) at high risk of recurrent stroke is important as part of the disease management. The Essen Stroke Risk Score (ESRS) is one of the predictive scores to identify patients with high or low risk of recurrence. The purpose of this disease registry is to explore clinical profiles of TIA and IS patient with high risk of stroke recurrence using ESRS in Indonesia and to understand how the patients were managed as compared to the National guideline. **Methods:** This is a multicenter, non-interventional, prospective disease registry. The disease registry was designed to mirror real life management of TIA and stroke patients with inclusion criteria of patients 18 years old or older with recent first time TIA or ischemic stroke and with ESRS 3 or more. The follow up period was 3 months. **Results:** Among 395 subjects, 357 of subjects (90.38%) completed the follow up visit. Hypertension was the most prevalent risk factor (92.2%). Majority of subjects had ESRS 3 and 4 (72.2% and 23.3%, respectively). The National guideline was followed in only 32.7% of subjects in baseline and 37.3% at follow up visit. The comparison of parameters between baseline and follow up visit for 357 subjects showed clinical improvement.

Conclusion: This registry showed the clinical profiles of TIA and IS in Indonesian patients. An ESRS of 3 was recorded in majority of the subjects. Majority of subjects were not treated according to the National guideline.

Keywords: Essen Stroke Risk Score (ESRS); ischemic stroke; transient ischemic attack; disease registry

INTRODUCTION

Stroke is one of the leading causes of morbidity and mortality worldwide. At the beginning of this millennium, approximately 5.4 million individuals died from stroke worldwide.¹ In ASEAN countries, stroke is one of top four leading causes of death. In Indonesia stroke is the leading cause of death among people above five years of age,

comprising 15.4% of all deaths according to a community-based Basic Health Research survey performed by the Indonesian Ministry of Health on 2007.¹⁻³

There are several known risk factors for stroke, such as older age, hypertension, diabetes mellitus, smoking, hyperlipidemia and obesity. A hospital-based survey of 28 hospitals in Indonesia,

Address correspondence to: Muhammad Akbar, MD, PhD, Neurology Department, Faculty of Medicine, Hasanuddin University, Makassar, Indonesia. E-mail: akbar80fkuh@gmail.com

manuscript 12/17, Clinical features of TIA or Ischemic Stroke Patients at High Recurrence Risk in Indonesia

Inbox

E

Editor <editor@neurology-asia.org> Sat, Jan 21, 2017, 11:11 AM

to me

Dear Dr Muhammad Akbar,

This is to acknowledge receipt of your manuscript. It is now under review process. We will communicate with you after that.

Thank you and with regards,

CT Tan

Editor-in-Chief

Neurology Asia

From: Muhammad Akbar [<mailto:akbar80fkuh@gmail.com>]

Sent: Tuesday, 17 January, 2017 3:01 PM

To: editor@neurology-asia.org

Subject: manuscript submission

Dear Prof. CT Tan,

I am writing this email to submit our manuscript entitled "Clinical features of TIA or Ischemic Stroke Patients at High Recurrence Risk in Indonesia" for publication in your Journal of Neurology Asia.

In this study we thoroughly examined different risk factors which link to high recurrence rate and is more likely to influence the selection and outcome of therapy.

Because our findings could be applied in the clinic right away, they are likely to be great interest to the vision of scientists, researchers, clinicians and trainees who read your journal.

This manuscript describes original work and is not under consideration by any other journal. All authors approved the manuscript and this submission.

Thank you for receiving our manuscript and considering it for review. We appreciate your time and looking forward to hear your response.

Sincerely Yours,

Muhammad Akbar, MD, PhD
Neurologist
Head of Neurology Department
Faculty of Medicine, Hasanuddin University,

INDONESIA

manuscript 12/17, Clinical features of TIA or Ischemic Stroke Patients at High Recurrence Risk in Indonesia

Inbox



Editor <editor@neurology-asia.org> Mon, Mar 13, 2017, 6:19 PM

to me

Dear Dr Akbar,

While the current manuscript is not suitable for publication in *Neurology Asia*, we would be interested in evaluating a revised version that addresses the Reviewer's comments.

If you decide to submit a revision, please:

(i) Provide a response to each of the Reviewer's comments; and

(ii) Provide a MARKED-UP copy (showing all corrections) (e.g., using the "Track Changes" function in Microsoft Word), as well as a CLEAN copy, of the manuscript.

Whether your manuscript will be accepted for publication will depend on the quality of your revision, and perhaps additional peer review.

Many thanks again for the privilege of reviewing your work.

Yours Sincerely

CT Tan

Editor-in-Chief

Neurology Asia

Comments

This paper describes the baseline and 3-month follow-up characteristics and treatment guideline-adherence as well as patient medication-compliance of a cohort of patients in a multicenter Indonesian registry with ischaemic stroke or TIA at high risk of recurrence. The background justifies the study, results believable, discussion largely relevant, tables helpful. The paper shows that their subjects were largely not treated to guidelines, but patient compliance was moderate-to-good. The findings will have important implications on stroke care in Indonesia.

There are a number of issues the authors may wish to address:

1. Abstract – Methods – please mention the inclusion criteria. Conclusion – please mention about the adherence to guideline
2. Methods – the number of subjects recruited should be placed in Results. Who followed up the patients? Neurologists? Define stroke and TIA. Provide the definitions of the various risk factors - were they defined the same way as in ESRS? How was the neurological examination standardized to assess

improvement – questionnaire? NIHSS? List the lab tests performed. Define compliance

3. Results – how different were those who were lost to follow-up compared to those who were followed up at 3 months? In para 7, why is a second visit mentioned? There is nothing in the Methods about it. The clinical features in the last para can be in a table
4. Discussion - please start with a summary of the main findings. Paras 1 and 2 can be absorbed into the Introduction. Please discuss how the patients in this registry differ from other similar registries. Para 7 can be merged with para 3, para 8(first 2 sentences) with 4, as they are similar and even repetitious. Limitations should come before Conclusion. Surely more limitations can be thought of? Conclusion can mention the lack of adherence to guidelines too
5. Table 1 – what are the 'Others'? Table 2 at the top, please provide 'n' for 'baseline' and 'follow-up'; also clarify that 'baseline' is at hospital discharge? Table 3 at the top, please provide 'n' for the various compliance categories. In Table 4, please show by a '+' or '-' sign if the %change was an increase or decrease
6. References – maybe more papers can be found?

manuscript 12/17, Clinical features of TIA or Ischemic Stroke Patients at High Recurrence Risk in Indonesia

Inbox

E

Tan Chong Tin <editor@neurology-asia.org> Thu, May 31, 2018, 9:21 PM

to me

Dear Dr Akbar,

The reviewers are happy with your responses to queries and revised manuscript. The Journal would like to accept your manuscript for publication. The long delay is partly because some of the formats got lost in the transfer; it take a lot of trouble to read your manuscript. We are now working on your manuscript, and will update you when there is progress in the editorial process.

Thank you and with regards,

CT Tan

Editor-in-Chief

Neurology Asia

From: Muhammad Akbar [mailto:akbar80fkuh@gmail.com]

Sent: Tuesday, 14 November, 2017 4:32 PM

To: Editor <editor@neurology-asia.org>

Cc: misbach@yahoo.com; Muhammad Akbar <akbar80fkuh@gmail.com>

Subject: Fourth submission Rister Study Indonesia

Dear Professor Tan,

Editor-in-Chief

Neurology Asia

Thank you for your invaluable comments. The following is our response to your comments regarding the need for additional statistical analysis on our data:

1. The p-values have been added for each parameters as shown in table 1. These p-values were calculated using proportional comparison except for that in age-parameter which was using comparison of 2 means.

2. For this revision, we have written additional comments accordingly (Please see page-5): "However, the difference was not statistically significant indicating that the baseline of subjects who dropped out were in general similar to the overall study population, except for combined other risk factors"

FYI, this is our fourth submission of the manuscript and we hope that it can be accepted for publication in your journal. Should you have any other queries, please do not be hesitated to let us know

Sincerely yours

Muhammad Akbar, MD, PhD
Neurologist
Head of Neurology Department
Faculty of Medicine, Hasanuddin University, INDONESIA

manuscript 12/17, Clinical Features of TIA or Ischemic Stroke Patients at High Recurrence Risk in Indonesia

Tan Chong Tin <editor@neurology-asia.org> Wed, Jun 13, 2018, 2:58 PM

to me, misbach

Dear Dr Akbar,

Attached is the galley proof of your article. Can you let me know of any correction by Friday (15)? Sorry to rush you before the hari raya.

CT Tan

From: Muhammad Akbar [mailto:akbar80fkuh@gmail.com]

Sent: Wednesday, 6 June, 2018 10:35 AM

To: Tan Chong Tin <editor@neurology-asia.org>; Muhammad Akbar <akbar80fkuh@gmail.com>;
misbach@yahoo.com

Subject: Re: FW: manuscript 12/17, Clinical Features of TIA or Ischemic Stroke Patients at High
Recurrence Risk in Indonesia

Dear Prof Tan,

Thank you very much for your email. It is delighted to know that finally you accept our manuscript (manuscript 12/17; entitled: "Clinical Features of TIA or Ischemic Stroke Patients at High Recurrence Risk in Indonesia") and plan to include it in the June Issue of your journal. This is a very relieving news for us. Attached to this email is the final version of our manuscript which has been edited according to the editorial style of the journal and also some minor changes as you advised.

Again, thank you very much and we hope to see the manuscript in the list of June Issue this year. Should you have any further queries regarding the manuscript, please let us know.

Best Regards,

Muhammad Akbar, MD, PhD
Neurologist
Head of Neurology Department
Faculty of Medicine, Hasanuddin University, INDONESIA

Manuscript 12/17, Clinical Features of TIA or Ischemic Stroke Patients at High Recurrence Risk in Indonesia

Tan Chong Tin <editor@neurology-asia.org> Mon, Jun 18, 2018, 6:52 PM

to me

Dear Dr Akbar,

Noted and thank you. We schedule to upload the articles by the end of the month.

With regards,

CT Tan

