

## Letter to the Editor

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### Address risk factors as part of clinical practice to prevent stroke

Dear Editor,

I read with great interest the excellent editorial by Hakim<sup>[1]</sup> on addressing risk factors in clinical practice for preventing stroke. Indeed, stroke is a major public health problem with a high morbidity and mortality disproportionately over-represented in low- and middle-income countries.<sup>[2]</sup> As the author rightly conveys, there are many factors such as scarcity of stroke units contributing to worse outcomes after stroke.

In addition to the current epidemiological transition, persistence of communicable diseases such as malaria, human immunodeficiency virus [HIV] and tuberculosis coupled with the increase of non-communicable diseases, notably stroke, present a double health burden.<sup>[3]</sup> Indeed, stroke is already the leading cause of disability in Africa.<sup>[4]</sup> The intricate interplay between conventional risk factors such as hypertension, diabetes mellitus, alongside risks unique to the African population, for instance, sickle cell disease and HIV, in addition to lifestyle behaviours, remain unexplored.

A comprehensive public health strategy aimed at lessening the impact of stroke in Africa requires an evidence-based approach to address knowledge gaps and the evolving nature of stroke care for more than a billion people on the continent. Data infrastructures (such as national registries) that support relevant research in stroke are needed to form the basis for developing robust performance indicators for emergency and hospital management processes related to improving stroke care and reducing disability. Moreover, national health policies and investments in innovative programmes are needed to address the inequity of access to stroke care between and within countries, and for planning new operational models of stroke care such as tele-medicine and mobile stroke units.

References:

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