
Dr. Mitch Elkin...:

[02:16](#)

Sure. So that's obviously been a huge concern. We've seen a decrease by about 20 to perhaps as much as 40% in the number of people who are going to emergency rooms for acute strokes. And I think the numbers are similar for heart attacks as well. So that's a pretty dramatic drop-off and it depends a little bit where in the country the pandemic is at its peak. Certainly in New York, where I practice, at New York-Presbyterian Hospital, we saw dramatic declines during the height of the pandemic back in March and into April and into May as well. And other places in the country, I think are now seeing those same kind of drop-offs. And this was seen internationally as well. People in

one of the main characteristics of a stroke is that people may specially large strokes they may not be able to speak, or they may not be aware of their deficit if it's a big right hemispheric syndrome. And so many people may not be able to call for help and they need to be witnessed.

And during the time when people are socially isolating, on lockdown, they may not be witnessed to have a stroke. And you could imagine that many of us, I think we're concerned about seeing our parents or our grandparents. And so they would be alone during that time. And so we think some people believe were missed in their strokes and may have even died for that

We got EPA for acute stroke back in 1996, but our time window was only three hours. And then several years later it was extended to four and a half hours based on available trials. And then in 2015 we received a number of clinical trials that demonstrated the benefit to thrombectomy in patients up to six hours. And in just the last couple of years, that window has been extended out as far as 24 hours in selected patients. And so we have a good long time window now to treat people, but even so, as we always say, time is brain, the longer you wait, the more damage will occur. And so it's really important that people get treated quickly.

One interesting thing that has emerged from the pandemic and I followed the stroke literature more closely, but we've seen that in places that were affected, for example, in Spain and then in New York, that the quality of care metrics. So time to treatment and time to join puncture for thrombectomy for example, those times are stable during the pandemic. In other words, we're able to maintain the quality of care for patients who do come in. And so it's really important that people do remember to call 911, to come into the hospital, shorten that interval because the safest place to be when people are having a stroke or a heart attack is in the hospital and we can provide safe and effective care once people get there.

Sandeep Das: [11:43](#)

So along those lines, maybe this is a great point to segue into a little bit about the mission of the Don't Die of Doubt Campaign and how that campaign aims to have an impact.

Dr. Mitch Elkin...: [11:53](#)

We want people to remember that we've learned a lot about how to keep people safe during this crisis. Most hospitals are able to effectively separate patients who might have COVID from patients who may have other acute conditions that need to be treated differently. We've all learned a lot about the use of personal protective equipment and hand-washing and wearing of masks. And so all of that I think should make people feel comfortable just as they would have before the pandemic. That if they're experiencing symptoms of a heart attack or stroke, they should call 911 and they should get to the hospital immediately.

named Alex Merkler, which looked at the Weill Cornell experience during the height of the pandemic. There were something like 2,000 patients with COVID and a small number of patients had stroke. It was about one and a half percent who had stroke. But the interesting thing was that they coe

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Sandeep Das:

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Thanks very much. So do I. From my standpoint, it was really useful for me to hear the comment about the different symptom pictures. I think it's one of those things obvious in hindsight, but you don't necessarily think about it. So that's good, especially in the context of families with older relatives who may be isolated. That's important. I did like that you dropped in at least the one minor positive that the decrease in air pollution may not be having some positive effects, which is kind of nice if you want to find glass is 1% full kind of answer here. The disparate effects of community color, I think is also important to re-emphasize and to say constantly be thinking about. And then finally, I think the key message that Don't Die of Doubt. If you're having symptoms, get them checked out. If you're having an emergency come in, it's safe, we're ready. We'll take care of you.

Speaker 1:

[26:51](#)

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