Further Section

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Introduction

In September 1996, Munich was the host of the joint meeting of the International Stroke Society and the European Stroke Conference. The 3rd World Stroke Congress and the 5th European Stroke Conference brought together national and international experts in stroke research and management. Under the aegis of this meeting the satellite symposium 'Neuroprotective Strategies for Early Intervention in Acute Ischaemic Stroke*' took place, sponsored by an unrestricted educational grant from Janssen-Cilag.

Stroke, a major cause of morbidity and mortality in industrialised countries, is associated with a considerable burden for patients, carers and society. It is not exclusively a disease of the elderly, since almost one third of the stroke victims are younger than 65 years. However, as the age of the general population increases, so too does the number of people at risk from stroke. It is generally accepted that the management of this condition could be improved and several organisations, most notably the World Health Organisation, are working towards producing a consensus document on stroke treatment. Studies have shown that stroke should be treated as a medical emergency, and to this end both public and professional education are necessary. With this in mind, the programme of this symposium considered current treatment strategies and the future potential of neuroprotectants currently under clinical evaluation. These agents have been developed from an understanding of the pathophysiological processes contributing to-stroke. An overview of what is known of the cascade of events leading to neurological damage was presented. The ischaemic penumbra represents an area of the brain which may be salvaged with prompt neuroprotective therapy. Presentations were

given on the nature of the penumbra, and the efforts to define the therapeutic window for effective stroke therapy were also described.

After decades of therapeutic nihilism and unfortunate and negative clinical stroke therapy trials, finally a first positive treatment study has been reported in late 1995: The NINDS - acute stroke study, a trial in which intravenous rt-PA treatment, given within 3 h after onset of symptoms, showed a highly significant improvement in overall outcome among patients receiving rt-PA [1]. The results are supported by the European rt-PA study (ECASS) [2], a trial with a 6-hour time window, which was negative in the intention-to-treat analysis, but showed positive results in all secondary endpoints and in the target population analysis. However, negative outcomes in patients with major early infarct signs shown by computed tomography (even if treated within 3 h after stroke onset) raise concern about widespread uncontrolled use of rt-PA.

Nevertheless, the first stroke therapy (though a treatment for only 10-20% of the stroke population) has been established, creating a basis for a combination therapy, which probably is more adequate for a condition as complicated and diverse as acute ischaemic stroke.

We are now entering a new phase in stroke therapy, with several agents nearing the end of clinical development. I hope it will not be too long before we can offer the sufferers of stroke even more valid reasons to seek early treatment.

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