Further Section

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Preface

Experiences from the introduction of stroke units have taught us that high-quality stroke care matters in terms of decreased mortality, decreased handicap, decreased health costs and increased quality of life. The outcome of the first large randomized thrombolysis studies and preliminary results from some neuroprotective trials indicate that we may improve these results much further.

The struggle against the consequences of stroke has just begun. Thousands of clinical investigators have dedicated themselves to this struggle and tens of thousands of patients have accepted to join stroke trials, not primarily for their own well-being, but for the benefit of future stroke victims.

Our agenda for the next few years is tight. We need to extend the use of stroke units in places where they still do not exist. Prehospital management must be improved and stroke patients be given priority in the ambulance transport systems. We must increase our knowledge of the potentials of intensive stroke care and the importance of early diagnosis and classification of stroke patients.

Last but not least, we need to continue our efforts to find pharmacological treatments and combinations of treatments effective for acute stroke. Large randomized clinical trials take years of preparations, implementation and analysis and may then disappointingly end with a negative result. Nevertheless, it is the only way to go and the reward in the future will be that the consequences of a stroke will become less severe than they are today.

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