

Despite proven benefits, few brain aneurysm patients receive specialized care

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The Neurocritical Care Society is releasing a comprehensive set of guidelines this week to guide physicians and hospitals on how to optimally care for patient's ruptured brain aneurysms. One of the strongest recommendations is that all patients receive specialized care at high-volume stroke centers that treat at least 60 cases per year.

Subarachnoid hemorrhage strikes without warning and results from rupture of an artery supplying the brain. Thirty percent do not survive, and half of those who do are permanently disabled.

The recommendation that patients receive care at high-volume centers is based on a comprehensive analysis of [medical outcomes](#) research conducted by an international panel of experts. The report found that relatively fewer patients are treated at high-volume centers, despite [overwhelming evidence](#) that care in more experienced centers will most likely result in definitive repair of the [aneurysm](#) and a good recovery.

"One important reason for better outcomes in large volume centers is that care is provided by specialized neurocritical care teams," said Dr. Paul Vespa, Director of Neurocritical Care at UCLA Medical Center and lead author of the report. "Once bleeding from the aneurysm is controlled, highly-specialized ICU care is required to detect and treat secondary complications. These complications are often just as deadly, if not more so, than the bleeding event."

Studies indicate that patients who come to a hospital with little

experience in managing subarachnoid hemorrhage are rarely transferred to high-volume centers. "The main reason that patients are not transferred is that [stroke care](#) is not regionalized in the same way that it is for trauma. It is a patchwork system; sometimes it works, but more often it does not," says Dr. Stephan A. Mayer, Director of Neurocritical Care at Columbia University Medical Center and President of the Neurocritical Care Society.

[Medical guidelines](#) play an important role in guiding doctors, hospitals, and public policy as it relates to healthcare. According to Michael N. Diringer, Professor of Neurology and Neurosurgery at Washington University and Director of the Neurology/Neurosurgery Intensive Care Unit at Barnes-Jewish Hospital in St Louis, who chaired the consensus conference and co-authored the report, "None of the specific medications or treatments that we analyzed made nearly as much difference as where the patient is initially taken for treatment. These guidelines will hopefully alert patients, doctors, and hospital systems to the importance of regionalized care for brain aneurysm victims."

More information: View the full summary report at:
www.springerlink.com/content/u028t28013214524/

Provided by Neurocritical Care Society

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