

golden hour thrombolysis

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Submission date: 06-Oct-2019 02:15PM (UTC+0300)

Submission ID: 1186876759

File name: Article_Review_Effects_of_Golden_Hour_Thrombolysis.docx (17.17K)

Word count: 670

Character count: 3585

Article Review: Effects of Golden Hour Thrombolysis

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Article Review: Effects of Golden Hour Thrombolysis

2 The article “Effects of Golden Hour Thrombolysis” by Ebinger, et al., (2015), was prospective research meant to examine the rate that could be achieved in Golden hour thrombolysis. This study was under the prehospital care and its impacts on the outcomes. The authors came up with the term PHANTOM, which is the initials for 4 Prehospital Acute Neurological Treatment and Optimization of Medical Care in Stroke. The article argues that considering the case of acute ischemic stroke, the intravenous thrombolysis efficacy depends on time. In this case, most benefits occur during the golden hour, which is described as the initial 60 minutes after the onset of time.

A randomized week’s investigation was conducted within a specialized infrastructure meant to care for the patient with stroke. The research was done 6 from 1st May 2011 to 31st January 2013 in Germany and Berlin, and it was based on the specialized ambulance that was available. This ambulance was 5 known as the Stroke Emergency Mobile Unit (STEMO). It was composed of a point-of-care laboratory, a CT scan, Paramedic, a trained neurologist for a medical emergency, the technicians, and telemedicine connections.

The sample of the research was comprised of a consecutive 6182 adult patients who were identified by dispatch of stroke. In this case, the 44.1% were men whose mean age was 73.9 +/- 15.0 years or regular care of 45 percent men with a mean age ranging from 59.3 to 89.1 years. Whenever these researchers had a suspicion of acute stroke under emergency calls, they would utilize the available STEMO. In case there was no STEMO available, conventional care was administered. Essentially, if a physician in STEMO identifies a stroke in a patient who had no contraindication, a thrombolysis treatment to that patient would start.

The statistics on the rate of thrombolysis shows some differences among the two groups. It involved the patient who went through conventional care and those who were cared through STEMO. According to the article, the rate of thrombolysis for the patients who received conventional care was 22%. That of patients treated through STEMO was 32.6%. A proportion of golden hour thrombolysis among all the patients was highest to those treated with STEMO. In this regard, there was 31% of the patients under STEMO and 4.9% for those who went through conventional care.

There was a similarity in the risks of 7 and 90 mortality days among the patient who got golden hour thrombolysis compared to those whose time between symptom onset and treatment was longer. On this adjusted odd ratios under the seven mortality days was 0.38 with a confidence interval of 95%, and that of 90 mortality days was 0.69 with a confidence interval of 95% also. The hemorrhagic complication risks did not increase. Also, those patients who received golden hour thrombolysis had high chances of being discharged from health centers.

Viewpoint

There was a possibility that this study had limitations to some vital issues, which included the analysis of post-hoc. This issue could preclude the findings generalizability among other participants. Besides, the PHANTOM-S could not detect differences in the functional outcomes, hence the possibility of having a bias on spontaneous recovery. Nevertheless, I am inclined to believe that the application of STEMO maximizes the proportion of the patients who received golden hour thrombolysis. The reason being that it is characterized by improved short-term outcomes and zero risks of the safety.

Immediate thrombolytic treatment is mandated to curb rapid neuronal deaths, which comes as a result of blood flow obstruction in the cerebral. Utilization of STEM should enhance

the achievement of such a goal and can as well facilitate early intervention through a neuroprotective treatment or any other effective therapy.

References

- ¹ Ebinger, M., Kunz, A., Wendt, M., Rozanski, M., Winter, B., Waldschmidt, C., ... & Audebert, H. J. (2015). Effects of golden hour thrombolysis: a Prehospital Acute Neurological Treatment and Optimization of Medical Care in Stroke (PHANTOM-S) substudy. *JAMA neurology*, 72(1), 25-30.

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