

Reply to letter ‘‘Remarks on cerebral infarct from another point of view’’[☆]



Réplica a la carta «Algunas consideraciones sobre el infarto cerebral desde otra óptica»

Dear Editor,

We appreciate the interest shown in the article mentioned in ‘Remarks on cerebral infarct from another point of view’.¹ We would like to say that we agree completely with the remarks in the letter. However, the article presents treatment guidelines, and although it recognises the importance of the points raised in the letter, they were not analysed in depth because the objective here is less to discuss the details of stroke treatment management and principally to establish treatment recommendations based on scientific evidence. As stated in the letter, emergency services and coordinated care systems supported by telemedicine resources are of great importance in optimising care for stroke patients.² Both the healthcare plans developed in different autonomous communities and projects by various groups of neurologists in Spain support these statements.^{3,4} Appropriate care for stroke patients requires a multidisciplinary approach in which all the links in the chain of care must be well assembled. When considering multidisciplinary attention, actions by outpatient as well as inpatient emergency medical services are fundamental to ensure that patients not only remain in the best possible condition until being treated in stroke units, but also that they receive this specialised treatment as quickly as possible.^{1,2,5} Implementing telemedicine systems helps ensure optimal care by increasing the number of patients who receive neurological consultations and specialised treatments and reducing delays before they receive them, in addition to decreasing the diagnostic error rate and unnecessary transfers. However, we must not forget that care in stroke units is the therapeutic strategy that benefits the most subjects.⁶ Ensuring that all patients with acute stroke have access to these specialised units should be the ultimate goal of the organisational systems mentioned; similarly, patients must have access to new technologies, which complement and support but can in no way substitute stroke units.

Conflicts of interest

The authors have no conflicts of interest to declare.

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