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Hospital stroke registers: Similarities and differences[☆]



Registros hospitalarios de ictus: similitudes y diferencias

Dear Editor:

In a recent article, Palomeras et al.¹ presented the results of the stroke registry of Mataró hospital in the province of Barcelona. We are pleased with the publication of a new hospital stroke registry, as analysing stroke registry data provides invaluable up-to-date information on the natural history of cerebrovascular diseases, particularly in relation to basic demographic, clinical, and developmental variables.

If we compare clinical data from the Mataró stroke registry ($n=2165$) with those from the 2 hospital stroke registries published previously in our setting (the 1984 registry from Hospital Sant Pau in Barcelona [$n=1044$]² and the 1993 registry from Hospital de la Alianza-Sagrat Cor in Barcelona [$n=1000$]³), we can observe that the most frequent cerebrovascular risk factors are the same in all 3 registries (arterial hypertension, cardiac arrhythmia, dyslipidaemia, and diabetes mellitus). However, mean age in the Mataró stroke registry was higher (73 years), and only the Mataró and Sagrat Cor registries describe and analyse the different subtypes of stroke (ischaemic and haemorrhagic). It is noteworthy that the Mataró stroke registry is the only one to include 3-month follow-up data,¹ while the data in the other 2 registries only covers the acute phase of stroke (data recorded during patients' hospital stay).^{2,3}

The higher mean age seen in the Mataró stroke registry is consistent with observations from daily clinical practice. This observation is further confirmed by the growing frequency of stroke in the very elderly population (aged 85 or older).⁴

Another of the most important novel features of the Mataró stroke registry is the inclusion of variables on follow-up after hospital discharge. The greater complexity and effort involved in data collection as a result of this

are compensated for by a substantial improvement in the scientific quality of registry data.

In summary, the 3 databases cited above display similarities in the frequency of cardiovascular risk factors. The differences observed between these registries unambiguously reflect a tendency towards greater prevalence of stroke at more advanced ages. Also heartening is the evidence the Mataró stroke registry provides of the clear improvements in the quality of data collection methods. This will result in better, more objective knowledge about certain basic clinical aspects of cerebrovascular diseases.⁵

Conflicts of interest

The authors have no conflicts of interest to declare.

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