Study: Treatment for strokes needs improving

By Melissa Healy, Los Angeles Times

Having a stroke, or even a transient ischemic attack (a TIA, often called a “mini-stroke”) can be a costly watershed in a person’s life. Statistically, it deducts years from patients’ lives. But it claims another toll too: in quality of life after the stroke has happened. New research tallies the combined cost of those two very different measures, and suggests that current treatments for stroke aren’t doing nearly enough to minimize strokes’ true cost.

The study, published Wednesday in the journal Neurology, is an exercise in health economics that seeks to generate a fuller picture of a disease’s cost. That calculation gives insurers, hospital administrators and public health officials a better — and hopefully more humane — basis for deciding which treatments are most “cost-effective.”

If a treatment for stroke — the costly administration of the clot buster called tissue plasminogen activator, or tPA, for instance — saves people from dying when properly used (as it does), that’s a plus. But if it also reduces disability and allows more stroke patients to return to fuller function than they would have without it, that’s even better. The treatment has not only added years to life, it has added life to years, and that makes it a better treatment.

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