



# Health Awareness

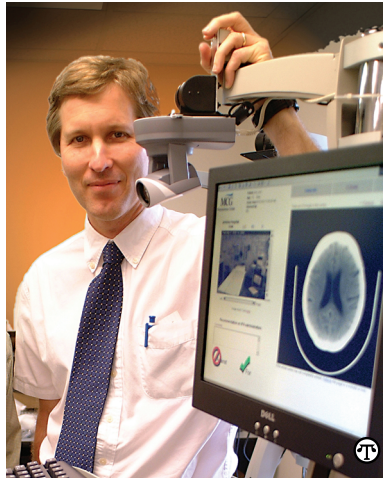
## A Doctor—Miles Away—Will See You Now

(NAPSA)—While some communities have hospital stroke centers with teams trained to treat stroke around the clock, many areas of the country do not. This is why some hospitals are using telemedicine, a system that allows physicians at two different locations to share live medical information via Internet video. The use of telemedicine may help patients receive prompt diagnosis and treatment of stroke, the leading cause of disability in the United States.

When Thomas Daniel suffered his acute ischemic stroke, he became paralyzed on the right side of his body and lost the ability to speak. Thomas knew he needed immediate medical attention, but the nearest stroke center was hours away. Instead, he was taken to a local medical center that used telemedicine to connect him to Dr. David Hess, a physician at a stroke center more than 100 miles away.

“With telemedicine, it’s as if I’m in the room with the patient,” said David Hess, M.D., professor and chairman of the Medical College of Georgia’s Department of Neurology. “I can interact with the patient and staff, review medical files and determine if the patient is a candidate for Activase® [Alteplase], a medication that, if administered within three hours of symptom onset, can be used to treat some patients with acute ischemic stroke.”

With telemedicine technology, which can range from a laptop with a video camera and display to a fully mobile, remote-controlled robot, specialists are able to determine what kind of stroke a patient



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is having and the best course of treatment.

Thomas suffered the most common type of stroke, known as an acute ischemic stroke, which occurs when an obstruction, such as a blood clot, blocks blood flow to the brain. The obstruction deprives the brain of blood and oxygen, destroying valuable nerve cells in the affected area within minutes.

The treatment Activase, commonly called tPA, works by dissolving the blood clot that is blocking the vessel and causing the acute ischemic stroke. For certain patients, tPA may improve the chances of recovery from stroke with little or no disability. However, **patients can receive Activase only if they begin treatment within three hours after their**

**stroke symptoms start** and only after they have had a scan to rule out bleeding in the brain.

Through telemedicine, physicians were able to assess Thomas’ condition and he was able to receive tPA. “I would have never thought that a doctor miles away would help in my treatment,” said Thomas.

Thomas is now back to work and credits his recovery to quick recognition of symptoms, the hospital staff, telemedicine technology and treatment with tPA. He urges patients to call 9-1-1 at the first sign of stroke symptoms.

“It is important to recognize stroke symptoms and get to a hospital as soon as possible for treatment,” said Dr. Hess. “Symptoms include impaired speech, blurred vision, numbness on one side of the body, or sudden, severe headaches. Time is brain and every second we lose can result in the loss of more brain cells and worse outcomes for the patient.”

There are risks involved with Activase treatment. Because Activase is a clot buster, the most common side effect is bleeding, including bleeding in the brain; this is called intracranial hemorrhage (ICH). Not all patients with acute ischemic stroke will be able to use Activase, including patients with recent or ongoing bleeding; recent (within three months) surgery or trauma, or previous stroke; uncontrolled high blood pressure; or problems with blood clotting.

For additional safety information, please see the full prescribing information at <http://www.activase.com>.