

Correspondence

Need for brain aneurysm treatment registry of India: How effectively are we treating intracranial aneurysms in India?

Sir,

India is a vast country with about 17.5% of the world's population. Two-thirds of the people in India live in rural areas.^[1] Despite the recent technological revolution, an annual gross domestic product growth rate of over 5%, and the rapidly growing middle-class, the management of many disease conditions has not been at par.^[2] Among the many reasons for inequality in healthcare is the lack of understanding of how a disease condition is managed in various parts of the country. There are no population-based studies in India with regard to aneurysmal subarachnoid hemorrhage (SAH) and hence, the results of the studies of natural history of intracranial aneurysms conducted in other parts of the world are extrapolated to estimate prevalence and guide the diagnosis and management of subarachnoid hemorrhage in India. It is a well-known fact that the incidence, prevalence, and rupture risk of intracranial aneurysms differ depending upon the race and genetic make-up of the individual. Also, the incidence of aneurysm rupture is reported to be higher among people with Japanese or Finnish descent than those with North American or European descent, while it is low in New Zealand and the Middle East.^[3] Large community-based studies in these cohorts of patients led to a clear understanding of the natural history of intracranial aneurysms and the development of rupture risk prediction scores such as the PHASES.^[4]

Considering the annual incidence of aneurysmal SAH between 6 and 16/100,000 population,^[5] about 76,500–204,100 new cases occur in India each year. Diagnosis and management of these patients vary depending upon the awareness and accessibility to healthcare. It is unknown how many of these patients receive appropriate treatment. Since intracranial aneurysms are most prevalent between 35 and 60 years of age and about 40% of the ruptures are fatal, a great number

of disability adjusted life years are lost. Added to this is the fact that about 62% of the population in India is under 60 years of age.

It is, thus, the need of the hour to develop a registry to collect data on presentation, diagnosis, management, and outcome of intracranial aneurysms in India. A multicentric collaborative effort is needed to understand the fallacies in the management of aneurysms and develop strategies to minimize them. A multicenter data registry also allows the institutions to share their best practices and ultimately develop a standardized approach to management. On a long-term basis, the national registry can yield important information on the natural history and outcome of intracranial aneurysms in India.

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References

1. Population of India – Worldometers; 2015. Available from: <http://www.worldometers.info/world-population/india-population/>. [Last cited 2015 Jan 19].
2. India GDP Annual Growth Rate | 1951-2015 | Data | Chart | Calendar. Available from: <http://www.tradingeconomics.com/india/gdp-growth-annual>. [Last cited on 2015 Jan 19].
3. Wermer MJ, van der Schaaf IC, Algra A, Rinkel GJ. Risk of rupture of unruptured intracranial aneurysms in relation to patient and aneurysm characteristics: An updated meta-analysis. *Stroke* 2007;38:1404-10.
4. Greving JP, Wermer MJ, Brown RD Jr, Morita A, Juvola S, Yonekura M, *et al*. Development of the PHASES score for prediction of risk of rupture of intracranial aneurysms: A pooled analysis of six prospective cohort studies. *Lancet Neurol* 2014;13:59-66.
5. Ingall T, Asplund K, Mähönen M, Bonita R. A multinational comparison of subarachnoid hemorrhage epidemiology in the WHO MONICA stroke study. *Stroke* 2000;31:1054-61.

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