# Article information:

Association Between Stroke Presentation During Off‐Hours and Mechanical Thrombectomy | Stroke: Vascular and Interventional Neurology  
<https://www-ahajournals-org.ndfpz.top/doi/10.1161/SVIN.122.000415>

# Article summary:

1. Patients presenting with an acute ischemic stroke during off hours represent almost half of all treated patients.

2. Access to mechanical thrombectomy was similar during on and off hours, but presentation during extreme off hours (midnight to 6:00 a.m.) was associated with decreased odds of endovascular treatment.

3. Efforts to increase access to treatment regardless of time to presentation are warranted.

# Article rating:

May be slightly imbalanced: The article presents the information in a generally reliable way, but there are minor points of consideration that could be explored further or claims that are not fully backed by appropriate evidence. Some perspectives may also be omitted, and you are encouraged to use the research topics section to explore the topic further.

# Article analysis:

The article “Association Between Stroke Presentation During Off‐Hours and Mechanical Thrombectomy | Stroke: Vascular and Interventional Neurology” provides an analysis of the association between off-hours presentation and the likelihood of mechanical thrombectomy in a large population-based cohort of patients with ischemic stroke. The article is generally well written and provides a clear overview of the study design, methods, results, and conclusions.

The authors have used data from 11 states in the US which have a combined population of approximately 80 million people, representing 25% of the total US population. This provides a good sample size for their analysis and increases the reliability of their findings. The authors also provide detailed information about their data sources, which adds to the trustworthiness of their study.

The authors have used previously validated International Classification of Diseases codes for identifying adults hospitalized with ischemic stroke as well as for identifying endovascular treatments and IV thrombolysis for stroke, which further adds to the reliability of their findings. Additionally, they have taken into account factors such as age, sex, race or ethnicity, insurance status, Charlson comorbidity index, urban–rural location etc., which helps in providing more accurate results by controlling for potential confounding variables.

However, there are some points that could be improved upon in this article such as providing more details about how they probabilistically linked records from transfers across different facilities or providing more information about how they calculated the Charlson comorbidity index etc., which would help in increasing the trustworthiness and reliability of their findings even further.

# Topics for further research:

* Probabilistic record linkage
* International Classification of Diseases codes
* Off-hours stroke presentation
* Mechanical thrombectomy
* Charlson comorbidity index
* Urban-rural location differences

# Report location:

<https://www.fullpicture.app/item/798d527c62b0c2228c1968a88e5fa0af>