

Growing shortage of stroke specialists seen

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Although stroke is the No. 4 cause of death and a leading cause of disability in the United States, there's an increasing shortage of neurologists who specialize in stroke care.

In the December issue of the journal *Stroke*, two prominent [neurologists](#) propose a bold program to increase the number of [stroke](#) specialists. Their proposals include encouraging more young physicians to specialize in stroke, increasing stroke specialists' pay and opening the subspecialty to physicians who are not neurologists.

The authors are Harold P. Adams, Jr., MD of the University of Iowa Carver College of Medicine and Jose Biller, MD of Loyola University Chicago Stritch School of Medicine. More than 800,000 strokes - one every 40 seconds - occur in the United States each year. The number of strokes is expected to grow substantially due to the growing elderly population.

The American Academy of Neurology has documented the increasing shortage of neurologists, especially in rural areas. The problem is especially severe in vascular neurology, the subspecialty that deals with strokes. From 2005 to 2012, an average of only 38 new vascular neurologists entered the subspecialty each year. The average age of vascular neurologists is 48, and 5 percent are older than 65. And attrition in the pool of board-certified vascular neurologists is expected through death, retirement or changes in practice, Drs. Adams and Biller write.

Although stroke is especially prevalent in underserved populations, few

African American or Latino physicians are entering vascular neurology training programs.

These are among the measures Drs. Adams and Biller propose to increase the number of stroke specialists:

- Open up fellowship programs in vascular neurology to physicians who are graduates of residency programs outside the United States and Canada.
- Allow non-neurologists to train in subspecialty [stroke care](#). These could include physicians trained in emergency [medicine](#), internal medicine, neurosurgery and physical medicine and rehabilitation. Indeed, it may be time to change the name of the subspecialty from vascular neurology to cerebrovascular medicine. "Although we would prefer that stroke care continue to be directed by experts in brain disease (neurologists), if the neurology community does not meet the healthcare needs, alternative strategies to meet the future needs of stroke care are needed," Drs. Adams and Biller write.
- Institute a program to help pay medical school debts of physicians who become stroke specialists, similar to incentive programs for [physicians](#) who practice primary care in rural areas.
- Increase the pay of vascular neurologists, commensurate with their long hours, availability on weekends and holidays and expertise.

"Unless the number of neurologists focusing their careers on the diagnosis and treatment of patients with cerebrovascular diseases increases, a professional void will develop," Drs. Adams and Biller write. Leaders of professional neurology associations "need to develop and vigorously support a broad range of initiatives to encourage residents to enter vascular neurology. These efforts need to be started immediately. Time is short."

Dr. Adams is a professor in the Department of Neurology of University of Iowa Carver College of Medicine and Dr. Biller is chair of the Department of Neurology of Loyola University Chicago Stritch School of Medicine.

Their article is titled "Future of Subspecialty Training in Vascular Neurology."

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