

LEARNING OBJECTIVES

5-19-22

PERFORMANCE GAP/ ACTIVITY NEED: Subarachnoid hemorrhage accounts for 5-10% of all strokes, with greater than 30,000 cases per year diagnosed in the US and many more undetected.

It affects younger patients more than ischemic stroke (which has a mean age of greater than 50 years), is 1.6 times higher in women than men, and black Americans are at higher risk than white Americans. Most nontraumatic SAHs are caused by ruptured saccular aneurysms. This is often a devastating clinical event with substantial mortality, and high morbidity among survivors. Since misdiagnosis and delayed diagnosis of SAH are common and can lead to delays in treatment and worse outcomes, it is important for physicians to recognize the signs and symptoms of SAH and refer patients promptly for imaging studies and treatment [Source: Alyer, MD, 5/18/22; UpToDate].

DESIRED OUTCOMES: At the end of the activity, attendees will be able to:

- recognize the epidemiology, risk factors, signs and symptoms of subarachnoid hemorrhage.
- conduct an appropriate workup of patient complaints, especially headache, and incorporate acute management of SAH, if necessary.
- refer promptly if SAH is suspected.

LEARNERS: neurosurgeons, neurologists, emergency medicine physicians, radiologists, OB/GYN, internists, general/family practitioners

DESIRABLE PHYSICIAN ATTRIBUTE: provide patient-centered care, employ evidence-based practice