This is my first issue as the new Editor-in-Chief of the International Journal of Stroke. It is with some trepidation, but excitement, that I take over this role from Geoff Donnan. Geoff will be a hard act to follow having been the Editor-in-Chief since the journal’s inception in 2006. Over that time, he has nurtured IJS, which is the flagship publication of the World Stroke Organization (WSO), into a highly respected journal, with articles very relevant to the practising stroke clinician, as well as with a global reach. Papers in this issue highlight the global burden of stroke, which will increase further if urgent action is not taken. Hu et al. present a comprehensive systematic review and meta-analysis of stroke epidemiology and stroke policy in China from 1980 to 2017. Worryingly, they show that stroke incidence remained stable at 128.3 per 100,000 per year from 1980 to 2005, but since then has increased by 21.3 per 100,000 per year to 298.7 per 100,000 per year in 2013. They did also report a gradual reduction in stroke-related mortality, identified a number of public health stroke initiatives that had begun in 2006, and hypothesized that these may have played a role in reducing mortality in those suffering stroke, but clearly more needs to be done in China on a public health and education level.1

Stroke is also a major problem in Japan where it consumes 20% of all medical expenses, and care for stroke survivors comprises of a quarter of all long-term care insurance costs for the elderly. In an attempt to move it up the public health agenda, the Japan Stroke Association lobbied for legislative action to address the problem, and this resulted in the Stroke and Cardiovascular Disease Control Act which was enacted in December 2019, as described by Nakayama et al. in this issue. It will be interesting, and relevant for other countries, to see the impact of such a legislative approach.2 Our managing editor secured an interview with key players in the process which includes WSO International Development Officer Sarah Belson, which you can access at https://ijspodcasts.podbean.com.

Public health and educational measures are key to reducing the global burden of stroke, but a complimentary approach is to treat middle-aged and elderly individuals with preventative medication. This approach is evaluated by Judge et al. also in this issue. The authors systematically reviewed evidence that aspirin might reduce stroke incidence and mortality. In 2006, the United States Preventative Series Task Force meta-analysis recommended the use of aspirin for primary prevention in adults aged 50–59 years who had a 10-year or greater than 10-year cardiovascular risk, were not at increased risk of bleeding, and had a life expectancy of at least 10 years. However, recent additional, large randomized trials have questioned this advice and make Judge et al.’s paper highly relevant. They review data from 11 randomized controlled trials that recruited 157,054 participants. There was no significant reduction in non-fatal stroke, but a significant increase in the risk of hemorrhagic stroke, and no reduction in all-cause mortality, although a reduction in non-fatal myocardial infarction. Using equal weighting for non-fatal events and major bleeding, they concluded that there is no net clinical benefit for aspirin use for primary prevention.3

As the year moves on apace, we look forward to the ever-evolving research in all areas of stroke, in particular the implementation of the Stroke Recovery and Rehabilitation Roundtable suggestions published in IJS in October in our World Stroke Day edition. This series has a dedicated landing portal on SAGE, which should give you an overview of the consensus development as published in 2016 and 2019.

Finally, as we start the year, we also have some thank you and farewells, both Professor Patrick Lyden and Professor Jong S Kim who, along with all our Associate Editors, have been crucial to the success of the journal, will be moving on to other projects this year. We wish them all the best and will continue our relationship in some capacity as the journal continues to grow.

We wish you a good start to what is, hopefully a great year in advancing stroke research!

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