Profile

Bo Norrving: putting stroke on the world map

Midway through the 1970s, a young Bo Norrving had a big choice to make. To pursue his passion and make a living as a musician, or take what he saw as the “safer path” and stick with medicine: that was the dilemma. Since he’s being profiled in The Lancet Neurology, you can guess which path he chose. “It was a good choice”, he says, and who could disagree: in the four decades since, Norrving has been at the forefront of research into stroke epidemiology, stroke syndromes, small vessel disease, ultrasound, quality registers, clinical genetics, and clinical trials. He is, says Steve Davis, Director of Neurosciences and Continuing Care Royal Melbourne Hospital in Melbourne, Australia, and the current President of the World Stroke Organization (WSO), “an international leader in stroke, reflecting both his own impressive research and his leadership of the WSO for the past 4 years”.

Norrving was born and raised in rural Sweden in the 1950s, where he and his elder brother would play in their parent’s grocery shop while the locals gossiped around them. An early adherent to the joys of rock throughout the mid 1960s, Norrving’s tastes took a more classical turn when he moved to Lund in 1969 to take up medicine at the city’s University and enrol in the local musical conservatory. He’s been in Lund ever since, quickly becoming part of the furniture in a vibrant neurology department after his graduation in 1975.

“Looking back it was really historical times”, he recalls. “Not so long ago, but absolutely medieval in terms of stroke care and stroke therapies. Stroke had the lowest priority at the emergency ward, the longest waiting times, and at the emergency department the decision was made that if you were above 65 years there was no rehabilitation potential. You could be transferred to any ward at the hospital, there needn’t be any special care. And then you would put the patient in bed for the first couple of days in the hospital, there needn’t be any special care. And then you would put the patient in bed for the first couple of days in the hospital, there needn’t be any special care. And then you would put the patient in bed for the first couple of days in the hospital, there needn’t be any special care. And then you would put the patient in bed for the first couple of days in the hospital.”

In 1978, Norrving was sent to France to absorb the then cutting edge technique of carotid ultrasound, and was one of the first, if not the first, to bring that knowledge to Scandinavia. “Whatever you tried to do research on stroke, there were novel things to do; and whatever you did with ultrasound it was a new thing that had not been described”, he recalls. “Now you have to go back into the literature to see what has been published; but at that time, there was almost nothing. It was the perfect starting point with ultrasound, because...you had the clinical history, you saw the ultrasound findings, and you started to think ‘why is the patient having these symptoms’, and could look at different patterns of disease.” That led Norrving to study cerebral blood flow haemodynamics, of which Lund and Copenhagen were world centres of innovation; and Norrving was perhaps the first to coin the phrase “cerebrovascular reserve”.

The 1980s were a pivotal time for Norrving. Visits to the Massachusetts General Hospital in Boston, USA, brought him into the orbits of Bob Ackerman and the late C Miller Fisher, who both had a huge influence on him. It was also at this time that Norrving played a key role in the team that organised the Swedish Aspirin Low-Dose Trial (SALT), published in The Lancet in 1991 as the first trial to show that low-dose aspirin therapy could prevent stroke. “I really didn’t recognise how big it was at the time”, he recalls. “The day it was published I was home alone watching the children when the phone started ringing and there were calls from all over the world. I was totally unprepared; today we’d have had a press release and it would all have been very different”.

Throughout all this time, the discussions at stroke conferences had increasingly been about how to make the disease more visible. “The stroke field was quite desperate about how to come into focus, how to get out of the shadows and be recognised the way it should be”, says Norrving. Throughout the 1990s and early 2000s he became more and more involved in those efforts, becoming the secretary of the International Stroke Society in 2004 before the WSO was formed in 2006. In 2008 he was elected as the President of the WSO at a time when non-communicable diseases were starting to rise up the global political agenda. “He was the ideal person to navigate the WSO through dangerous waters of politics and succeed in getting the WSO as a partner of the WHO”, says Vladimir Hachinski, of Western University, ON, Canada. As the WSO’s immediate past president, Norrving will continue to be the bridge between the organisation and WHO, he says, and hopes to bring his well honed diplomatic skills to bear on the question of prevention. “Governments are far too lazy in this aspect”, he asserts. “There are much more powerful things we can do with exercise, diet, smoking, alcohol, there are much more powerful things we can do”. And with Norrving leading the charge, don’t bet against them getting done.

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