

# STRIKING OUT AGAINST STROKE



**S·A·F·E**  
Stroke Alliance For Europe



2

**Visit our website**



[www.safestroke.org](http://www.safestroke.org)

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## Who we are ▾

SAFE represents a range of patient groups from across Europe whose mutual goal is to drive stroke prevention up the European political agenda and prevent the incidence of stroke through education.

By combining the resources of patient organisations across Europe, SAFE is working to champion stroke prevention, save lives and suffering, and save the European economy millions of euros in healthcare costs.

SAFE was launched in October 2004, and was born out of a strategic workshop held in the European Parliament in June 2003 which led to a declaration calling upon the European Union and its Member States to tackle stroke as a preventable catastrophe.

SAFE will also encourage the creation of national stroke patient groups in Europe where none yet exists.



## What we do ▾

- promote awareness and understanding of stroke
- promote prevention
- identify those at risk
- improve access to appropriate treatment and care for persons affected by stroke
- improve the quality of life of people affected by stroke and their families
- promote better access to accurate and understandable information about stroke
- increase the priority given to stroke by policy and decision-makers and by health care providers
- promote research on stroke related areas
- co-ordinate the efforts of national stroke patient groups in Europe



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## What is Stroke? ▼

Stroke is the term given to the sudden death of brain cells when a blockage or rupturing of an artery impairs blood flow to the brain. Typically a clot forms in a small vessel within the brain, which has been narrowed due to the long-term damage.



## STROKE MAY ALSO RESULT FROM:

- A blood clot or fatty deposit breaking loose and lodging in an artery of the brain, thus stopping the flow of blood
- A blood clot forming in the chamber of a heart which is beating irregularly, breaking off and forming a plug in the brain artery
- Bleeding in the brain caused by the widening and weakening of a blood vessel in the brain.



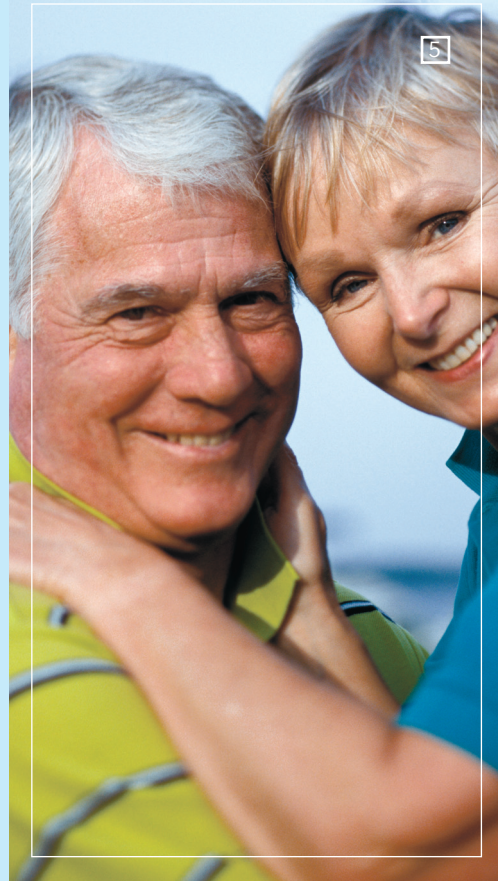


## The effects of stroke ▾

In the acute stages, stroke represents a medical emergency and the fatality rate is high. Survivors of stroke have complex care needs, may have long-term disability and may need admission to long-term care. Data from the World Health Organization (WHO) indicate that of the 15 million people suffering a stroke every year, five million of these die and another five are left permanently disabled, placing a burden on family and community.

Depending on the part of the brain affected and how widespread the damage is, the effects of stroke can include difficulties in movement, balance, walking, swallowing, speaking, dressing, feeding, controlling bladder or bowel movements, vision and mood.

Stroke survivors also experience much higher rates of depression than non-stroke patients. In a four-year study of stroke survivors, not one person reported that their life had returned to normal.



## Risk factors for stroke ▸

High blood pressure (hypertension) is the leading risk factor for stroke, contributing to around half of all cardiovascular diseases and is present in the majority of stroke sufferers. In many cases it is the only risk factor identified in people who go on to have a stroke. The risk of stroke increases the longer a person has uncontrolled hypertension and the higher their level of blood pressure is allowed to climb.

Worryingly patients and the general public alike underestimate the seriousness of hypertension, with two thirds stating that hypertension was not a serious health concern to them.

Other identifiable risk factors for stroke include obesity, type 2 diabetes, high cholesterol, smoking, heavy alcohol consumption, and use of recreational drugs such as cocaine, amphetamines and ecstasy.

While often considered a disease of ageing, approximately one third of strokes occur in patients under 65 years old. Stroke events are more common among low income groups.

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## Incidence of stroke in Europe ▼

Stroke is the third leading cause of death in Europe, behind heart disease and cancer, and the most common cause of adult physical disability, with an estimated 1.4 million stroke deaths each year.

### DATA ON STROKE DISABILITY AND MORTALITY\*

[http://www.who.int/cardiovascular\\_diseases/en/cvd\\_atlas\\_29\\_world\\_data\\_table.pdf](http://www.who.int/cardiovascular_diseases/en/cvd_atlas_29_world_data_table.pdf)

Country	Population Millions 2002	Stroke Disability DALYS lost per 1000 population 2003 or latest available data	Stroke Mortality Number of deaths 2002
Austria	8 111	4	7 559
Belgium	10 296	4	9 234
Denmark	5 351	4	4 871
Finland	5 197	4	4 875
France	59 850	3	37 750
Germany	82 414	4	79 326
Hungary	9 923	8	17 148
Ireland	3 911	4	2 650
Israel	6 304	3	2 233
Italy	57 482	4	69 075
Netherlands	16 067	4	12 459
Norway	4 514	3	4 817
Portugal	10 049	9	20 069
Slovenia	1 986	6	2 003
Spain	40 977	3	34 880
Sweden	8 867	3	9 984
UK	59 068	4	59 322
USA	291 038	4	163 768
Canada	31 271	3	15 621

By way of comparison, hypertension is 60% more common in Europe than on the North American continent, and stroke is also about 60% more common in Europe.

Globally, the World Health Organization (WHO) estimates that by 2020, heart disease and stroke will become the leading causes of both death and disability worldwide, with the number of fatalities projected to increase to over 20 million a year and by 2030 to over 24 million a year.

## The economic impact of stroke ▾

Stroke imposes a significant burden on society and on healthcare budgets, accounting for 3-4% of the total healthcare costs in Western European countries.

Eastern and Central European countries have higher stroke rates, and with the forecast growth in Europe's older populations, incidence across Europe is set to rise, with a corresponding impact on Europe's healthcare budgets.



## Preventing stroke ▶

The good news is that of all neurological diseases, stroke is the most preventable one. In fact research shows that two thirds of physicians consider most first strokes to be avoidable. People can reduce their risk of having a stroke through having regular blood pressure checks, receiving appropriate treatment for high blood pressure, and implementing certain lifestyle changes.

*"Even a modest reduction in blood pressure pays large dividends with as many as 4 in 10 strokes considered preventable."*

### THREE STEPS WHICH CAN HELP PEOPLE REDUCE THEIR RISK OF STROKE

1. Have regular blood pressure checks
2. Speak to their physician about appropriate treatment for hypertension, diabetes and high cholesterol.
3. Make lifestyle changes to improve overall health (such as losing weight, increasing physical activity or giving up smoking)

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## What more needs to be done? ▼

*"The European Union and Member State governments need to do more through direct intervention in health-care to reduce incidence of stroke and its devastating impact on patients, their families and on the economy."*

### 1. Raising awareness of stroke Prevention

More work needs to be done in raising awareness of the link between stroke and hypertension as well as other contributing risk factors for stroke, and the EU should facilitate the sharing of information and best practices between Member States to develop national stroke prevention strategies across Europe.

Realistic targets should be established for stroke reduction across Europe, and progress should be regularly measured and evaluated.

Data should be collected on risk factors, incidence and prevalence, and the impact on healthcare economics. Member States should be made aware of the clear economic and social benefits of preventive treatment, and should recognise the true financial impact of failing to take early preventive action.

Governments should promote programs for healthy lifestyle and educate on other risk factors for stroke such as obesity, high cholesterol, smoking and lack of physical activity.



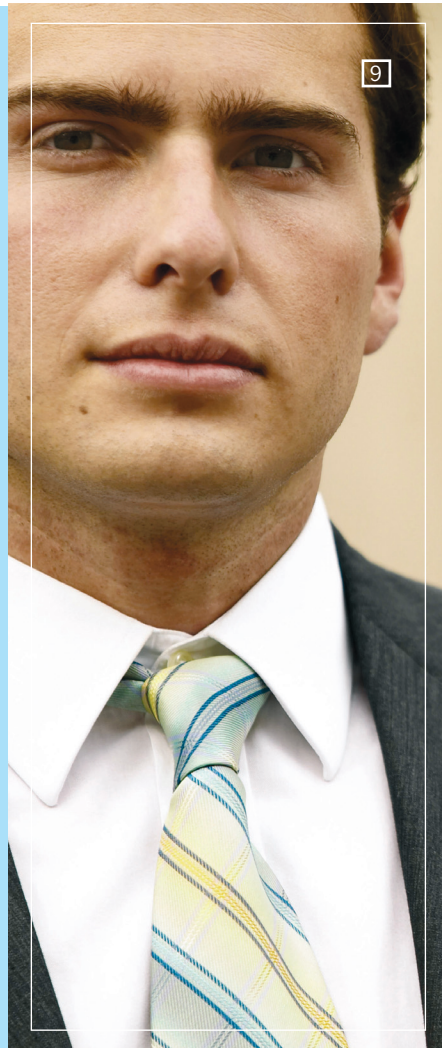


## 2. Ensuring effective preventive treatment

Should life style changes not be effective, there are proven preventive treatments available to reduce stroke in hypertensive patients (angiotensin receptor antagonists are amongst the most recent, effective and well-tolerated medicines), but access to the most appropriate treatments can be patchy across different European countries. The EU should ensure that its citizens do not experience inequalities in access to these important and potentially life-saving treatments.

Healthcare professionals also need to ensure best practice is implemented in the management of hypertension and diabetes among their patients. Treatment guidelines should recognise antihypertensive treatment specifically for stroke risk reduction beyond blood pressure control.

As national education programmes should be established to communicate the link between hypertension and stroke and the importance of early primary stroke prevention in hypertensive patients, it is equally important to focus on the underlying causes for hypertension, as well as lifestyle related risk factors for stroke.



## 3. Improving care for stroke survivors

The establishment of specialised stroke units needs to be increased in much the same way as coronary care units were established over 20 years ago. It has been shown that acute interventions as well as specialised, dedicated care for acute stroke victims can not only be lifesaving but also result in long-lasting and substantial decreases in long-term disability. In addition the disease burden for carers can be minimised when comparing stroke unit care to the kind of care offered on general medical wards.

[10 www.safestroke.org](http://www.safestroke.org)

## The Stroke Alliance For Europe (SAFE) Member Organisations



**Austria** – Schlaganfall-Hilfe Österreich  
[www.schlaganfall-info.at](http://www.schlaganfall-info.at)



**Denmark** – The Danish Stroke and Aphasia Association  
[www.hjernesagen.dk](http://www.hjernesagen.dk)



**Finland** – The Stroke and Dysphasia Federation in Finland  
[www.stroke.fi](http://www.stroke.fi)



**France** – Fédération Nationale France-AVC  
[www.franceavc.com](http://www.franceavc.com)



**Germany** – Stiftung Deutsche Schlaganfall Hilfe  
[www.schlaganfall-hilfe.de](http://www.schlaganfall-hilfe.de)



**Hungary** – ESzME Egyesület a Stroke Megelőzéséért  
[www.eszme.hu](http://www.eszme.hu)



**Ireland** – The Irish Heart Foundation  
[www.irishheart.ie](http://www.irishheart.ie)



**Israel** – The Neeman Association for Stroke Survivors  
[www.neeman.org.il](http://www.neeman.org.il)



**Italy** – Associazione Lotta Ictus Cerebrale (ALICE)  
[www.aostanet.com/alice](http://www.aostanet.com/alice)



**Netherlands** – De Nederlandse CVA-vereniging Samen Verder  
[www.cva-samenverder.nl](http://www.cva-samenverder.nl)



**Norway** – Landsforeningen For Slagrammede  
[www.hjerneslag.org](http://www.hjerneslag.org)



**Slovenia** – Združenje bolnikov s cerebrovaskularno boleznijo  
[www.zdruzenjecvb.com](http://www.zdruzenjecvb.com)



**Spain** – Fundación Española del Corazón (FEC)  
[www.fundaciondelcorazon.com](http://www.fundaciondelcorazon.com)



**Sweden** – STROKE-Riksförbundet  
[www.strokeforbundet.org](http://www.strokeforbundet.org)



**United Kingdom** – The Stroke Association  
[www.stroke.org.uk](http://www.stroke.org.uk)



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