

Together we
can conquer
stroke



Get involved at:

-  stroke.org.uk
-  or [#conquerstroke](https://twitter.com/conquerstroke)

Stroke – what you need to know

1

In the UK, there are 152,000 strokes every year.¹ Stroke is the third biggest killer and the largest cause of complex disability.^{1,2} Globally, the burden of stroke is expected to double by 2030.³

2

Stroke can also have a devastating emotional⁴ and financial⁵ impact on survivors and their families. People tell us that too often those they come into contact with do not understand how stroke affects their lives, causing them to miss out on vital support.

3

Stroke costs the NHS £4 billion a year and the wider economy £9 billion.⁶ Therefore, improving support for stroke survivors will benefit the economy as well as individuals.

4

Thanks to medical and technological advances, the number of people dying from stroke has almost halved over the past 20 years,³ while research has transformed care and set the stage for conquering stroke. However, an increasing older population, rising obesity, plus sedentary and unhealthy lifestyles, threaten to reverse progress previously made.

5

Knowledge of stroke, its complexities and how it affects people's lives is improving all the time. At the Stroke Association, we are committed to supporting health, social care and government to better understand stroke and the role we can all play in conquering it.

Contents

Foreword	5
With your help, we've come a long way	6
Many strokes are avoidable	8
Good hospital care saves lives	11
When people leave hospital	12
Making the best possible recovery	14
Our calls to action	17
References	18

"I wish people would realise that stroke is not an illness that can be treated and then you are well again, but a major life event that usually has lifelong effects."

Inger, 52, a stroke survivor

Foreword

More people survive stroke now than ever before. But despite huge improvements, it is unacceptable that too many avoidable strokes still happen, that not everyone yet has access to the highest quality hospital care, and that many people are not getting the support they need to make their best possible recovery.

Added to that, many stroke survivors and their carers are enduring financial hardship as they struggle to recover. With your help, we can change all of this.

This document is a summary of where we are today with stroke, the progress that has been made by our charity and others, and what still needs to be achieved. It is based around what thousands of stroke survivors have told us, alongside data from researchers.

We hope it will help to continue the conversation on stroke, and will inspire you to work with us to improve the landscape for the people affected.

Please fill in the envelope at the back of this booklet and we will keep you updated on how, together, we can conquer stroke in your area.

A handwritten signature in black ink, appearing to read 'Jon Barrick', written over a horizontal line.

Jon Barrick
Chief Executive, Stroke Association

With your help, we've come a long way

Thanks to the efforts of individuals and organisations, we have made good progress in preventing stroke and saving lives, but the job is far from done.

We have identified more people at risk of stroke

Over the past three years, we have tested the blood pressure of 136,275 people. High blood pressure is a major risk factor for stroke. We have also informed 33,817 people about the signs of atrial fibrillation, a form of irregular heartbeat that raises stroke risk.

More people now recognise stroke symptoms

Since the Act FAST campaign started in 2009, there has been a 54% uplift in stroke-related emergency calls with nearly 24,000 more people reaching hospital within three hours of a stroke.⁸ This has saved lives and improved outcomes.

Reorganising and improving stroke services has saved lives

More people are now taken to a specialist stroke unit by ambulance. They are then diagnosed and treated by doctors and nurses who specialise in stroke.

There is growing recognition that life after stroke is possible

At the Stroke Association, we know that people recover faster when they get the right services and support to help them deal with the wide-ranging impact of stroke. But not everyone can access the best support yet – this needs to change.

How research has saved lives and improved care

Between 1991 and 2011, the Stroke Association spent more than £40 million supporting groundbreaking research. This has led to:



The development of the FAST test (Facial weakness, Arm weakness, Speech problems, Time to call 999), which has been adopted internationally to raise awareness of the main signs of stroke and speed up urgent treatment.⁹



The licensing of thrombolytic (blood-thinning) drugs for stroke survivors in Europe. This has been the most effective treatment for ischaemic stroke in the UK – for every 1,000 patients treated, 150 more will live independently after stroke as a result.⁹



Support for the development of specialist stroke units, improving survival and recovery.⁹



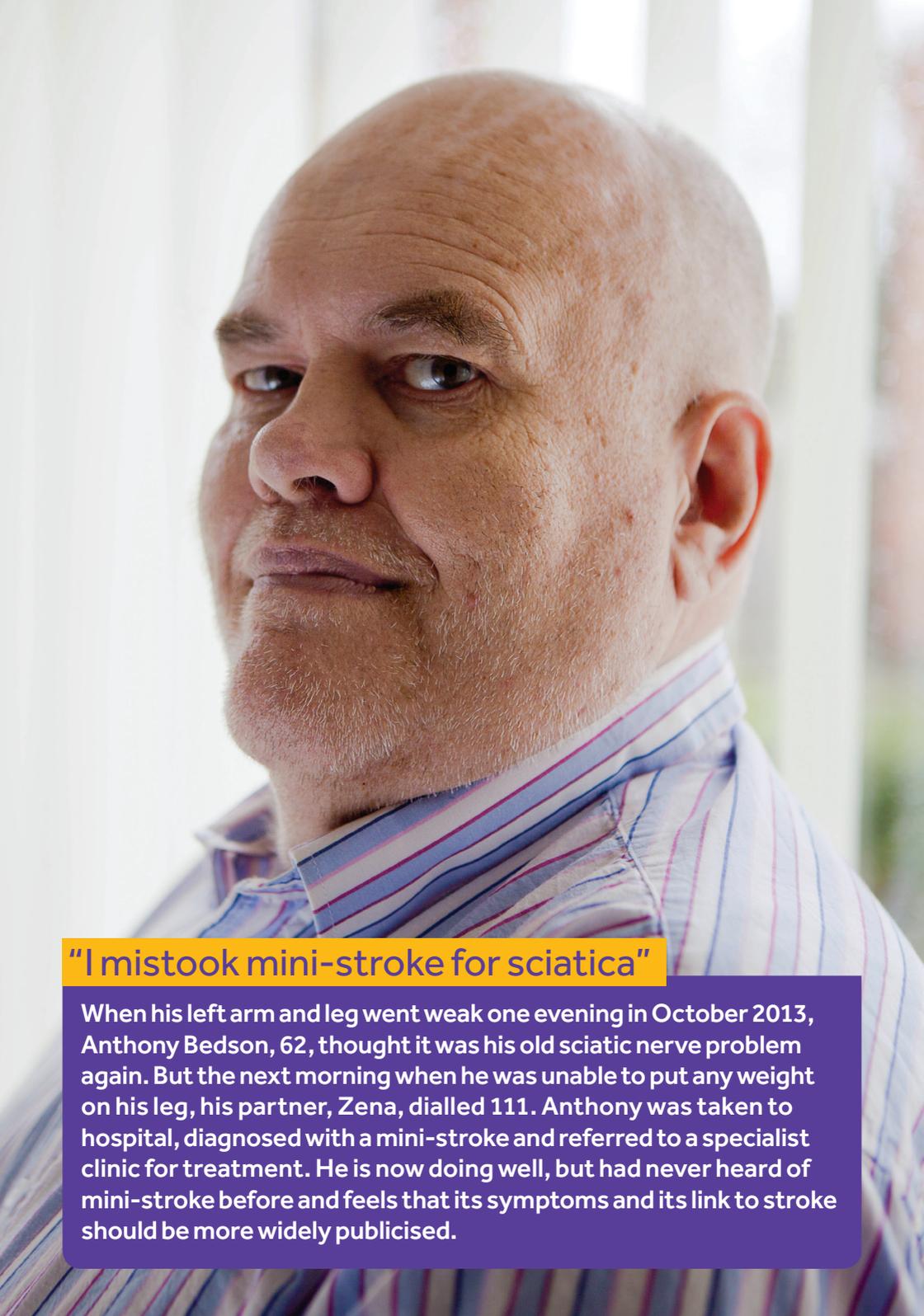
Availability of rehabilitation therapies informed by research evidence.⁹



What needs to happen

Research has been at the heart of saving lives and improving stroke care. But for every UK stroke patient, just £48 a year is spent on medical research compared with £241 for every cancer patient.⁷ We need an urgent increase in funding to help find more treatments sooner and, ultimately, conquer stroke.





"I mistook mini-stroke for sciatica"

When his left arm and leg went weak one evening in October 2013, Anthony Bedson, 62, thought it was his old sciatic nerve problem again. But the next morning when he was unable to put any weight on his leg, his partner, Zena, dialled 111. Anthony was taken to hospital, diagnosed with a mini-stroke and referred to a specialist clinic for treatment. He is now doing well, but had never heard of mini-stroke before and feels that its symptoms and its link to stroke should be more widely publicised.

Many strokes are avoidable

More people could avoid stroke if we tackled problems such as mini-stroke, atrial fibrillation and high blood pressure.

Vital stroke warning

Most strokes are caused by a blockage cutting off the blood supply to part of the brain. A mini-stroke (also known as a transient ischaemic attack, or TIA) is exactly the same except that the blockage either dissolves on its own or moves, so that the blood supply returns to normal and symptoms disappear within 24 hours.

Each year, 46,000 people in the UK have a mini-stroke for the first time, with one in 12 going on to have a full-blown stroke within a week.¹⁰ However, if mini-stroke symptoms were recognised, diagnosed and promptly treated, a person's risk of stroke could be reduced by as much as 80%.¹¹ This could prevent around 10,000 strokes a year in the UK. 

Know the signs

The FAST test can help you to spot the signs of a stroke or mini-stroke. Look for:

F

Facial weakness

Can the person smile?
Has their mouth or eye drooped?

A

Arm weakness

Can the person raise both arms?

S

Speech problems

Can the person speak clearly and understand what you say?

T

Time to call 999

If you see any one of these signs, seek immediate medical attention.

Reaching those most at risk

People in socially deprived areas are twice as likely to have a stroke and three times as likely to die as those in the least deprived areas.^{12, 13} Black¹⁴ and South Asian¹⁵ people are more likely to have a stroke at a younger age than white people. Deaths from stroke are also higher in people in routine jobs than those in managerial or professional roles.¹³ Where you live, your ethnicity, social status and wealth make a big difference to your risk of stroke and survival in the UK.

Undertreated atrial fibrillation

More than one million people¹⁶ in the UK have a five-fold¹⁷ increased risk of stroke due to atrial fibrillation, a form of irregular heartbeat that raises the risk of blood clots. Treatment with anticoagulation therapy can reduce risk of clots, yet this is underprescribed. If all eligible people were to receive 'optimal treatment', over 4,500 strokes a year could be prevented,¹⁸ saving the NHS approximately £132 million in direct hospital costs and long-term care costs.



Managing blood pressure

High blood pressure is the leading cause of stroke and affects 15 million people in the UK.¹ Helping people manage their blood pressure through lifestyle is essential. It is important that people with high blood pressure are diagnosed and understand what they can do to help control their condition.



What needs to happen

We need more people to understand about stroke risk and symptoms, as well as other conditions that raise risk such as high blood pressure and atrial fibrillation. We especially need to reach those who may be unaware that they are at high risk of stroke.



Good hospital care saves lives

Timely access to high-quality stroke services can make a huge difference to people's survival chances and recovery, but this is not happening everywhere.

A stroke is a medical emergency. People must get immediate access to brain scanning and clot-busting drugs (thrombolysis) when appropriate, and be treated in specialist stroke units rather than on other wards. We know this leads to better outcomes, reducing the need for, and costs of, rehabilitation and long-term care.

Where we are now

There has been a dramatic improvement in acute care, thanks to national strategies, advances in treatment and the way services are organised. More than nine in 10 stroke patients in England now receive a brain scan within 24 hours of admission,¹⁹ while use of thrombolysis increased 10-fold between 2008 and 2013.¹⁹ However, six in 10 stroke

emergency attendances to A&E still arrive too late to be eligible for thrombolysis,¹⁹ while one in five stroke patients are still being admitted to general medicine and diagnostic wards.¹⁹

What needs to happen

We must build on the progress made in stroke care. The quality of acute stroke services varies greatly between regions. All areas must consider how to organise their services to provide the highest standard of care. All who work in health and care need to be aware of stroke, its effects and how to support people appropriately. Those who will not recover need the right care and, when possible, to choose where they die.



“When I came out of hospital I was not given any care package.”

Ann, a widow, has vivid memories of her stroke. After two months in hospital she was discharged without a care plan or any follow-up appointments at the hospital where she had been treated. She said: “When I came out of hospital I was not given any care package. I was told to ask my neighbours for help, and if it had not been for their kindness, I would be sitting at home on my own, starving to death, as I cannot walk more than 150 yards.”

When people leave hospital

Hospital treatment for stroke has dramatically improved over the past few years, but follow-up assessment and support are equally important.

People struggle to get the basics

With the right support people can recover after stroke. However, a Stroke Association survey showed that too many survivors are not getting the basics when leaving hospital.²⁰ In England:

- 39% of people had not been offered any assessment for services such as physiotherapy, speech therapy or help with washing and dressing.
- Only 60% of people assessed had received a care plan.
- 38% of carers did not know they were entitled to an assessment of their health and social care needs.

Many stroke survivors also told us that services had been withdrawn or reduced while they still needed them.

Right to care

Stroke survivors and their carers have a right to regular health and social care needs reviews and a care plan when appropriate.²¹

At the Stroke Association, we see 68,000 people per year through our commissioned services, but we know stroke survivors need much more to make their best recovery.

What needs to happen

Many people struggle to access support, particularly when their needs are complex. People need appropriate therapies, rehabilitation, coordinated health and social care services, plus access to the right advice and information. The Stroke Association's stroke recovery services should be more widely available.



"It's been a long, hard journey and it's not over"

Ann Hardman, 49, felt worried and isolated after her husband Neil, 47, had a stroke nearly four years ago. Neil's personality had changed a lot and Ann struggled to deal with this, along with worries about finances, as Neil was also unable to work for six months. Like many stroke survivors, Neil became depressed and although Ann found help for him from a local mental health team, she herself was offered no support. She finally found it through a stroke club, which she heard about from her local newspaper. Finally, she feels that things are getting easier, though there is still a long way to go.

Making the best possible recovery

Stroke is life-changing. Besides physical health, it affects a person's emotional wellbeing, finances and family.

Emotional impact

A stroke can affect the part of the brain that controls emotions, and can change how people think, feel or behave. The suddenness of stroke can also be traumatic. Stroke survivors and carers tell us the emotional impact of stroke is underestimated and overlooked, leaving them inadequately supported.⁴ They are left coping with the physical impact as well as anxiety, depression, and stress. Better recognition of the psychological and emotional impact of stroke from the start could prevent more intensive and costly psychological support later.²²

Financial impact

In the UK, approximately a quarter of strokes happen to people under 65.²³ Many find going back to work difficult or impossible due to the effects of stroke, and their partners may also have to stop or reduce

work due to caring responsibilities. The result can be financial hardship: 65% of working age stroke survivors told us their income had reduced and expenses had increased after their stroke, forcing 40% to cut back on food.⁵ People also complained that when they turned to the benefits system for support, it was difficult to navigate and did not recognise the full effects of stroke.⁵

What needs to happen

The impact of stroke is not only physical. Many people experience long-term emotional effects and financial difficulties. Stroke survivors should be able to rely on adequate financial support during recovery. Improved emotional care and joined-up service provision is essential if stroke survivors are to achieve their best possible recovery.



Our calls to action

Together we can conquer stroke but to do this, we need...

Investment for research

Research has been at the heart of saving lives and improving stroke care. But for every UK stroke patient, just £48 a year is spent on medical research compared with £241 for every cancer patient.⁷ We need an urgent increase in funding to help find more treatments sooner and, ultimately, conquer stroke.

To prevent more strokes

We need more people to understand about stroke risk and symptoms, as well as other conditions that raise risk such as high blood pressure and atrial fibrillation. We especially need to reach those who may be unaware that they are at high risk of stroke.

High-quality care for all

We must build on the progress made in stroke care. The quality of acute stroke services varies greatly between regions. All areas must consider how to organise their services to provide the highest standard of care. All who work in health and care need to be aware

of stroke, its effects and how to support people appropriately. Those who will not recover need the right care and, when possible, to choose where they die.

Better support when people leave hospital

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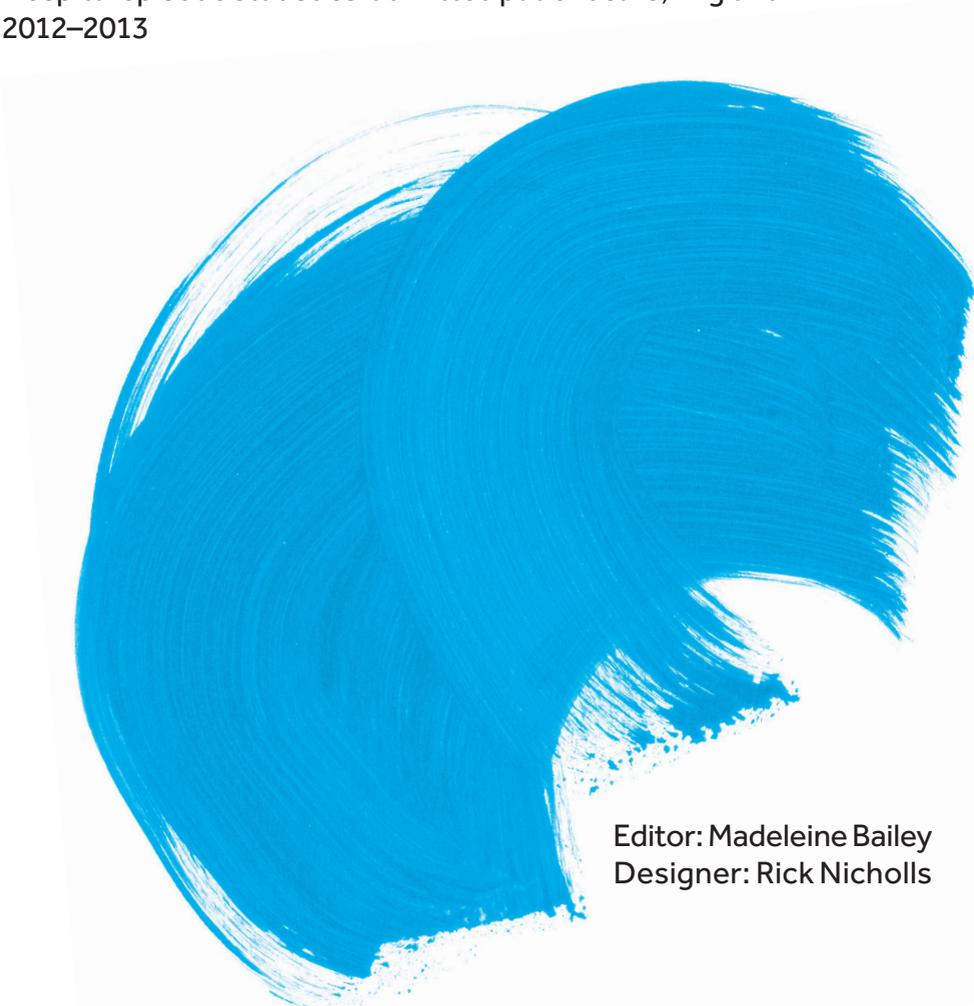
To help people live fuller lives

The impact of stroke is not only physical. Many people experience long-term emotional effects and financial difficulties. Stroke survivors should be able to rely on adequate financial support during recovery. Improved emotional care and joined-up service provision is essential if stroke survivors are to achieve their best possible recovery.

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About the Stroke Association

We are the Stroke Association. That's why we support stroke survivors to make the best recovery they can. It's why we campaign for better stroke care. And it's why we fund research into finding new treatments and ways of preventing stroke.

We are a charity and we rely on your support to change the lives of people affected by stroke and to reduce the number of people who are struck down by this devastating condition.

Please help us to make a difference today at
stroke.org.uk/donation or call us on **0300 3300 740**.

stroke.org.uk

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