



The Stroke Association **Manifesto**

For a world where there are fewer strokes and all those touched by stroke get the help they need

Stroke facts

Stroke is a term used to describe the effects of an interruption of the blood supply to a localised area of the brain. The brain is the nerve centre of the body controlling everything we do. When a stroke occurs some brain cells are damaged and others die.

A stroke is a brain attack. There are two main types of stroke:

- Ischaemic stroke – the most common type of stroke caused by a blood clot in the brain.
- Haemorrhagic stroke – caused by a bleed in the brain.

A Transient Ischaemic Attack (TIA), also known as a 'mini stroke', occurs when the brain's blood supply is briefly interrupted. The symptoms of a TIA are very similar to a full stroke but last under 24 hours. Having a TIA indicates the likelihood of suffering a full stroke at a later date.

Symptoms of stroke

The immediate symptoms of stroke include sudden numbness, weakness or paralysis; sudden difficulty in speaking or understanding speech; dizziness; confusion; unsteadiness; severe headache; sudden blurring or loss of vision and loss of consciousness.

In the longer term stroke survivors may have one or more of the following symptoms in any combination: weakness or paralysis on one side of the body, speech and language difficulties, difficulties in perception and cognition, fatigue, emotional changes and mood swings.

Impact of stroke

Stroke is a devastating condition.

- It is the leading cause of disability and the third biggest killer in the UK.
- It is one of the most expensive conditions to treat. Already the cost of stroke to the NHS is estimated to be over £2.5 billion a year. This accounts for 6% of the total NHS and Social Services expenditure which is nearly twice the cost of coronary heart disease. As the population ages the economic burden of stroke is expected to increase.

- More than three times as many women die from stroke as they do from breast cancer in the UK.
- Almost one in four men and one in five women aged 45 can expect to have a stroke if they live to 85¹.
- Stroke is often thought of as only affecting older people. While the majority of people who have a stroke are over 65, a sizable proportion (around 20%) are younger than the age of retirement. That is 25,000 people a year, including children.

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Introduction

Stroke is the third biggest killer in the UK and the biggest cause of serious disability.

Every year 130,000 people in England and Wales have a stroke. It costs the NHS and Social Services over £2.5 billion a year to treat and care for people who have had a stroke.

But you could be forgiven for not knowing this – awareness, research and prioritisation of stroke is lagging dangerously behind the other big killers: cancer and heart disease.

For every £1 spent on stroke research, £20 is spent on heart disease and £50 is spent on cancer².

For every 90 stroke physicians in the UK there are 700 cardio physicians. This is unacceptable when inadequacies in stroke care still persist.

There have been developments in stroke care in recent years, which The Stroke Association applauds, but progress is much too slow and there is a desperate need for greater investment in

stroke services. Strokes and TIAs are being misdiagnosed and ignored; dedicated health professionals are having to decide between stroke unit beds or brain scanners when they need both; and life changing rehabilitation is sparse if present at all.

With more investment in organisational change the costs to the nation would be reduced:

- **Investment in stroke and TIA prevention** – Sustained health awareness campaigns could significantly reduce the incidence of stroke.
- **Investment to guarantee that a stroke is always treated as a medical emergency as is a heart attack** – Also that TIAs are treated as seriously as angina. Early intervention and treatment by specialists can improve outcomes for people who have had a stroke.
- **Investment in hospitals** – A properly funded, staffed and equipped stroke unit in every hospital would lead to better outcomes for patients and a reduction in the length of time people stay in hospital.

- **Investment in care** – Access to rehabilitation support, including occupational therapy, speech therapy and physiotherapy, can make all the difference to people's ability to rebuild their lives. Access to rehabilitation also speeds up discharge from hospital.

This manifesto sets out the key messages The Stroke Association believes all political parties should endorse and work to achieve, whether in Government or opposition. There is urgent work to be done on stroke. The Stroke Association calls on you to make sure that work is supported.

Prevention

High blood pressure, diabetes, smoking, excessive alcohol consumption, poor diet, physical inactivity, high cholesterol and obesity all increase the risk of having a stroke.

40% of strokes could be prevented by regular blood pressure checks, treatment for hypertension and taking steps to improve overall health³.

It is vital that the public is given greater choice and access to information and initiatives to enable them to make informed decisions on healthy lifestyles that could help reduce their risk of stroke.

Action is needed across Government to improve conditions for health. We welcome assurances from the Government that the health of the nation is a priority but we need to ensure that these assurances become a reality.

Our call

- **We call** on the Government to ensure that all communities are reached through ongoing stroke and TIA awareness campaigns.
- **We call** for a mandatory warning to be applied to food packaging when food contains more than a third (2g) of the recommended

amount of daily salt consumption.

- **We call** for mandatory, consistent and clear labelling of food products.
- **We call** for mandatory, consistent and clear labelling of alcoholic drinks, especially in regard to the number of units they contain.

- **We call** for restrictions on 'junk food' advertising, especially when aimed at children.
- **We call** for a complete ban of smoking in all public places.
- **We call** on the Government to increase ring fenced funding for stroke research.

Claire Simpson

I was walking to work and lost the feeling from my waist down, and I just sort of collapsed on the floor. I didn't think it was anything serious, I just thought my legs had gone to sleep.

My GP thought I had a trapped nerve, so she registered me with a neurologist, and he discovered that I didn't have that. The following year, I was walking to work, and suddenly I went blind for a second. I stood still for five minutes to work out what was going on. My vision came back and I felt light-headed.



I went into hospital and they ran lots of tests, and when the test came back they saw I suffered a series of TIAs (mini strokes). I didn't think these things happened to young people – I was 23.

Stroke is a medical emergency

All too often the symptoms of stroke and TIAs are not recognised and diagnosis and treatment are delayed. This reduces recovery outcomes, which in a third of cases is a matter of life and death.

TIAs left untreated often lead to full blown strokes that could have been prevented⁴.

Stroke survivors are more likely to survive, make a better recovery and spend less time in hospital if they are admitted immediately to a stroke unit and receive care from a specialist co-ordinated stroke team⁵.

Evidence shows that stroke has yet to be identified as a medical emergency by many general practitioners, ambulance services and accident and emergency staff⁶.

In addition less than half of patients in England, Wales and Northern Ireland have a scan within 48 hours of having a stroke. This figure drops to 23% when looking at just Wales⁷.

It is clear that the 'gold standard' of direct admission to a specialised stroke service remains unusual⁸.

Our call

- **We call** on the Government to fund public awareness campaigns to ensure that everyone knows the warning signs of stroke and know that if they suspect stroke they should dial 999.
- **We call** on the Government to ensure that 24 hours⁹ is the maximum wait for a brain scan and that three hours is set as a target from the onset of symptoms to

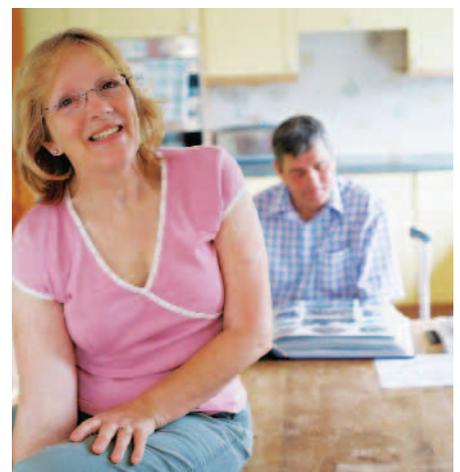
Susie Honour

My husband John was 59 when he had a stroke. He had just got in from work and I asked him something. He answered me with a garbled response.

When he arrived at the hospital he was seen by a doctor not a specialist. He suffered two more TIAs and then a massive stroke all whilst still waiting in casualty. The next few weeks were a nightmare. I spent from 7am until 10pm for four months doing everything for him.

reduce mortality and improve outcomes. Newer treatments such as thrombolysis require scanning to be done within three hours of the onset of a stroke¹⁰.

- **We call** on the Government to set a target for suspected TIA to be investigated in a specialist service within seven days, and patients with more than one TIA in a week to be investigated in hospital immediately.



If his first mini stroke had been treated this damage may never have occurred.

In hospital

Specialised stroke units, with a multi-disciplinary team, have been shown to reduce mortality rates, improve patient outcomes and reduce the length of stay in hospitals.

Once in hospital rapid access to diagnostic tools such as brain scanning equipment is essential. Yet just 46% of patients are admitted to a stroke unit at some point during their stay in hospital¹¹. This is despite evidence showing general wards having 14% to 25% higher mortality rates than in stroke units¹².

Despite an increase in the numbers of hospitals having a stroke unit, the quality and resourcing of those stroke units varies considerably across the country. These inconsistencies are causing people to suffer from worse outcomes after stroke.

Our call

- **We call** on the Government to issue a definition and standard for stroke units and specialised stroke services, and to ensure continual reassessment of services to comply with these standards.
- **We call** on the Government to set a target for the direct admission of people with

stroke to a specialised stroke service or unit.

- Whilst stroke is covered by the National Service Framework for Older People, it is vital that the particular service needs of the 10,000 people under 55 who have a stroke each year are met. It is essential that the National Service Framework for Long-Term Conditions is applied to all those living with stroke.

Brad Francis

At 29 I had my first stroke, I made a full recovery and doctors dismissed the incident as a one-off occurrence. But two years later it happened again, only this time it was worse. I lost both sight and speech and couldn't stand.

Although occupational therapy and physiotherapy helped me recover physically, emotionally it was much harder. I needed counselling, but wasn't offered any. I was left to fend for myself. People



don't realise how life-changing stroke is. It's especially devastating for a young man to have what is seen to be an elderly person's problem.

From hospital to community

Many stroke survivors who are transferred back into the community feel abandoned. On many occasions there are long delays before any type of care or follow up is given, if it is given at all¹³.

A seamless transition of care is vital for stroke survivors to move effectively between health and social care providers and the services offered by voluntary organisations.

We regularly hear stroke survivors telling us how they were not given any advice or support once they left hospital.

Stroke survivors need access to a comprehensive rehabilitation service that is staffed by a multidisciplinary team including physiotherapists, occupational therapists, speech and language therapists, and psychologists. Evidence shows that improved access to social work and occupational therapy is likely to result in less delayed discharge and reduced requirements for hospital beds, thereby freeing resources¹⁴.

In addition to stroke survivors, stroke carers also need vital support. In a survey by The Stroke Association, 70% of carers had worries about looking after someone with

a stroke, and 63% had problems or concerns about their own health.

Our call

- **We call** on the Government to ensure regular assessment and reassessment of care and services provided in the community – not forgetting those who move into residential care.
- **We call** on the Government to ensure that people who have had a stroke or TIA are given the appropriate treatment to reduce the risk of another attack.
- **We call** on the Government to improve the availability of short and long term rehabilitation to enable all stroke survivors to have access to life changing support.
- **We call** on the Government to increase access to speech and language therapists, occupational therapists, clinical psychologists and family and dysphasia support services, all of which will help to restore the lives of stroke survivors.

- **We call** on the Government to address the social, emotional and practical needs of carers in supporting stroke survivors.
- **We call** on the Government to ensure that the stroke survivor, their carer and family are given the opportunity to be involved in the decision making process about their future care and rehabilitation.
- **We call** on the Government to ensure the transition from hospital to home or residential care is considerably improved.



David Diston

I was having a great day at work and nothing seemed unusual. I was in my office when suddenly the lights went out. I fell off my seat and was unconscious for seven hours. Then I woke up in hospital in Swindon.

I couldn't move my right side and my speech had gone altogether. It was frustrating because I couldn't make sense of anything. I could read perfectly but I couldn't

say two words, even a simple word like 'coffee'.

12 weeks of intensive speech therapy helped, and then I had more of that every week for three or four months, and I was back to work soon after. I was a bit impatient – I wanted to go back a month earlier.

I sometimes lose words or phrases and I've had to learn basic things again. I've had quite a few know backs in life

but I try to deal with everything positively.

I had my stroke because I was overweight; I've since lost five stone. I eat salad and fruit every day, and walk a lot more. Since my stroke I've done two London Marathons, in seven hours and eight hours. I'm intending to complete it in less than six next time.

Conclusion

In the next hour 12 people in the UK will have a stroke. Four of those people will recover, four will have permanent disabilities and four will die.

We urge you to ensure that the needs of stroke survivors, their families and their carers are acknowledged and provided for to reduce the devastating impact of stroke. Improvement to prevention, care and rehabilitation will reduce both the social and financial cost of stroke and will help rebuild the lives of thousands of people.

The Stroke Association believes that by acting on the calls we have made in this manifesto you can:

- Help to reduce the number who are affected.
- Help to reduce the number who die.
- Increase the number who recover.
- Improve the quality of life for those who become disabled.

We are counting on you for your support

For more information please contact the Public Affairs Team on 020 7566 0300, email publicaffairs@stroke.org.uk or visit www.stroke.org.uk

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Every five minutes someone in England and Wales has a stroke. A stroke doesn't discriminate. It can happen to anyone at any time in their life. Strokes are sudden and their consequences can be devastating. **The Stroke Association** is the only national charity solely concerned with helping everyone affected by stroke. Our vision is to have a world where there are fewer strokes and all those touched by stroke get the help they need.

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