

**Eight steps toward a world free from stroke**

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What steps will you take this World Stroke Day - 29 October © Shutterstock

New [Global Burden of Disease](#) [1] data shows that stroke was also accountable for 116 million years of life

**lived with disability in 2016 a rise of 33% in the past 10 years. This adds to stroke's position as the second leading cause of death worldwide and a major barrier to the achievement of global development goals. To mark [World Stroke Day](#) [2] on October 29<sup>th</sup> the [World Stroke Organization](#) [3] is calling for radically new approaches to prevention and risk management.**

The past 25 years have seen the global burden of stroke rise exponentially. With an incidence pattern that shows significant differences based on gender and ethnicity, an increasing number of strokes among younger people and disproportionate rates and impact in low-to-middle income countries, getting ahead of the curve is an urgent priority for individuals and policy makers alike. Despite our best efforts around primary stroke prevention our current approaches to prevention, screening and risk management clearly aren't hitting the mark. So, what can we do to accelerate progress?

A stroke is a serious life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. There are two main types of stroke: ischemic, when a blockage causes lack of blood flow and hence oxygen supply, and hemorrhagic, when bleeding from the artery causes damage to surrounding cells.

## **1 Increase awareness**

Despite being the second biggest killer globally, public awareness of stroke risks and how to manage them is still low. This is why the World Stroke Organization is focused on prevention this World Stroke Day. We are using the day not just to highlight what we know about stroke risk and prevention but to call for commitment to continued coordinated global and national campaigns that raise awareness of how to reduce and manage individual stroke risks. Collective action by NGOs and policy-makers, supporting public awareness campaigns that have the potential to deliver significant gains in stroke prevention.

## **2 Drop the 'low risk' category**

We are clearly getting something wrong in our assessment of patient risks if 80% of strokes happen to people who, using current clinical assessment tools, would be considered to be at low absolute risk of stroke. We all have good reasons to prevent stroke and we need to encourage everyone to take their stroke risk more seriously. Telling a person they are 'low risk' not only gives false reassurance to clinicians and to patients, it doesn't provide the motivation people need to make the adjustments that would help them prevent a stroke.

## **3 Manage high blood pressure**

Uncontrolled high blood pressure increases a person's stroke risk by four to six times. Addressing high blood pressure as a contributing factor to stroke would result in a significant reduction in strokes. However, the decision on whether to treat for high blood pressure is currently based on an overall calculation of high-risk cardiovascular disease (CVD), under which stroke is grouped together with other conditions such as heart attack and aortic disease, where the threshold is higher. Someone with hypertension may currently not receive blood pressure reducing treatment because their overall five-year risk of CVD is less than 15%. We need to think about this from the perspective of stroke.

## **4 Improve screening tools**

Despite the fact that nearly three quarters of the global burden of stroke is attributed to lifestyle factors, with the exception of smoking, current stroke screening tools don't include a number of key lifestyle factors. We need to improve our screening tools to include behavioral risk factors such as poor diet, obesity, physical activity levels and alcohol intake.

## **5 Become diversity sensitive**

Globally and within countries our populations are increasingly diverse. But the models we use to predict levels of risk are largely based on the Framingham study the subjects of which were largely white, North Americans. Addressing the significant differences in stroke rates across ethnicities and gender both within and between countries is going to require tools that can better predict stroke risks for specific populations so that these can be more effectively managed.

## 6 Deliver affordable solutions

The cost of seeing a doctor for CVD assessment, lab tests and medications that may reduce stroke risk can be a significant barrier for individuals who lack financial means in high, low and middle-income countries. Low cost risk assessments and management strategies are essential. Mobile technologies offer promising, accessible, motivational, educational and validated stroke prevention tools for both patients and healthcare workers that we need to explore and develop.

## 7 Implement population wide preventive strategies

Despite clear evidence of the effectiveness of population wide strategies, there is still not a single country in the world that has implemented these in full on a population level. Taxation of tobacco, sugar and alcohol would not only address incidence of stroke they would provide revenue to support research, development and implementation of culturally appropriate approaches to primary prevention.

## 8 Build partnerships and advocacy

If we are going to achieve the kind of changes and interventions that are needed to drive positive behaviors, we need to build partnerships between healthcare, and government and provide the evidence to support stronger advocacy from NGOs.

**It is clear that we can all take steps as individuals to prevent stroke, but what is equally clear is that the opportunity to make the giant strides required - rather than baby steps we have seen to date - will only come from the development of policy, investment and collaboration between partners committed to addressing NCDs.**

*This blog is based on an [article by Prof Valery Feigin published in Volume 12 Issue 1 of the International Journal of Stroke](#) [4]. Professor Feigin is Director of AUT's National Institute for Stroke and Applied Neuroscience (NISAN) and a World Stroke Organization ([@WorldStrokeOrg](#) [5]) Board Member.*



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