

"Stroke prevention & life after stroke, during the pandemic".

29 October 2021

11.00 to 13.00 CEST

Stroke prevention and life after stroke, scientific overview

Marco Vatri, General Practitioner in Geriatrics, has started the EU training webinar by outlining:

- Definition and types of stroke, claiming that stroke, or brain attack, occurs when the brain does not receive enough oxygen through the blood that it needs. Strokes can be Ischemic or Hemorrhagic.
 - 1.12 million stroke incidents in 2017 in the EU with 0.46 million deaths and 7.06 million disability-adjusted life years lost.
- Risk factors, which include high blood pressure, heart disease, diabetes, smoking, high blood cholesterol and lipids, lack of exercise, obesity, excess alcohol use, illegal drugs, abnormal heart rhythm, cardiac structural abnormalities, older age, race (African Americans), gender (it is estimated that men suffer more from strokes, but women die from strokes more often), history of prior stroke, heredity or genetics, and temperatures (strokes occur more often during extreme temperatures).
- Prevention: monitor blood pressure, fasting lipid profile, and test blood glucose.
- Symptoms: for ischemic stroke they include arm or leg numbness, confusion, headache, and dizziness, while for hemorrhagic stroke, the symptoms are headache, vomiting, and loss of consciousness. A patient can be saved within 3-5 hours after the stroke, so it is essential to head to the hospital quickly.
- Long-term consequences: loss of strength on a limb, speech impairment, sight impairment, face asymmetry, swallowing dysfunctions, and urinary/fecal incontinence. Many stroke patients also deal with mobility problems, fatigue, impaired speech, memory, or emotions.
- Changes needed:
 - Access to rehabilitation therapy for survivors
 - Ongoing and long-term support/ follow-ups, including depression screenings
 - Implementing more stroke units

Psychosocial aspects in stroke

Out of **Edward Callus, President of ECHDO**, presentation has mainly emerged that:

- Post-stroke depression (PSD) is often undetected and undertreated in stroke:
 - PSD, associated with a significantly increased risk of mortality in stroke survivors, has a prevalence of approximately 30% among all stroke survivors.
 - PSD may cause: cognitive disorders, limitations in daily activities, poor rehabilitation outcomes, social isolation, suicidal attempts.
- Cognitive impairment, associated with increased disability and poorer quality of life for both patients and their carers, is a common outcome of stroke and has been reported to have a prevalence of over 50% in patients six months post-stroke.

- Psychosocial monitoring and the provision of the proper treatment support is paramount
- The literature indicates that the Covid-19 pandemic has exacerbated psychological distress in the population, increasing the importance of enacting these measures. For instance, a higher incidence of PSD in elderly patients after the Covid-19 outbreak was reported.

Advocacy activities at EU level

Arlene Wilkie, Director-General at SAFE, has given valuable insights about the changes needed for stroke prevention through her advocacy activities and has highlighted why advocacy is so significant:

- Investing in stroke care
 - treatment of atrial fibrillation to prevent stroke
 - mechanical thrombectomy (the clot retrieval from the blood vessel in the brain) treatment in the acute phase of stroke
 - rehabilitation after stroke
- People need to receive support for life after stroke:
 - Re-enablement
 - Care and support
 - Mental health & emotional well being
 - Communication
 - Short break provision
 - Practical help

What SAFE is trying to achieve: [Stroke Action Plan Europe](#) (2018-2030):

- Getting each European Government to commit to implementing a national stroke plan, funding stroke services, and auditing those stroke services
- Developing and supporting national coordinators in each country in 2020/2021
 - Information meetings and advocacy training sessions:
 - How to write a stroke strategy
 - How to involve people affected by stroke
 - How to work with critical stakeholders - politicians, media
- Country commitment is necessary: the declaration of support for action on stroke, which outlines the Stroke Action Plan for Europe, has been already signed by several countries:
 - Portugal, Lithuania, Ukraine have signed already.
 - Belgium, Bulgaria, Catalonia, Cyprus, Serbia, Austria, among others, are considering signing.

SAFE aims to get the European Commission to elaborate an ambitious plan to address the burden of CVD and make a difference by improving the lives of millions of people. The plan should promote ambitious actions across the whole disease pathway, primary and secondary prevention : early detection, screening, and diagnosis; access to care and optimal treatment; rehabilitation; quality of life after a CVD event.

Digital health solutions: a project on post-stroke pain management

Luca Riccardo Chiveri, Neurologist from the Dept of Neurorehabilitation Sciences at Casa di Cura del Policlinico, has discussed about the EU-funded regional project [Pain RELife](#) “Sustainable and integrated data ecosystem for continuity of care and decision support for person with post-stroke pain”.

- Post-stroke Pain (PSP) is a complex clinical condition that includes different forms of pain of both nociceptive and neuropathic origin, with possible peripheral and central pathogenetic mechanisms. Forms of PSP include central pain, spasticity-related pain, and painful hemiplegic shoulder.
 - Pain is a common post-stroke complication (up to 40%).
- PSP is generally under-recognized and often neglected because of heterogeneity of pain, a possible overlap of other confounding conditions (e.g., depression, chronic fatigue) or because of possible cognitive speech issues related to stroke that make it difficult for patients to communicate symptoms and to measure it by clinicians
- Solutions must concern: tele-monitoring, tele-consulting, virtual coaching, motor/cognitive tele-rehabilitation.

Q&A session

- There is a big discrepancy between a so high burden of stroke and a so reduced number of stroke units, which highly affects already existing health inequalities. What is the reason for the low number of stroke units across Europe? What can we do the Activity and involvement of institutions to increase and specialize the number of stroke units and institutions?
 - All panelists agree about the existing lack of investment, knowledge, and awareness, which must be urgently tackled.
 - **Arlene Wilkie**, in this regard, comments that, SAFE aims that, by 2030, 90% of stroke patients in Europe will be treated in stroke units as the first level of care. This is the 3rd target in the declaration for action on stroke, which countries should implement after signing the declaration.
 - **Marco Vatri** emphasizes the importance of informing all relevant actors, above all people and doctors, that stroke units exist and must be used. Also, there is a lack of specialized doctors working in these stroke units, so investment is needed too for training and education.

Curated by Ana Sofia Aviles Ramirez, Active Citizenship Network staff.