

GLOBAL STROKE PREVENTION POLICIES

Detecting risk factors for stroke prevention

Stroke is one of the leading causes of death and disability globally. More than 50% of stroke survivors are dependent upon others for everyday care. Best practices that lower risk for stroke are beginning to be better understood, but policies vary a great deal across the different countries examined in *Addressing stroke risk factors: uneven progress* an Economist Intelligence Unit study commissioned by Bristol-Myers Squibb Company and Pfizer Inc.

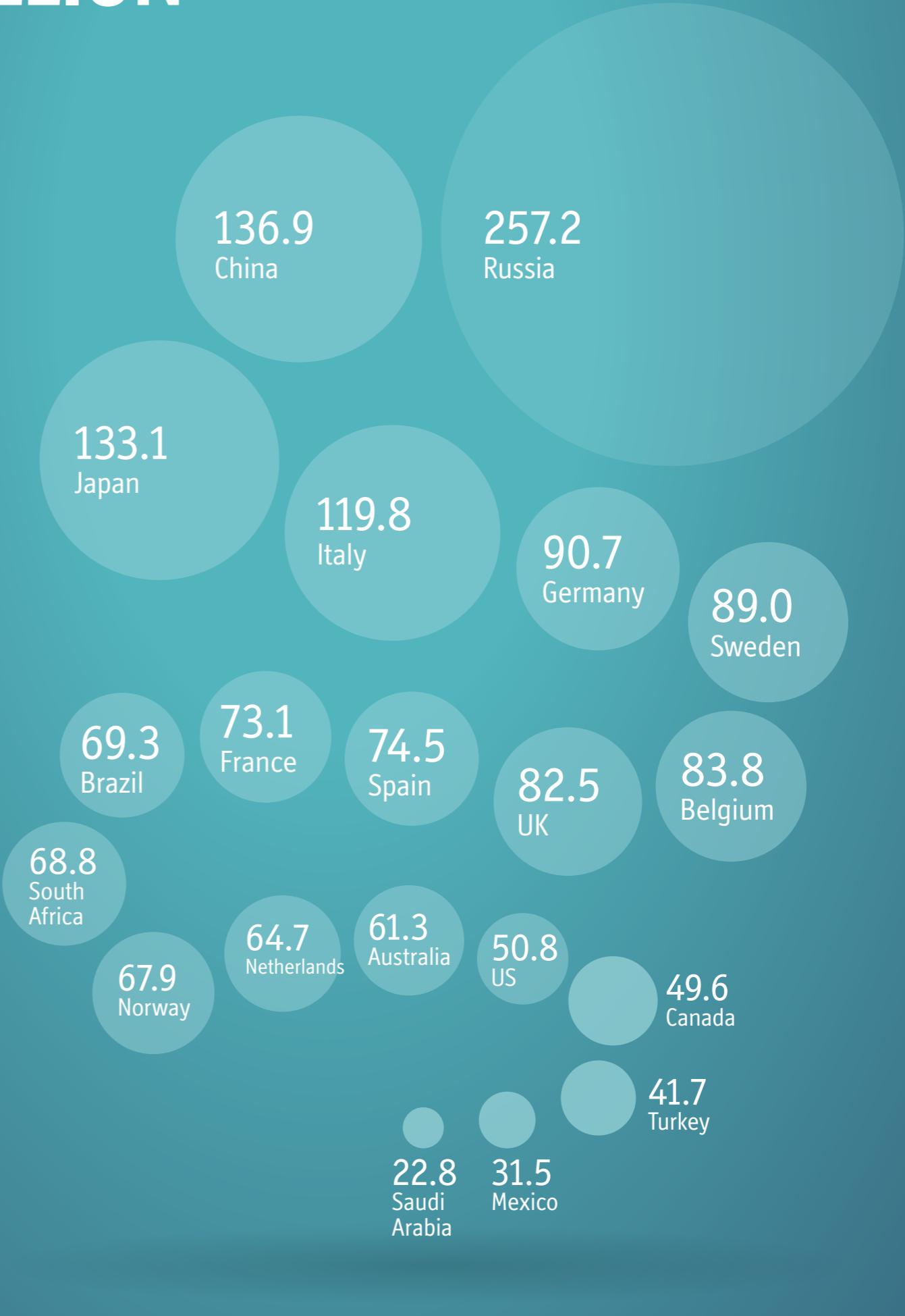
STROKE CLAIMS 6.5 MILLION LIVES PER YEAR

Stroke mortality per 100,000

Because of ageing populations combined with the rising prevalence of risk factors such as obesity, atrial fibrillation (AF) and hypertension, incidence of stroke is predicted to increase.



The prevention of stroke starts with early risk detection and timely care. This can vary by region and culture. Based on Economist Intelligence Unit research on best awareness and screening practices, many of the 20 countries studied for global representation have room for progress.

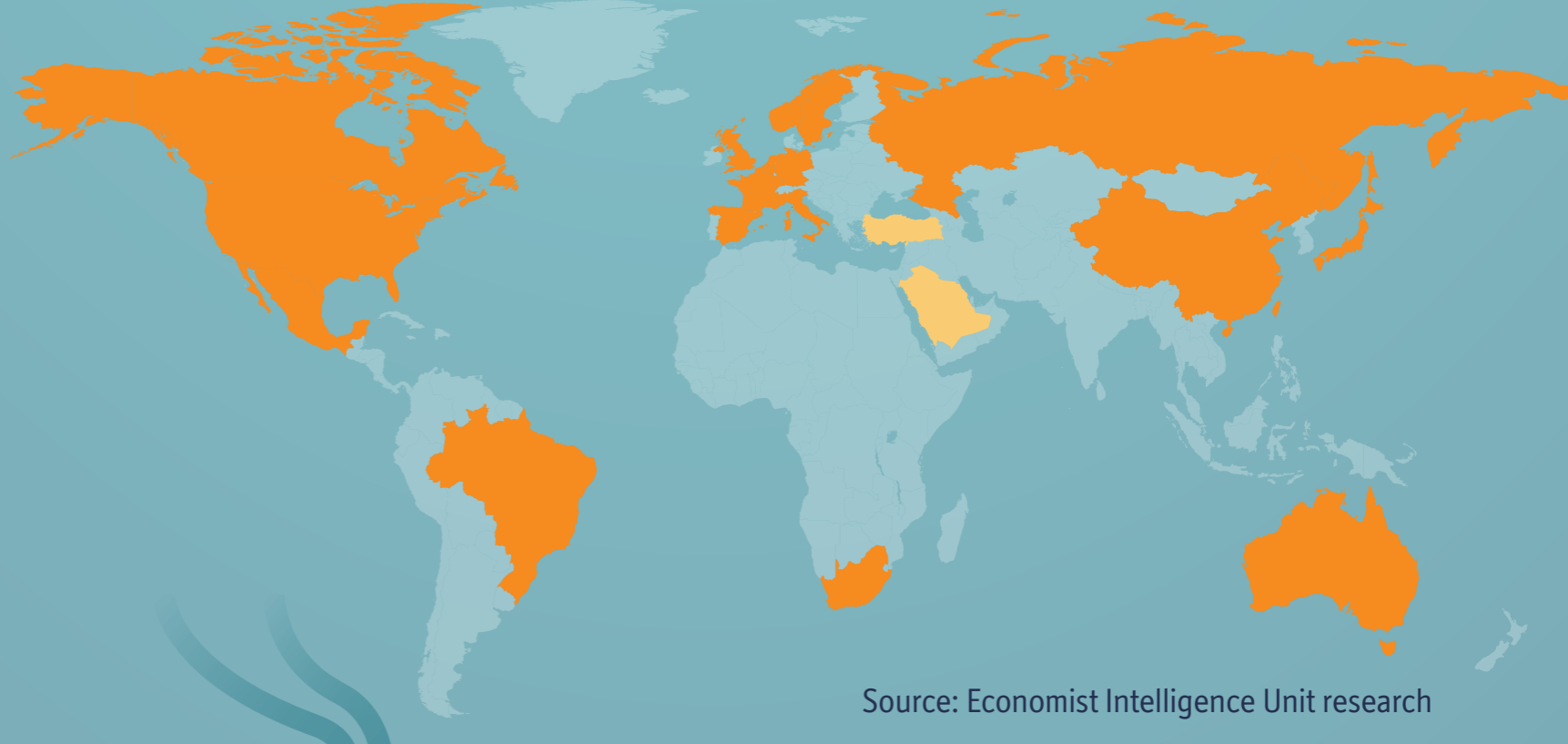


ADDRESSING STROKE RISKS THROUGH POLICY

The application of health monitoring policies varies across nations

The major cardiovascular risk factors for stroke are largely well-known. From modifiable risk factors (eg smoking, unhealthy diet, harmful alcohol consumption) to those that are non-modifiable (eg age, gender, ethnicity), there are several ways in which the risks can be approached. However there are significant variances in prevention practices and policies across nations.

Among the countries studied, best practices around modifiable risk factors appear well covered. All have a national healthy diets policy, a physical activity policy and a tobacco use policy in place. Eighteen have alcohol consumption policies in place.



Policies for modifiable risk factors
 ● Countries studied with policies for healthy diets, physical activity, alcohol and tobacco use
 ● Countries studied with the above policies but no alcohol policy

Tobacco initiative

The countries studied have policies to reduce risk factors, but gaps in implementation remain. For example, all have tobacco control policies, yet a recent survey of 142 countries found that less than half, and only 16% of countries in Europe, have implemented services in line with the WHO Framework Convention on Tobacco Control (WHO FCTC) standards for smoking cessation programmes.

To create greater change at the population level, policies and initiatives need on-the-ground advocates, funding, and the services to deliver education and care. There is still opportunity to fully implement the recommended measures and to make existing measures stronger and more comprehensive.

POLICY VERSUS PRACTICE

Screening for blood pressure in individuals over the age of 40 and for atrial fibrillation in over 65 years of age is recommended by several guidelines or relevant organisations.

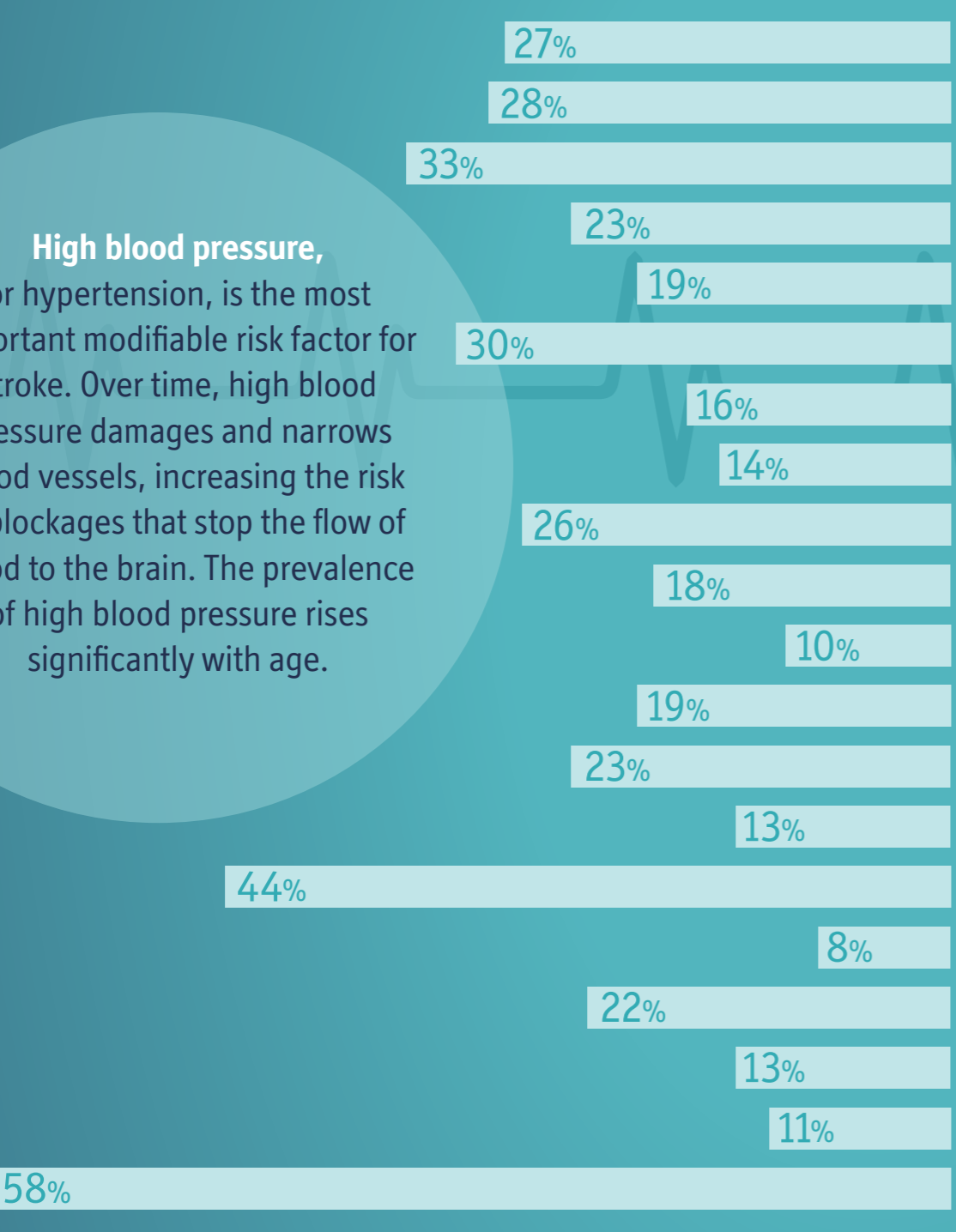
To better understand screening practices for hypertension and atrial fibrillation in these population groups, the Economist Intelligence Unit conducted a survey of 1,000 physicians across the 20 countries in the study. Physicians were asked about their monitoring and screening practices with patients during the previous two weeks. The findings showed that there is room for improvement with regards to screening in clinical practice.

More on the survey methodology [here](#).

Most countries have adopted national evidence-based guidelines to detect and prevent non-communicable diseases, such as stroke. Still, screening for high blood pressure (hypertension) and atrial fibrillation is not systematically performed in clinical practice.

Screening for blood pressure

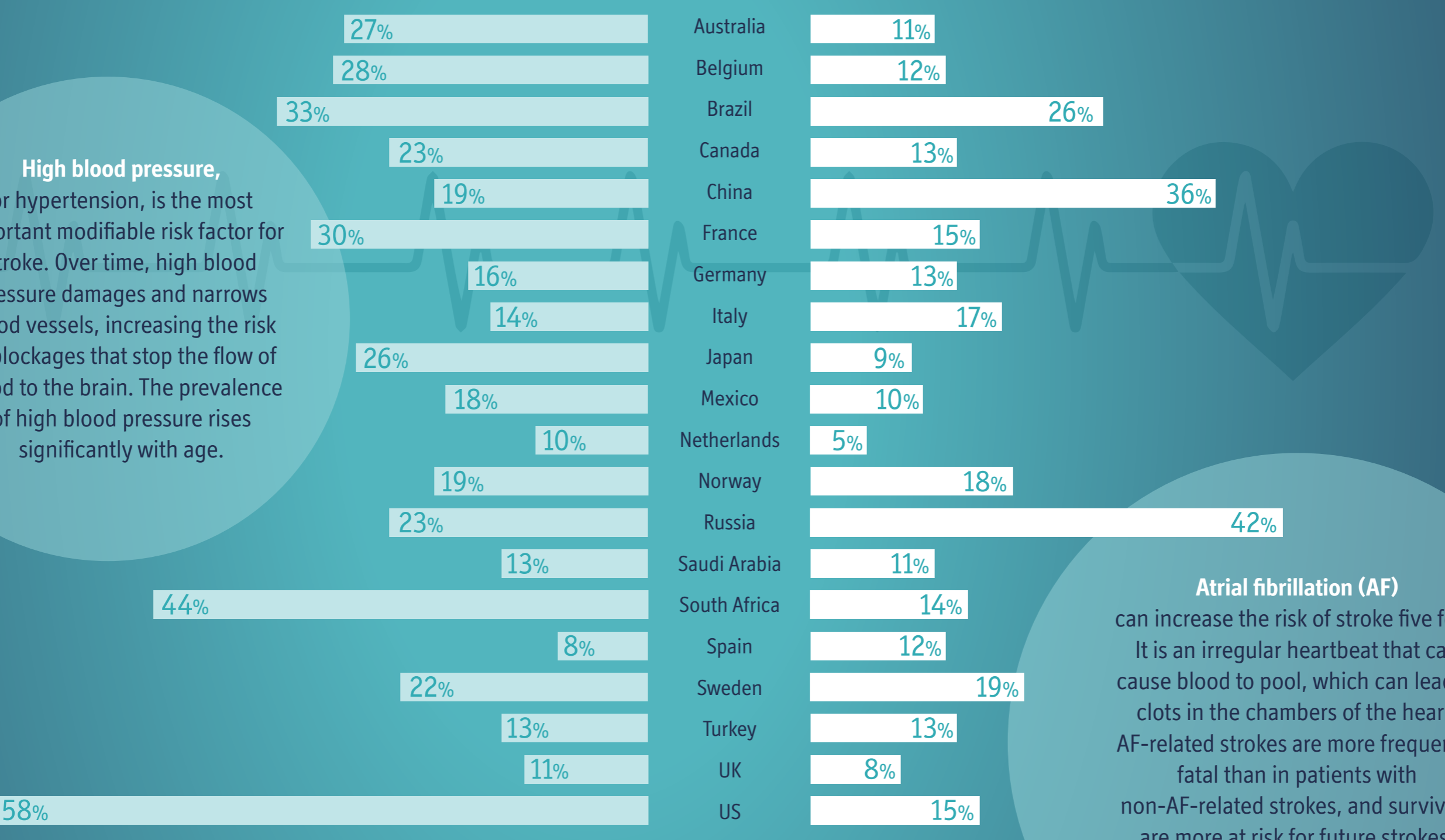
How many patients aged 40 and over are screened for hypertension



Economist Intelligence Unit research

Screening for atrial fibrillation

How many patients aged 65 and over are screened for atrial fibrillation



Atrial fibrillation (AF)
 can increase the risk of stroke five fold. It is an irregular heart beat that can cause blood to pool, which can lead to clots in the chambers of the heart. AF-related strokes are more frequently fatal than in patients with non-AF-related strokes, and survivors are more at risk for future strokes. It is considered the most treatable cardiac precursor of stroke.



Awareness is a crucial line of defence

The research looked for initiatives to raise awareness of stroke and its risks. More than half of the countries studied have recently observed World Stroke Day or have a stroke awareness organisation affiliated with the World Stroke Organisation. Awareness can encourage patients to change habits, and recognise stroke symptoms in order to take fast and life-saving measures.

THE NEXT FRONTIER OF POLICY EFFORTS

Each policy stitches together to create a big impact on patient behaviour and life

Governments need to implement policy on several fronts if they want to advance a more integrated response to stroke crisis.



The future of stroke prevention policy:

- Coordinated interventions with other non-communicable disease (NCD) plans around key risk factors
- Improved early risk detection: Combined individual medical screenings for at-risk groups with population-based approaches
- More efficient and cost-effective technologies for detection and monitoring
- Data driven change: Dedicated stroke registries and more complete collection of clinical data to assess prevention strategies
- Data-sharing between countries in which policies are effective, and where best practices might be drawn from

For more information, see the report [here](#)

Sources (accessed July 2017)

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