

THE BURDEN OF STROKE IN EUROPE

the Challenge for Policy Makers

King's College London
for the
Stroke Alliance for Europe (SAFE)



8 *We need more patient-oriented research, based on patient-reported experiences so we can have proper insight into more effective solutions for stroke survivors' problems, which would lead to better outcomes.*

The European Commission and the Joint Research Centre should support and promote the use of a robust stroke audits including means to assess quality of care along the whole stroke pathway, so that all Europeans can have the same care wherever they live.

No one knows stroke better than a stroke survivor. So, EU policy makers should support research into patient-reported experience, outcome measures and quality of life across Europe.

SAFE believes that better and more effective stroke awareness campaigns help educate Europeans about what stroke is and what it looks like, which leads to shorter door-to-needle time and a better chance of life after stroke without disabilities.

This is linked to the need for more research on long-term management and support so that best practice and the effectiveness and cost-effectiveness of different models can be identified. SAFE believes strongly that patients and patient organisations/SSOs should be actively involved in these studies as participants and co-researchers and that building the capacity for their participation is also vital.

9 *Stroke can strike in any place at any time. There needs to be better public awareness of how to recognize and respond to stroke.*

1 *Each European state should have a national stroke strategy actively supported and sponsored by the government, covering the whole stroke pathway. Improvements in acute stage care need to be extended into improved support in the early and long-term stages of rehabilitation.*

SAFE believes that the best way to fight stroke is for every EU member state to have a national stroke strategy actively supported and sponsored by the Government, that covers the whole stroke pathway, from awareness, prevention, diagnosis, treatment, transfer of care, specialist rehabilitation and reassessment, to long-term care and support, social integration and participation in community life and end-of-life care. Representatives from the wide range of professionals who support people with stroke, people who have had a stroke, carers and voluntary associations should all be involved in creating such strategies.

2 *The Burden of Stroke in Europe research shows shocking disparities between and within countries along the entire stroke care pathway, with post-stroke support being neglected by all countries. The standards for stroke care, treatment and rehabilitation need to be the same in all parts of Europe.*

When it comes to stroke care, the inequalities across Europe are apparent. In many places emergency services specialising in stroke simply do not exist. Thrombolysis (clot-busting treatment) rates vary from less than 1% of patients to 16%.

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The projections in this report indicate that between 2015 and 2035 overall there will be a

34%

increase in total number of stroke events in the EU from 613,148 in 2015 to 819,771 in 2035

Estimated total cost of stroke in the EU* of

€45 billion

in 2015 is set to rise

*healthcare and non-healthcare costs

Direct healthcare cost of stroke was estimated at

€20 billion

in 2015

Despite over thirty years of evidence showing the difference stroke units make, only about 30% of patients receive stroke unit care across the EU. The proportion of people who get treated on a stroke unit varies from less than 10% to over 80%, depending on where you live.

3 *A joint action plan on stroke in Europe is a necessity so that the expected 34% increase in numbers of new stroke cases from 2017 until 2035 does not overwhelm national healthcare systems and the families touched by stroke.*

EU policy makers should support a Joint Action on stroke, in the framework of the EU Health Programme, which should focus on data collection, prevention, promotion and implementation of national stroke strategies, and performance assessment. Stroke support organisations should be actively involved in the Joint Action, and their crucial role throughout the stroke pathway, and in policy formation, should be enshrined in the national stroke strategies.

4 *Across the EU we need rapid and concerted action to prevent stroke and, especially, improvement in the detection and treatment of hypertension (high blood pressure) and atrial fibrillation (an abnormal heart rhythm with rapid and irregular beating).*

Atrial fibrillation (AF or A-fib) is estimated to increase the risk of stroke 3 to 5-fold and to be linked to around a quarter of all ischaemic strokes. Due to Europe's ageing population and AF's association with age, the number of patients with AF in Europe is expected to rise from 8.8 million in 2010 to 17.9 million in 2060. However, screening is not yet routinely done and European screening studies have found significant under-diagnosis.

Most European countries have national guidelines for AF management.

Anticoagulation rates reported from large surveys recruiting patients from specialist cardiology set-ups are encouraging with reported rates of 70% or higher. But studies using primary care or stroke register data show much lower anticoagulation rates of between 20 and 40% of AF patients.

Number of people living with stroke as a chronic condition from 3,718,785 in 2015 to 4,631,050 in 2035 an increase of almost

25% or 1 million across the EU

There is evidence that older people and those at high risk of having a stroke are even less likely to be treated. The guidelines are, too often, not being implemented.

5 *Even though the death rates from stroke in Europe have been falling over the last 20 years, stroke is a humanitarian catastrophe happening as we speak because more people are surviving stroke and more are being left with disabilities. The overall burden of stroke will rise dramatically in the next 20 years due to an ageing population. Decision-makers in Europe need to find better ways of fighting stroke and making life easier for stroke survivors and their families.*

The projections in the Burden of Stroke report indicate that between 2015 and 2035, overall there will be a 34% increase in total number of stroke events in the European Union from 613,148 in 2015 to 819,771 in 2035.

The number of patients with AF in Europe is expected to rise from

8.8 million in 2010 to **17.9 million** in 2060

Informal care costs were estimated at

€15.9 billion

in the EU in 2015, with productivity losses due to death and morbidity at

€9.4 billion

6 *Europe needs to have unified data about stroke and stroke outcomes in the form of a Europe-wide stroke registry, which should include ways of assessing the quality of care along the whole stroke pathway.*

European-wide comparisons of stroke and stroke care are vital to help each country prevent stroke and provide better care and support for everyone affected by stroke. In order to do that, we need agreed and coordinated Europe-wide data collection. Therefore, European policy-makers should support and promote the use of a robust Europe-wide stroke register to assess quality of care along the whole stroke pathway.

7 *The performance of health systems in Europe needs to be measured and evaluated to assess the efficiency of care organisation and delivery.*