

# Welcome

*Thursday*  
*28 March 2019*  
*9am-12pm*

**Venue**  
Room JDE51,  
European Committee  
of the Regions

**S·A·F·E**

Stroke Alliance For Europe

THE STROKE PATIENT  
VOICE IN EUROPE



## Joining forces to prevent and control non-communicable diseases: **The role of policy in tackling stroke**

Putting the Stroke Action Plan for Europe  
2018-2030 in the spotlight



Sponsored by:



Bristol-Myers Squibb





**Welcome**

**Jon Barrick**

President, Stroke Alliance for Europe

# Joining forces to prevent and control non-communicable diseases: **The role of policy in tackling stroke**

Putting the Stroke Action Plan for Europe  
2018-2030 in the spotlight





MINISTERUL SĂNĂTĂȚII

## Keynote address

**Tiberius-Marius Brădățan**

Secretary of State, Ministry of Health  
of Romania

# Joining forces to prevent and control non-communicable diseases: **The role of policy in tackling stroke**

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## The Stroke Action Plan for Europe 2018-2030

**Jon Barrick**

President, Stroke Alliance for Europe

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# The Stroke Action Plan for Europe 2018 to 2030

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Jon Barrick

President of the Stroke Alliance For Europe (SAFE)

# The Stroke Alliance for Europe: what we do



Exists to initiate and support activity in the areas of:

- Public awareness of stroke
- Stroke education
- Stroke policy improvement and advocacy activity
- Supporting research into all aspects of stroke
- Enabling and promoting stroke survivor and family support
- Supporting prevention of stroke
- Ensuring the Stroke survivor and family voice

# The Stroke Alliance for Europe: who we are

 Schlaganfall-Hilfe Österreich <b>Austria</b>	 Cerebrum <b>Czech Republic</b>	 Action for Stroke <b>Greece</b>	 Parsirdi.lv <b>Latvia</b>	 <b>Portuguese</b> Association of stroke survivors, family & friends	 STROKE- Riksförbundet <b>Sweden</b>
 Belgian Stroke Council <b>Belgium</b>	 Heilafelagið <b>Faroe Islands</b>	 Nemzeti Stroke Liga <b>Hungary</b>	 BLETZ <b>Luxembourg</b>	 Udruženje Moždaniudar <b>Serbia</b>	 Beyinder <b>Turkey</b>
 Fundacio Ictus <b>Catalonia</b>	 Aivoliitto <b>Finland</b>	 Heilaheill <b>Iceland</b>	 Association for a fight against stroke (STROKE Ohrid) <b>Macedonia</b>	 Porážka.sk <b>Slovakia</b>	 Stroke Association <b>UK</b>
 Croatian Stroke Society <b>Croatia</b>	 France AVC <b>France AVC</b>	 <b>Irish Heart Foundation</b>	 Association for a fight against stroke (STROKE Ohrid) <b>Macedonia</b>	 Združenje bolnikov s cerebrovaskularno bolezni <b>Slovenia</b>	 Different Strokes <b>UK</b>
 Cyprus Stroke Association <b>Cyprus</b>	 Medical Foundation "Mkurnali" <b>Georgia</b>	 Neeman Association for Stroke survivors <b>Israel</b>	 Hersenletsel.nl <b>Netherlands</b>	 Združenje bolnikov s cerebrovaskularno bolezni <b>Slovenia</b>	 Philanthropy International fund defence health of travellers <b>Ukraine</b>
 Stiftung Deutsche Schlaganfall-Hilfe <b>Germany</b>	 Associazione Lotta Ictus Cerebrale (ALICE) <b>Italy</b>	 Norsk Forening for Slagrammede <b>Norway</b>	 Federacion Espanola de Ictus <b>Spain</b>	 <b>Ukrainian Anti Stroke Association</b>	


**We represent 34 member SSO's across 30 European countries**

**Stroke is a major public health issue**

**There is a need for action**



# Burden of Stroke in Europe Report: worrying numbers



Estimated total cost of stroke in the EU\* of

**€45 billion**

in 2015 is set to rise

\*healthcare and non-healthcare costs

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

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

**45%**  
more deaths

There will be a 45% increase in the number of stroke deaths from 532,321 in 2015 to 770,038 in 2035.

Overall there will be a 32% increase in DALYs lost from 2015 to 2035 (609,721 to 861,878).

**32%**  
more  
**DALYs\*** lost

\*DALYS; Disability Adjusted Life Years: the sum of years lost due to premature disability.

# Burden of Stroke in Europe Report: Key findings



- Shocking disparities between and within countries, along the entire stroke care pathway, with post-stroke support being neglected by all countries
- Many countries do not have a specific and comprehensive strategy for dealing with stroke

**Effective planning and resource allocation is needed to deal with the tsunami of stroke coming our way**

# SAFE and ESO partnership: development of the Action Plan



Steering group of  
clinical experts, stroke  
survivors and their  
supporters



Expertise and  
experience necessary  
to inform development  
of the plan



7 groups led by  
knowledge leaders



Investigation of best  
practices and  
development of  
recommendations



Consultation with  
external policy and  
medical experts



Validation of proposed  
recommendations and  
targets



Implementation  
Steering Group to be  
set up

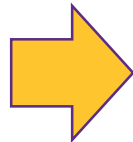


Oversee advocacy,  
auditing guidance and  
supporting decision-  
making processes

# Putting the spotlight in the Stroke Action Plan for Europe 2018-2030



# The Stroke Action Plan for Europe: Overarching targets for 2030



1

Reduce the absolute number of strokes in Europe by 10%;

2

Treat 90% or more of all patients with stroke in Europe in a stroke unit as the first level of care;

3

Have national plans for stroke encompassing the entire chain of care from primary prevention through to life after stroke;

4

Fully implement national strategies for multi-sectorial public health interventions, promoting and facilitating a healthy life-style, and reducing environmental (including air pollution), socio-economical and educational factors that increase the risk of stroke.

# ***STROKE ACTION PLAN FOR EUROPE*** 2018-2030

**1**

**Primary Prevention**

**2**

**Stroke Services  
Organisation**

**3**

**Acute Stroke  
Management**

**4**

**Secondary  
Prevention**

**5**

**Rehabilitation**

**6**

**Evaluation of Quality  
and Outcomes**

**7**

**Life After Stroke**

# The Stroke Action Plan is in line with European goals...

## European Union Founding Treaties



### Treaty on the Functioning of the EU

#### Article 8

In all its activities, the Union shall aim to **eliminate inequalities** (...)

#### Article 168

A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

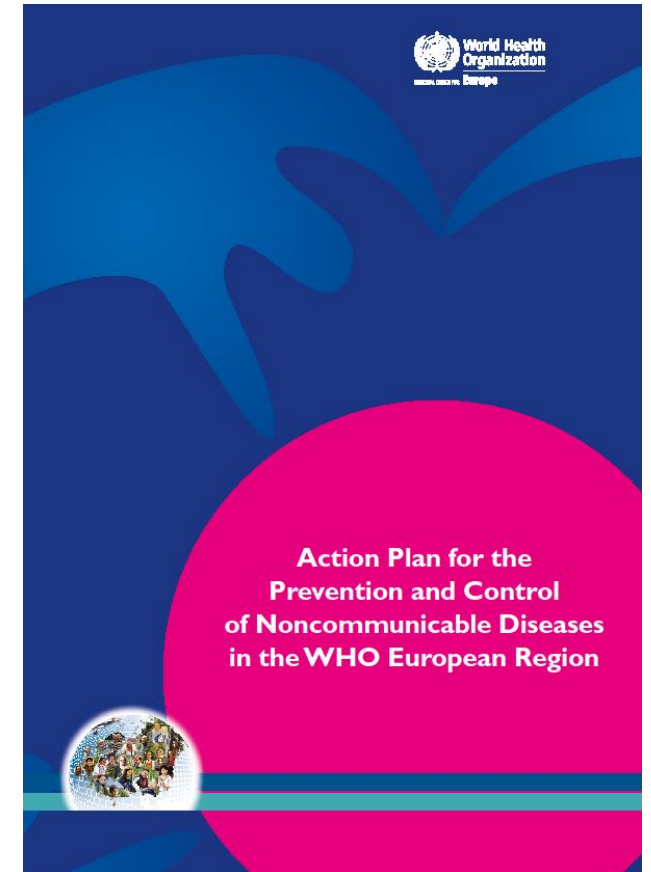
Union action, which shall complement national policies, shall be directed towards **improving public health**, preventing physical and mental illness and diseases, and obviating sources of danger to physical and mental health. Such action shall cover the fight against the **major health scourges**, by promoting research into their causes, their transmission and their prevention, as well as health information and education (...)



## Charter of Fundamental Rights of the European Union

### Article 35 Health care

Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection\ shall be ensured in the definition and implementation of all the Union's policies and activities.



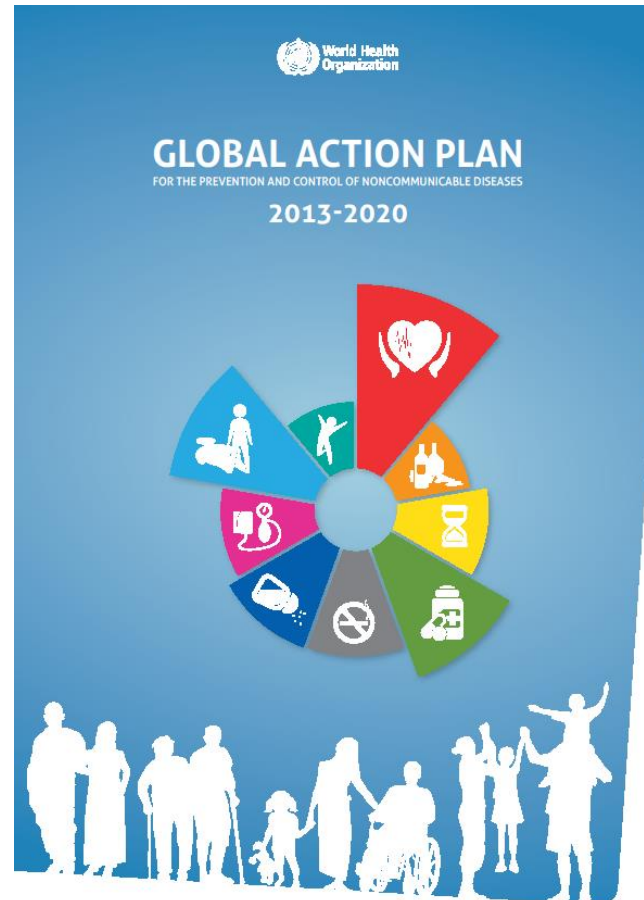
# ... as well as with Global ambitions



## 3 GOOD HEALTH AND WELL-BEING



**Goal 3.4** - By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.



## Global Stroke Bill of Rights

As a person who has had a stroke  
**I have a right to:**



### Receive the best stroke care

- A rapid diagnosis so I can be treated quickly.
- Receive treatment by a specialised team at all stages of my journey (in hospital and during rehabilitation).
- Receive care that is well coordinated.
- Access treatment regardless of financial situation, gender, culture or place that I live.
- Receive treatment that is right for me as an individual considering my age, gender, culture, goals and my changing needs over time.



### Be informed and prepared

- Be informed about the signs of stroke so I can recognise if I am having one.
- Be fully informed about what has happened to me and about living with stroke for as long as I require it.



### Be supported in my recovery

- Be provided with hope for the best possible recovery I can make now and into the future.
- Receive psychological and emotional support in a form that best meets my needs.
- Be included in all aspects of society regardless of any disability I may have.
- Receive support (financial or otherwise) to ensure I am cared for in the longer term.
- Be supported to return to work and/or to other activities I may choose to participate in after my stroke.
- Get access to formal and informal advocacy to assist me with access to the services I need.
- Be connected to other stroke survivors and caregivers so I may gain and provide support in my recovery from stroke.



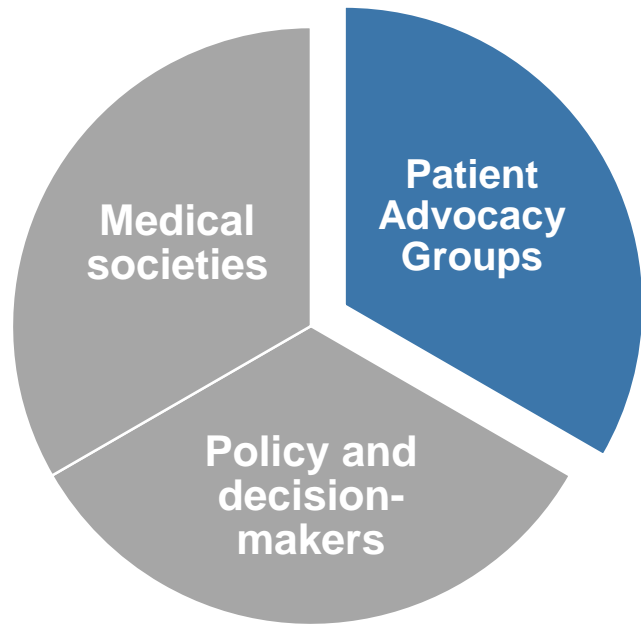
[www.world-stroke.org](http://www.world-stroke.org)



## **Achieving the 2030 targets:**

**What is the role of different stakeholders in the implementation of the recommendations?**

# The role of Stroke Support Organisations



**Raising public awareness**  
of the existence  
and need for  
implementation of  
the Action Plan



**Partnering with key stakeholders**  
for organising  
policy initiatives  
calling policy-makers for action  
and policy change



**Meeting with relevant policy-makers**  
to showcase the burden  
of stroke and advocate  
for the implementation  
of the Action Plan to  
tackle this burden

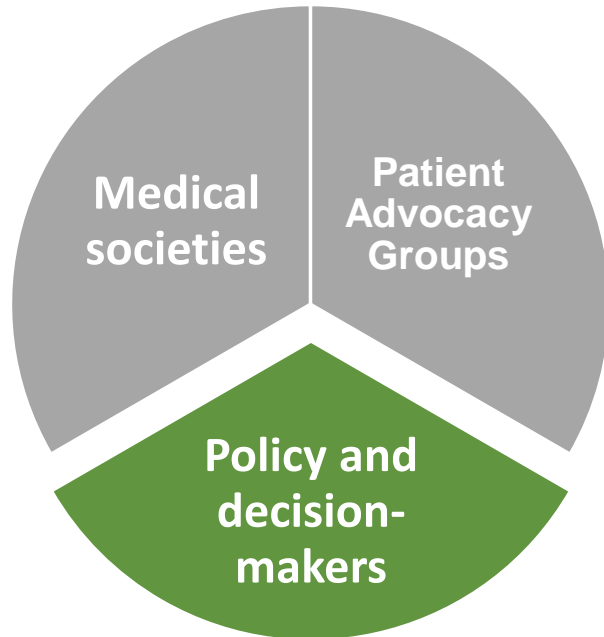
**Representing the patient voice**

# The role of medical societies



**Representing the voice of medical experts**

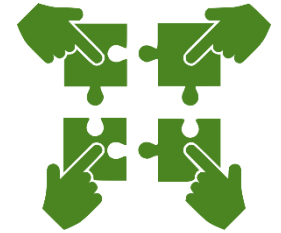
# The role of policy- and decision-makers



**Integration of stroke as a policy health priority**  
to ensure a reduction of the societal and economic burden of stroke



**Implementation of the Action Plan in policy**  
to reach 2030 targets established by it, including the adoption of a stroke action plan targeting prevention to life after stroke



**Establishment of a platform facilitated by the EU**  
for the exchange and implementation of best practices on stroke policy



# Why are we here today?

# Our footprint in EU stroke policy



May  
2017

**1st Stroke Summit & launch of the Burden of Stroke Report**

**Joint Meeting the Chief Medical, Chief Dental and Chief Nursing Officers and experts statement**

July  
2017



May  
2018

**2nd Stroke Summit and launch of the Stroke Action Plan for Europe 2018-2030**

**Official confirmation that SAFE was granted the patronage of the Romanian Presidency**

Nov  
2018



28 Mar  
2019

**'Joining forces to prevent and control NCDs: the role of policy in tackling stroke' event**

**What next?**

# Objectives of the meeting

1

To explore what the role of policy is in tackling the burden of stroke (from prevention to life after stroke)

2

To showcase best practices and explore how to move forward the Stroke Action Plan for Europe 2018-2030 in policy

3

To ensure the creation of a platform that enables cooperation between the EU and its Member States on stroke policy

# EU policy action: proposals we want to put on the table

Steering Group on Health  
Promotion, Disease Prevention and  
Management of NCDs

- Creation of a sub-group for facilitating the implementation of the Action Plan and evidence-based best practices by EU countries.

DG SANTE Best Practices Portal

- Opening of a new call for public health best practices so that the Stroke Action Plan can be submitted for evaluation.

CHRODIS PLUS Joint Action

- Promotion of the implementation of Stroke Action Plan across EU countries as an evidence-based best practice.

European Parliament Pilot Projects

- Approval of a pilot project for 'Reducing the societal and economic burden of stroke in Europe'.

Smart Specialisation Thematic  
Platforms

- Creation of a Thematic Platform that enables interregional cooperation in the field of stroke.

Knowledge Exchange Platforms

- Adoption of stroke as a priority area for interregional cooperation in 2020.



# EU policy action: proposals we want to put on the table

## Steering Group on Health Promotion, Disease Prevention and Management of NCDs

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- Creation of a Thematic Platform that enables interregional cooperation in the field of stroke.

## Knowledge Exchange Platforms

- Adoption of stroke as a priority area for interregional cooperation in 2020.



**Stroke Action Plan for Europe: the  
healthcare professional's role**

**Bo Norrving**

Coordinator of the Stroke Action Plan  
for Europe 2018-2030

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# The Stroke Action Plan for Europe: the healthcare professional's role

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Bo Norrving

Professor in Neurology

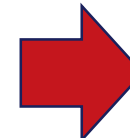
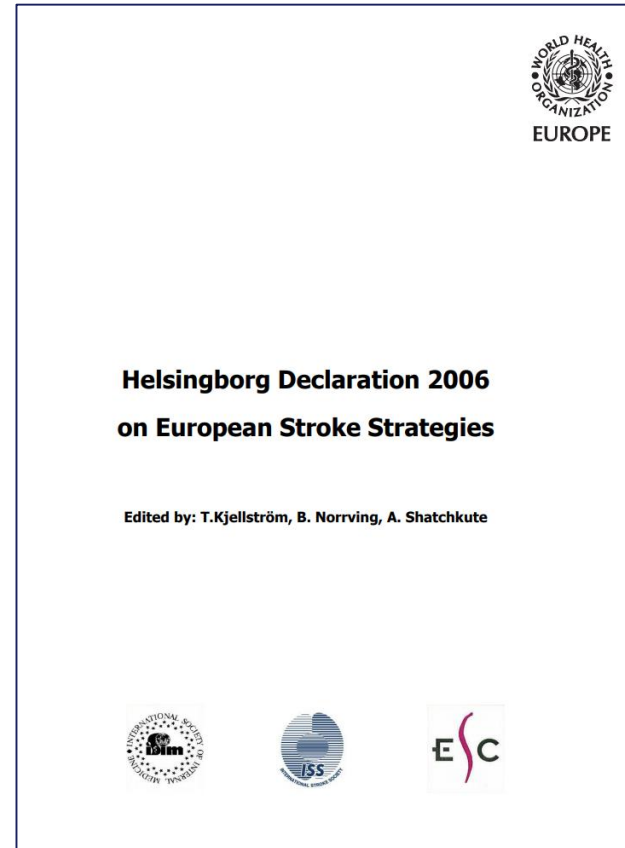
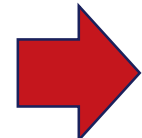
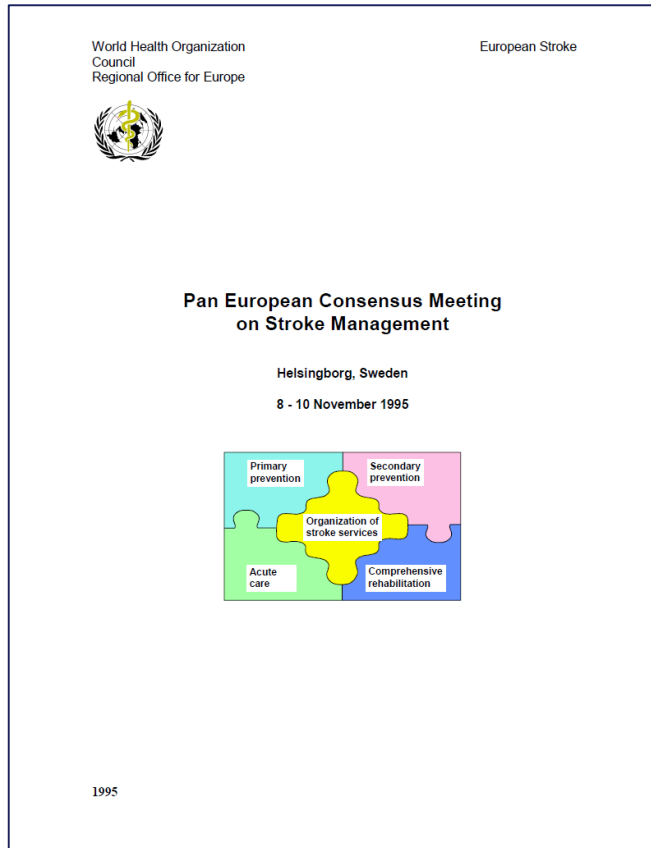
Department of Clinical Sciences, Neurology, Lund University, Sweden

**Stroke remains a major cause of disability and death,**

**BUT**

**the opportunities to curb the effects of stroke  
have dramatically improved**

# 1995 to 2018: From the Helsingborg Declarations to the Stroke Action Plan for Europe



## 1995 to 2018: A remarkable period of therapeutic advances



Organized stroke care  
(Stroke units)



Acute therapies



Secondary prevention

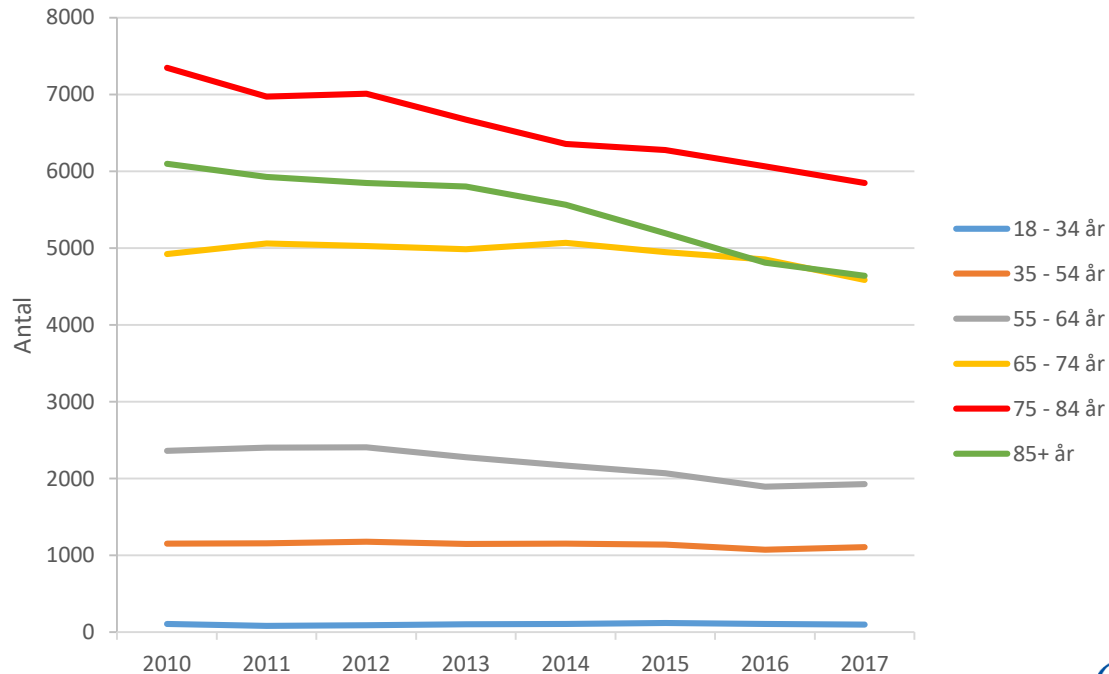


Rehabilitation



# First and recurrent ischemic strokes

I63, first-time onset + re-onset



Source: The Swedish Stroke Register (Riksstroke)

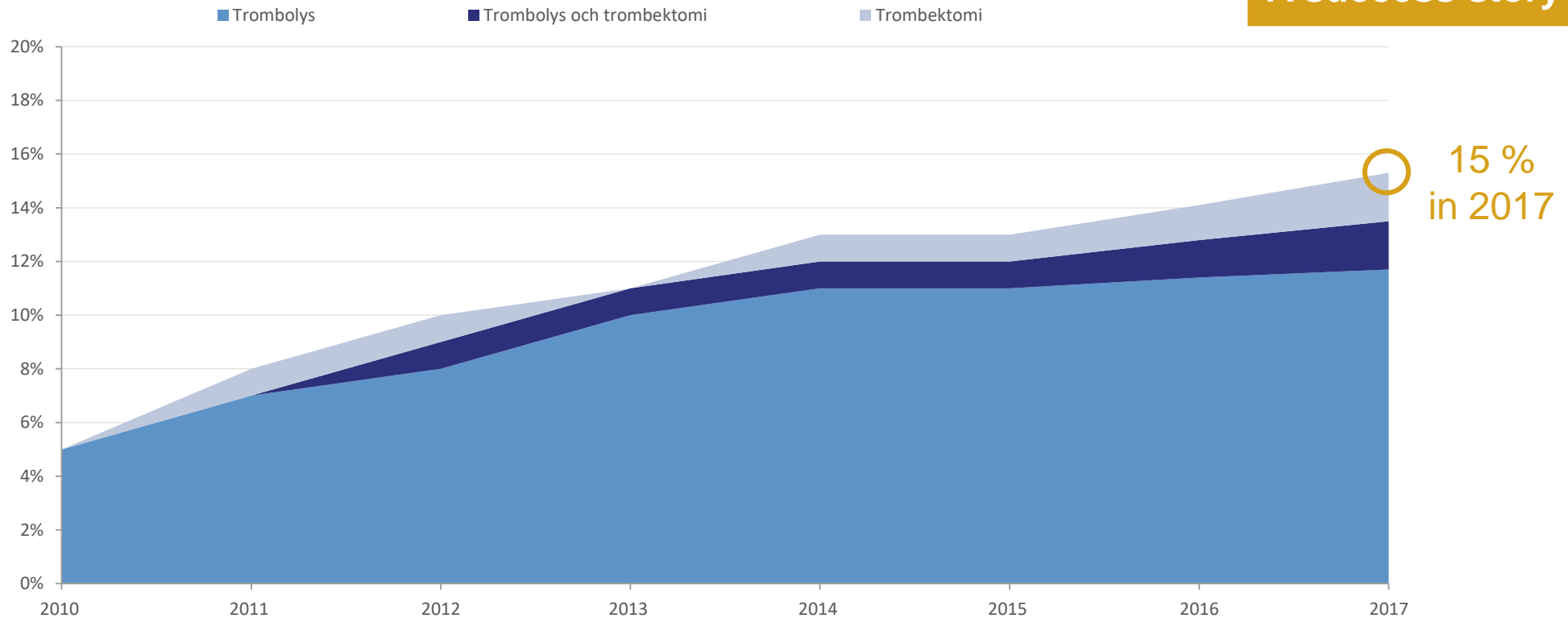
One of six strokes  
in Sweden "disappeared"  
between 2010 and 2017

Cumulative number of  
decreased strokes  
14 000, correspond to  
about 1 billion EUR  
societal gain

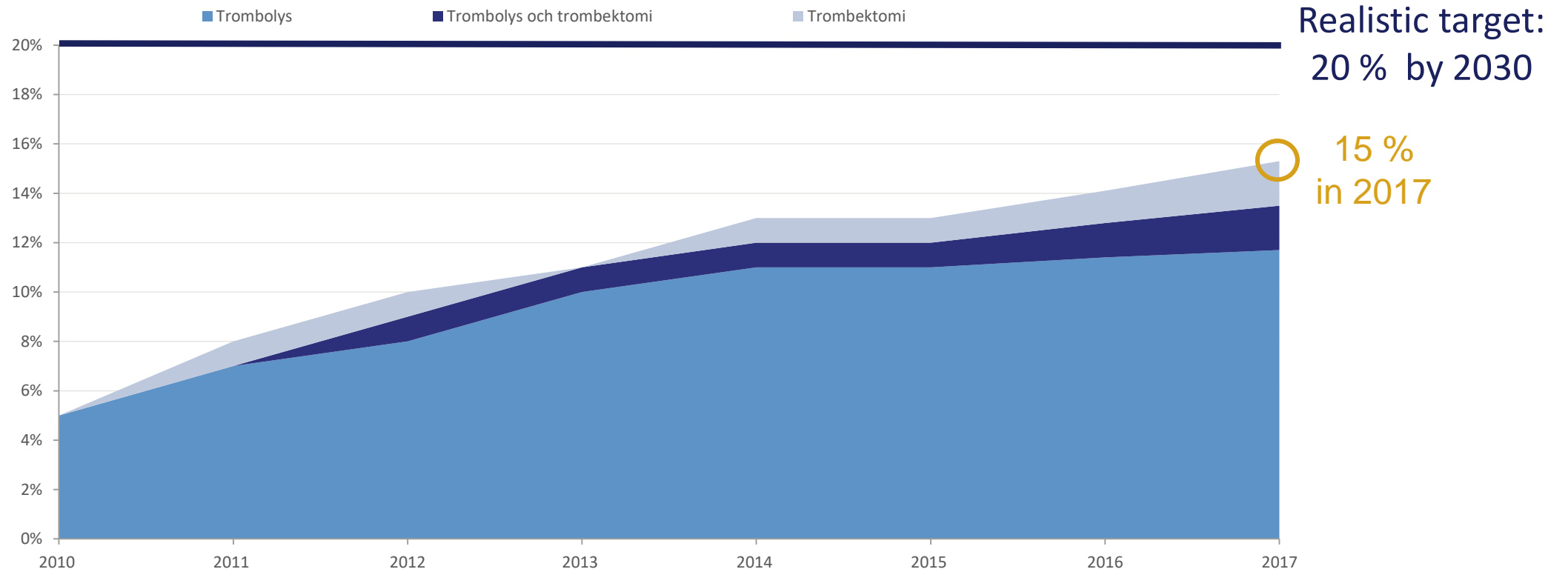
Proof of concept that  
stroke CAN be substantially  
prevented

**Investing in NCDs  
including stroke is a  
reinvestment to the  
society**

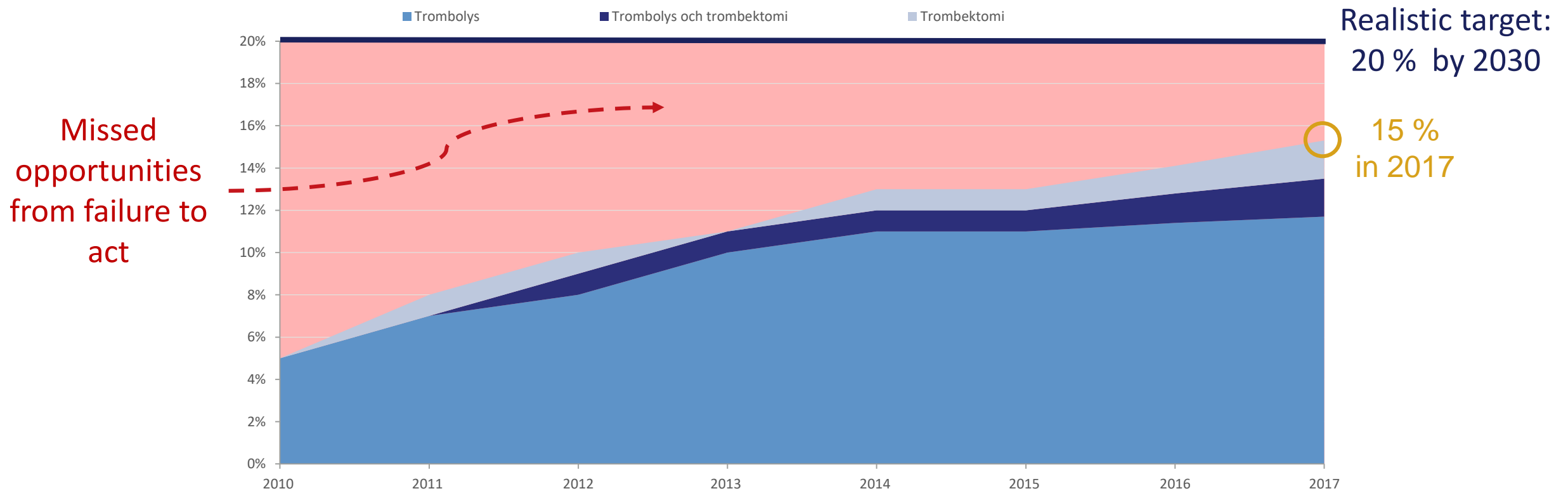
# Reperfusion therapy in the Swedish Stroke Registry



# Reperfusion therapy in the Swedish Stroke Registry



# Reperfusion therapy in the Swedish Stroke Registry



In Europe 2019, the “missed treatment opportunities” are likely in majority for all the main elements of acute stroke care

# The Stroke Action Plan for Europe: Overarching targets for 2030

Guideline

## Action Plan for Stroke in Europe 2018–2030

Bo Norrving<sup>1</sup>, Jon Barrick<sup>2</sup>, Antoni Davalos<sup>3</sup>, Martin Dichgans<sup>4</sup>, Charlotte Cordonnier<sup>5</sup>, Alla Guekht<sup>6</sup>, Kursad Kutluk<sup>7</sup>, Robert Mikulik<sup>8</sup>, Joanna Wardlaw<sup>9</sup>, Edo Richard<sup>10</sup>, Darius Nabavi<sup>11</sup>, Carlos Molina<sup>12</sup>, Philip M Bath<sup>13</sup>, Katharina Stibrant Sunnerhagen<sup>14</sup>, Anthony Rudd<sup>15</sup>, Avril Drummond<sup>16</sup>, Anna Planas<sup>17</sup> and Valeria Caso<sup>18</sup>; on behalf of the Action Plan for Stroke in Europe Working Group\*

**Abstract**  
Two previous pan-European consensus meetings, the 1995 and 2006 Helsingborg meetings, were convened to review the scientific evidence and the state of current services to identify priorities for research and development and to set targets for the development of stroke care for the decade to follow. Adhering to the same format, the European Stroke Organisation (ESO) prepared a European Stroke Action Plan (ESAP) for the years 2018 to 2030, in cooperation with the Stroke Alliance for Europe (SAFE). The ESAP included seven domains: primary prevention, organisation of stroke services, management of acute stroke, secondary prevention, rehabilitation, evaluation of stroke outcome and quality assessment and life after stroke. Research priorities for translational stroke research were also identified. Documents were prepared by a working group and were open to public comments. The final document was prepared after a workshop in Munich on 21–23 March 2018. Four overarching targets for 2030 were identified: (1) to reduce the absolute number of strokes in Europe by 10%, (2) to treat 90% or more of all patients with stroke in Europe in a dedicated stroke unit as the first level of care, (3) to have national plans for stroke encompassing the entire chain of care, (4) to fully implement national strategies for multisector public health interventions. Overall, 30 targets and 72 research priorities were identified for the seven domains. The ESAP provides a basic road map and sets targets for the implementation of evidence-based preventive actions and stroke services to 2030.

EUROPEAN STROKE JOURNAL

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2018

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SAGE

1

**Reduce the absolute number of strokes in Europe by 10%;**

2

**Treat 90% or more of all patients with stroke in Europe in a stroke unit as the first level of care;**

3

**Have national plans for stroke** encompassing the entire chain of care from primary prevention through to life after stroke;

4

**Fully implement national strategies for multi-sectorial public health interventions**, promoting and facilitating a healthy life-style, and reducing environmental (including air pollution), socio-economical and educational factors that increase the risk of stroke.

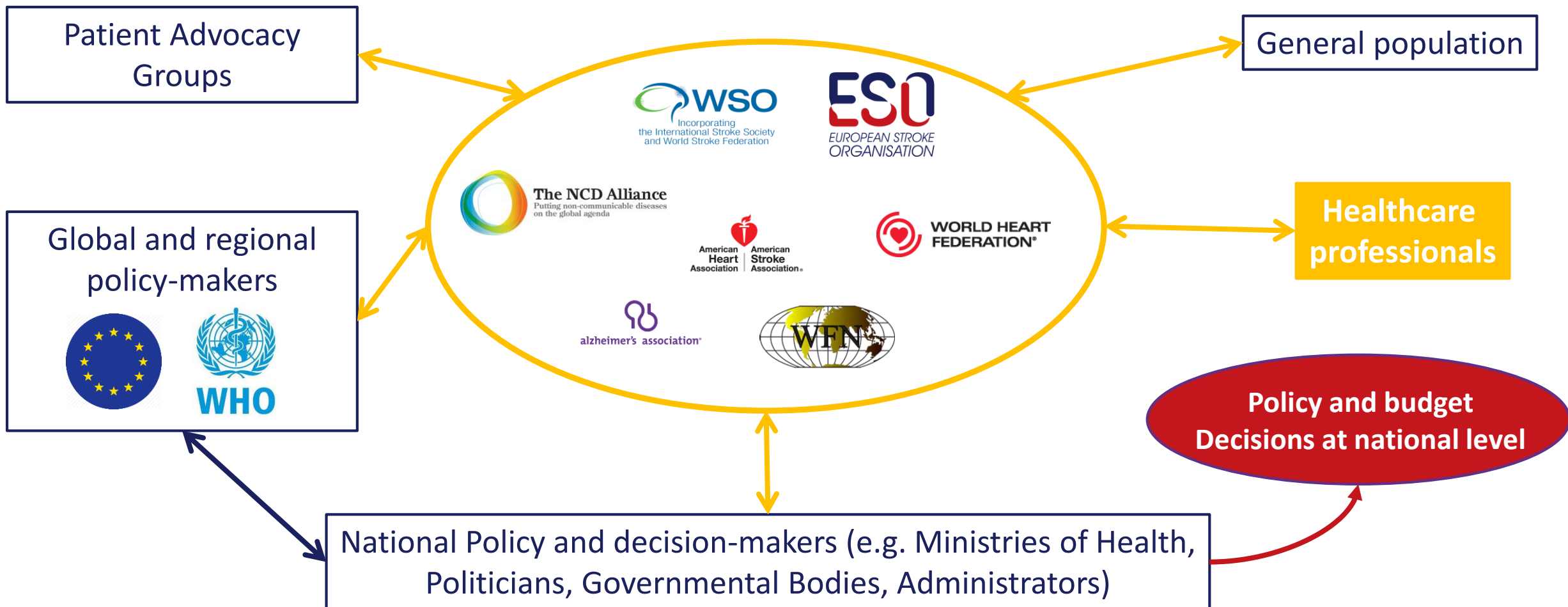
Prepared by a group of professionals with a broad expertise and regional representation,  
in cooperation with representatives from SAFE

# What is the role of healthcare professionals?





# What is the role of healthcare professionals?





&



The voice of the healthcare professionals  
AND  
the voice of the patients

To our decision makers:  
we need your support!

## **The serious bottom line:**

**While we are discussing the implementation of the European Stroke Action Plan, strokes continue to occur, and patients continue to get substandard care – becoming disabled or dying.**

**Time to go from table to practice is NOW!**



## Stroke Action Plan for Europe: the healthcare professional's role

**Sorin Tuta**

Vice-President of the Romanian  
National Association of Stroke

**Cristina Tiu**

Elected President of the Romanian  
Neurology Society (2021-2025)

## Joining forces to prevent and control non-communicable diseases: **The role of policy in tackling stroke**

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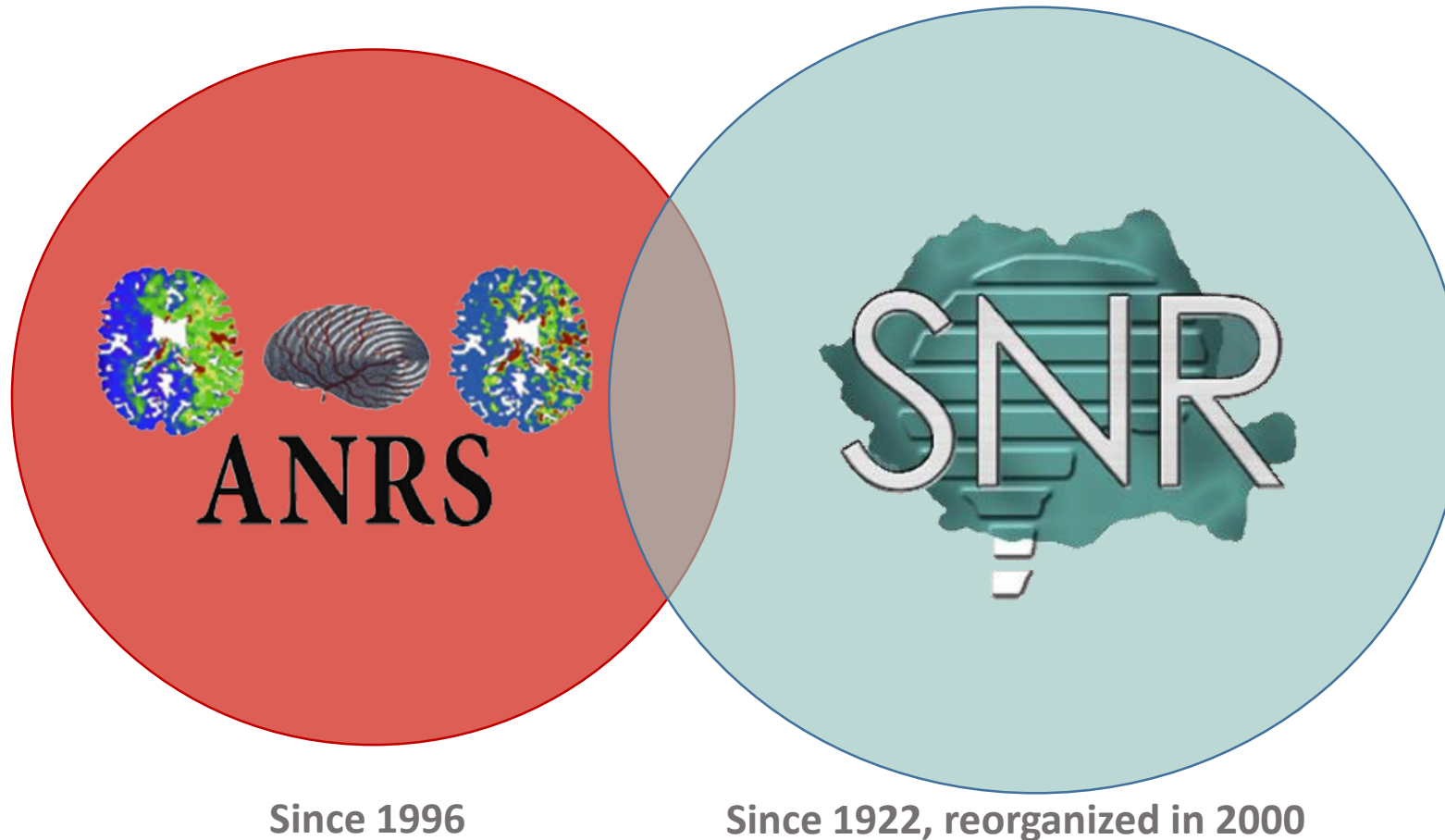
# The challenges for tackling stroke in Romania

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Assoc. Prof Sorin Tuta – Vice-President of ANRS

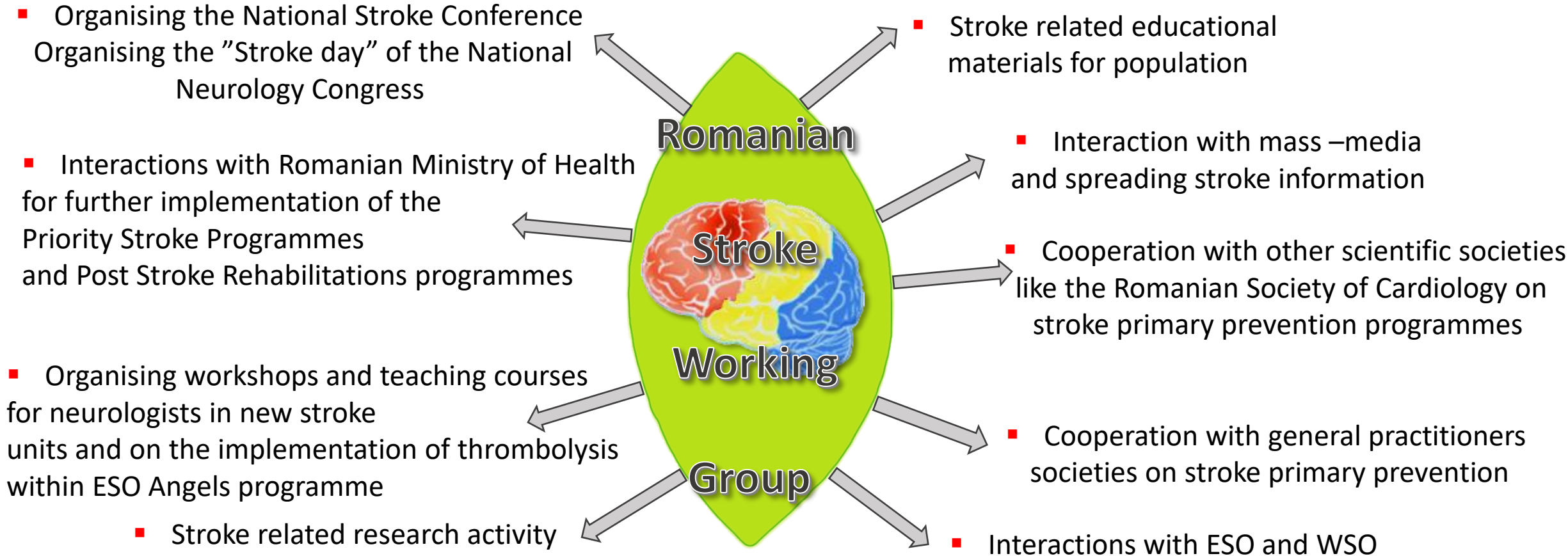
Assoc. Prof. Cristina Tiu – President elect of SNR (2021-2025)

# Romanian National Stroke Association and Romanian National Neurology Society – joining forces to overcome stroke



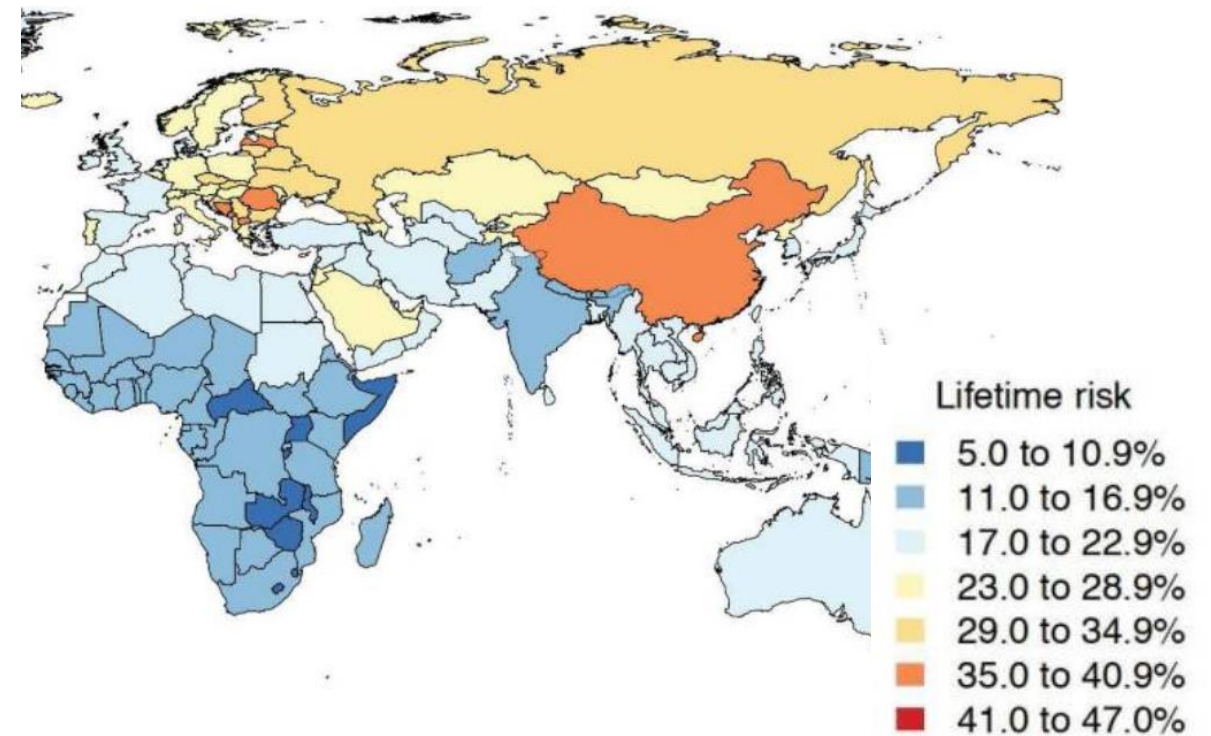
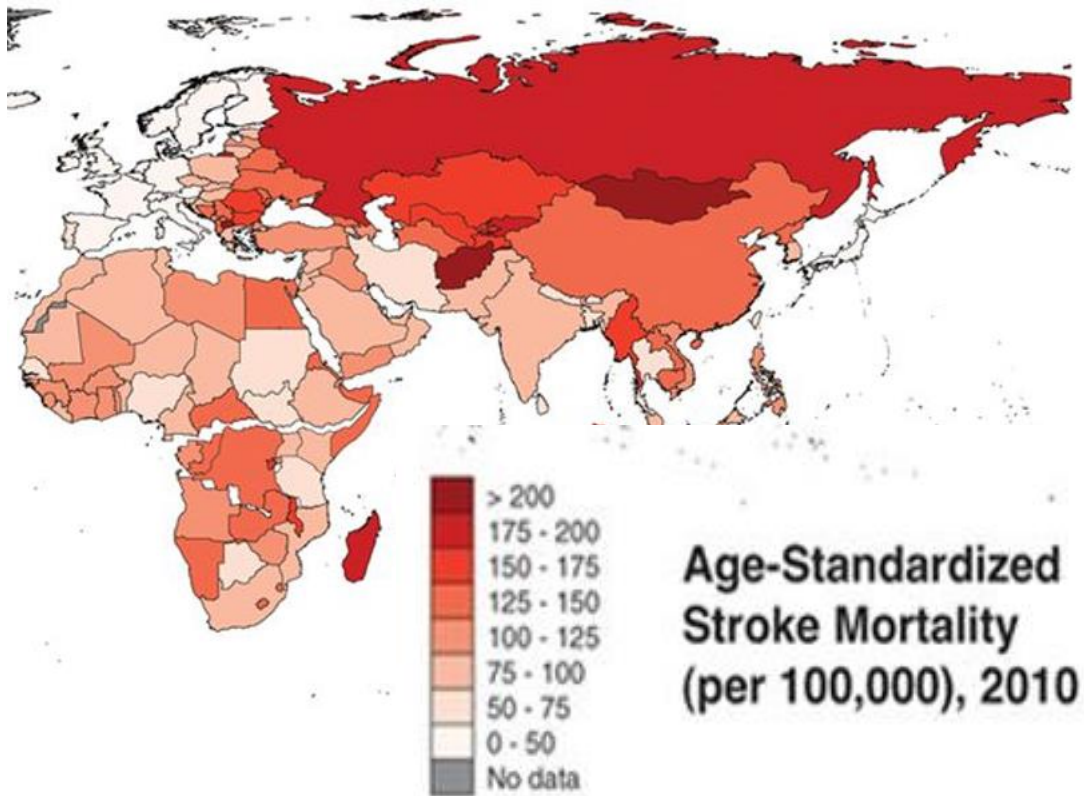


# Romanian National Stroke Association and Romanian National Neurology Society – joining forces to overcome stroke

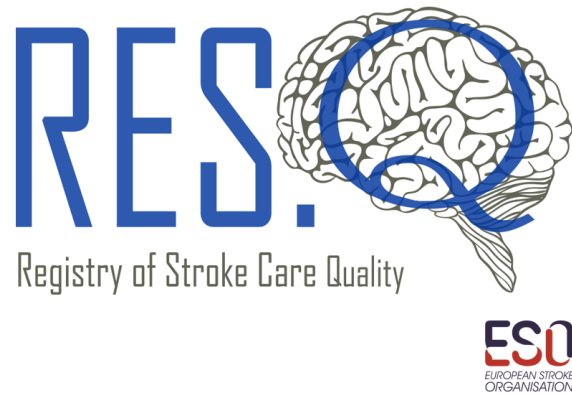


# Romania – still part of (Eastern) European stroke red belt

stroke incidence 190/100.000/year   stroke prevalence 833/100.000/year   stroke mortality 157/100.000/year

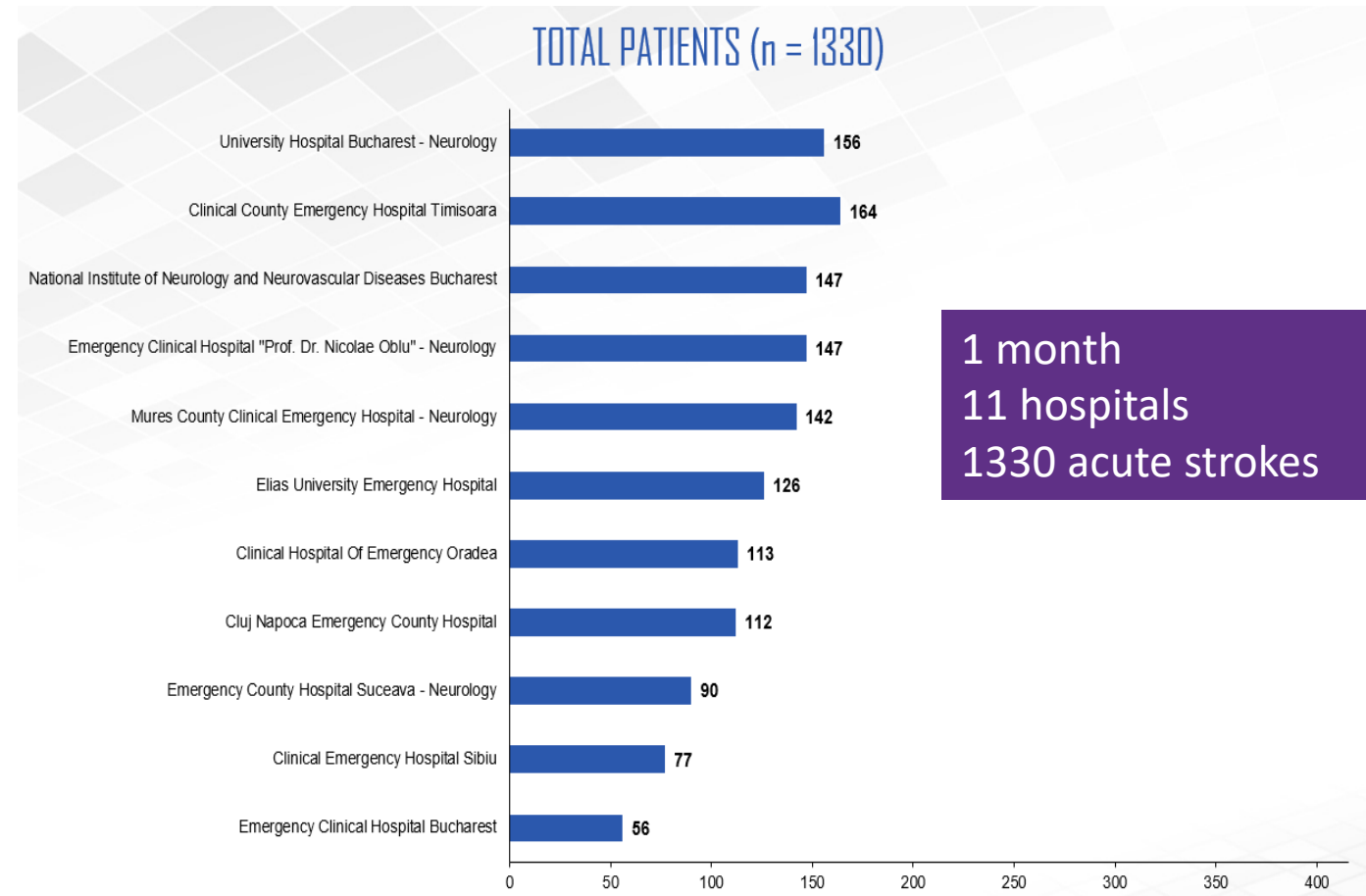


# The burden of stroke in Romania



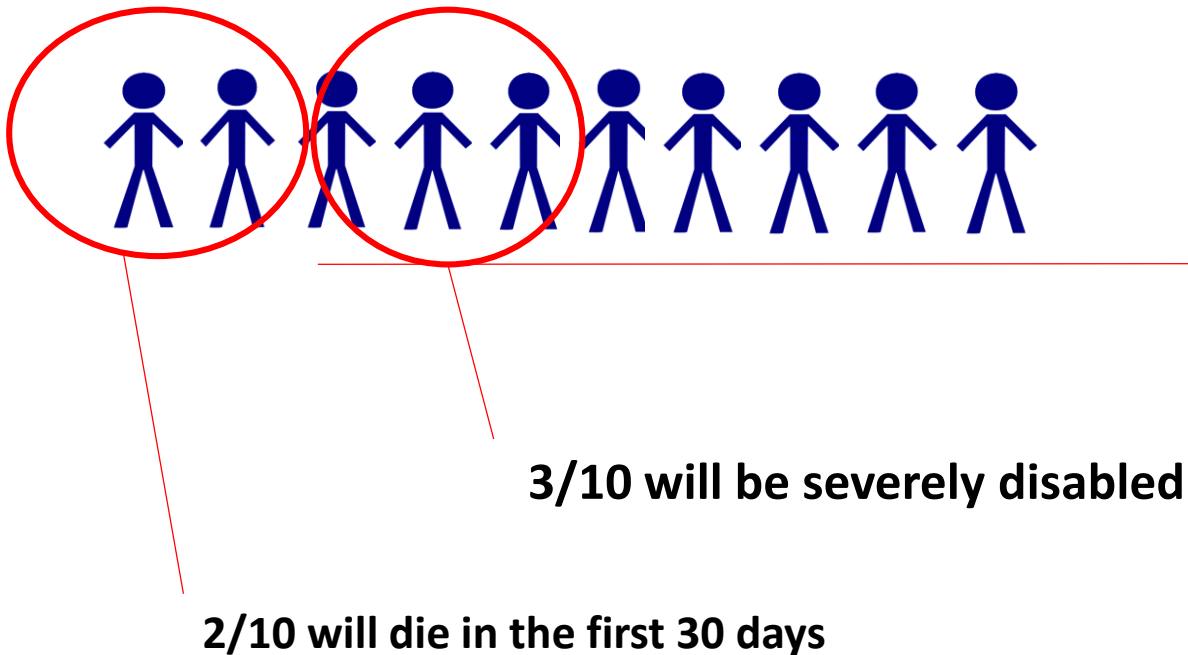
**March 2018**

Epidemiological data are mainly based on hospital discharge data



# The burden of stroke in Romania

- 61,500 strokes / year (55,000 ischemic strokes)



## Stroke survivors are at risk for:

- Stroke recurrence
- Myocardial infarction
- Cognitive dysfunction
- Depression

# Best practices in stroke care in Romania

- Stroke patients are treated almost exclusively by **neurologists**
- **Romanian guidelines for stroke management** are elaborated by the Romanian Society of Neurology in accordance with ANRS, following ESO and AHA guidelines
- **Romanian Registry for Interventional Treatment in Stroke** was established in 2014, and now 2,015 patients (March 2019)

# Stroke Action Plan: Primary prevention

**Aim:** reducing the total number of strokes by 10%

**Achievements:**

- Better access to primary care (including reimbursement of lab & imaging exams)
- Healthy lifestyle promoted by social media
- Law against smoking in public places (Law 15/2016)

**Gaps:**

- Insufficient educational activities to increase stroke awareness (for general population and professionals)
- Low economic level for > 60% of stroke patients

**Challenge:**

- *To increase the role of community care and ambulatory care in order to decrease pressure upon hospital services*
- *To increase patients' confidence in doctors, destroyed by years of constant negative media campaign against healthcare professionals*



## Stroke Action Plan: **Organizing stroke care**

**Aim:** 90% of acute strokes to be admitted in first level stroke units

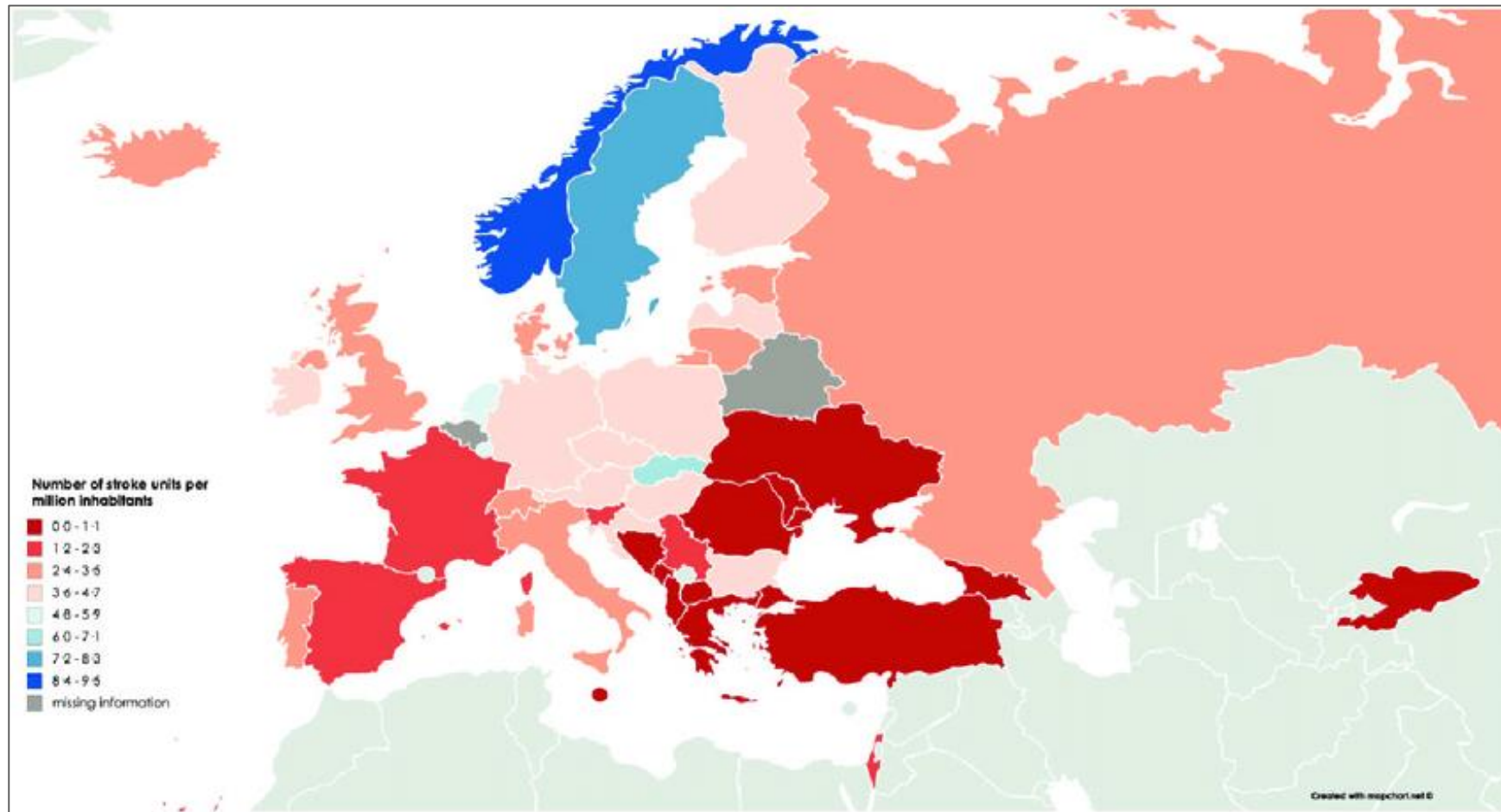
**Gaps:**

- Less than 8% of the patients are admitted in a first level stroke unit

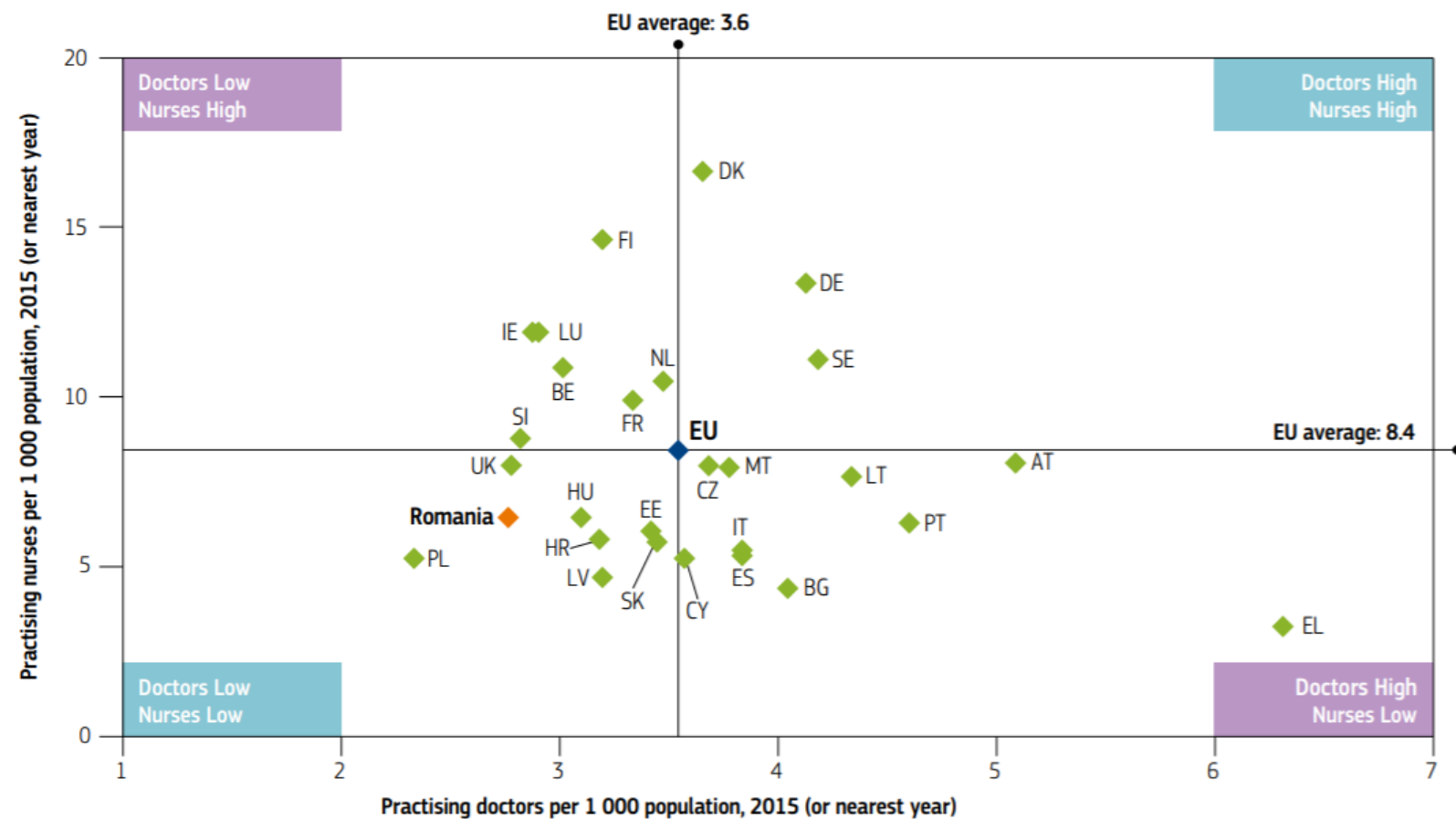
**Challenge:**

- Creating at least 50 new stroke units (financial challenge for the equipment, but also for the human resources)
- Upgrading the existing ones, in order to create several comprehensive stroke units

Number required to an optimum: **49** stroke centres **18** comprehensive stroke centres **8250** IVT/y **2750** EVT/y



Diana Aguiar de Sousa, Rascha von Martial et al - European Stroke Journal 2019, Vol. 4(1) 13–28

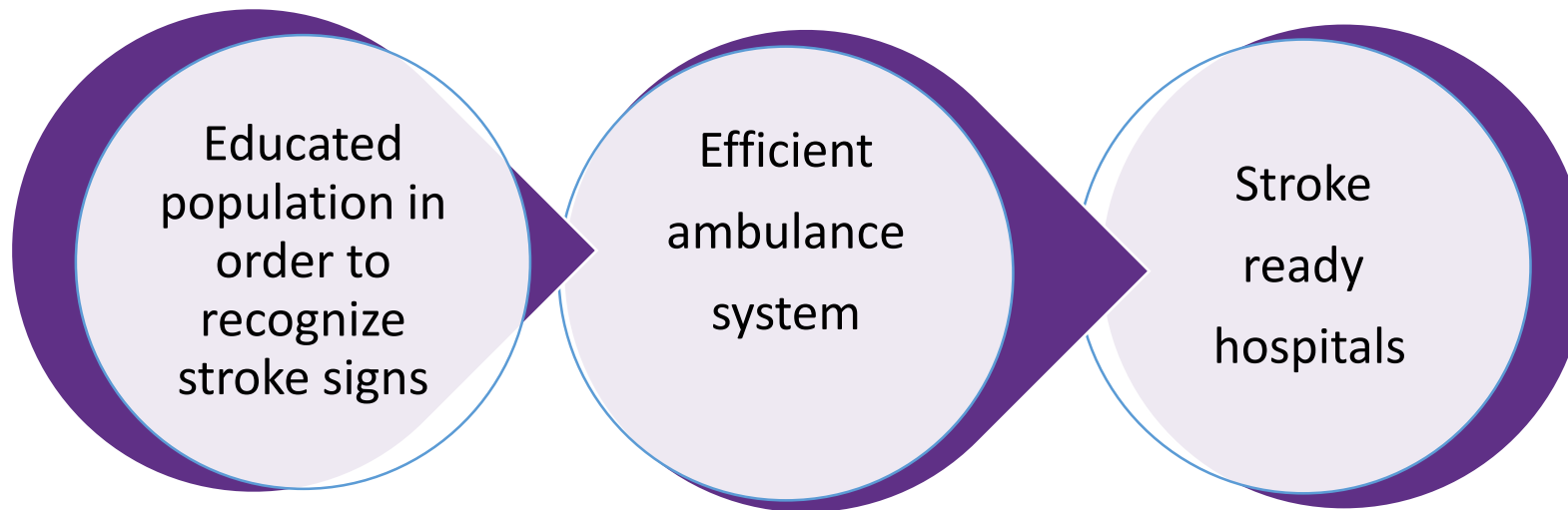


**Note:** In Portugal and Greece, data refer to all doctors licensed to practice, resulting in a large overestimation of the number of practising doctors (e.g. of around 30% in Portugal). In Austria and Greece, the number of nurses is underestimated as it only includes those working in hospital.

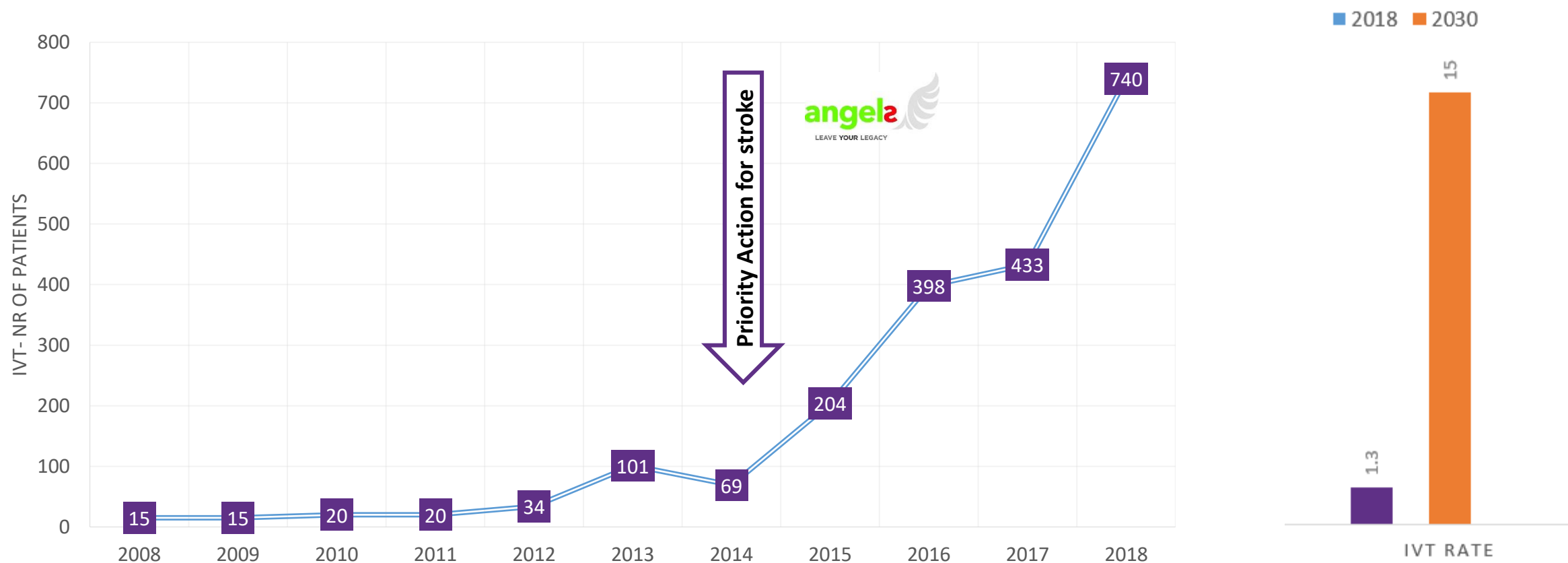
**Source:** Eurostat Database.

# Stroke Action Plan: **Acute treatment**

- **Aim: 15% rate of i.v. thrombolysis, 5% of endovascular treatment**



# Rate of IVT in Romania between 2008- 2018

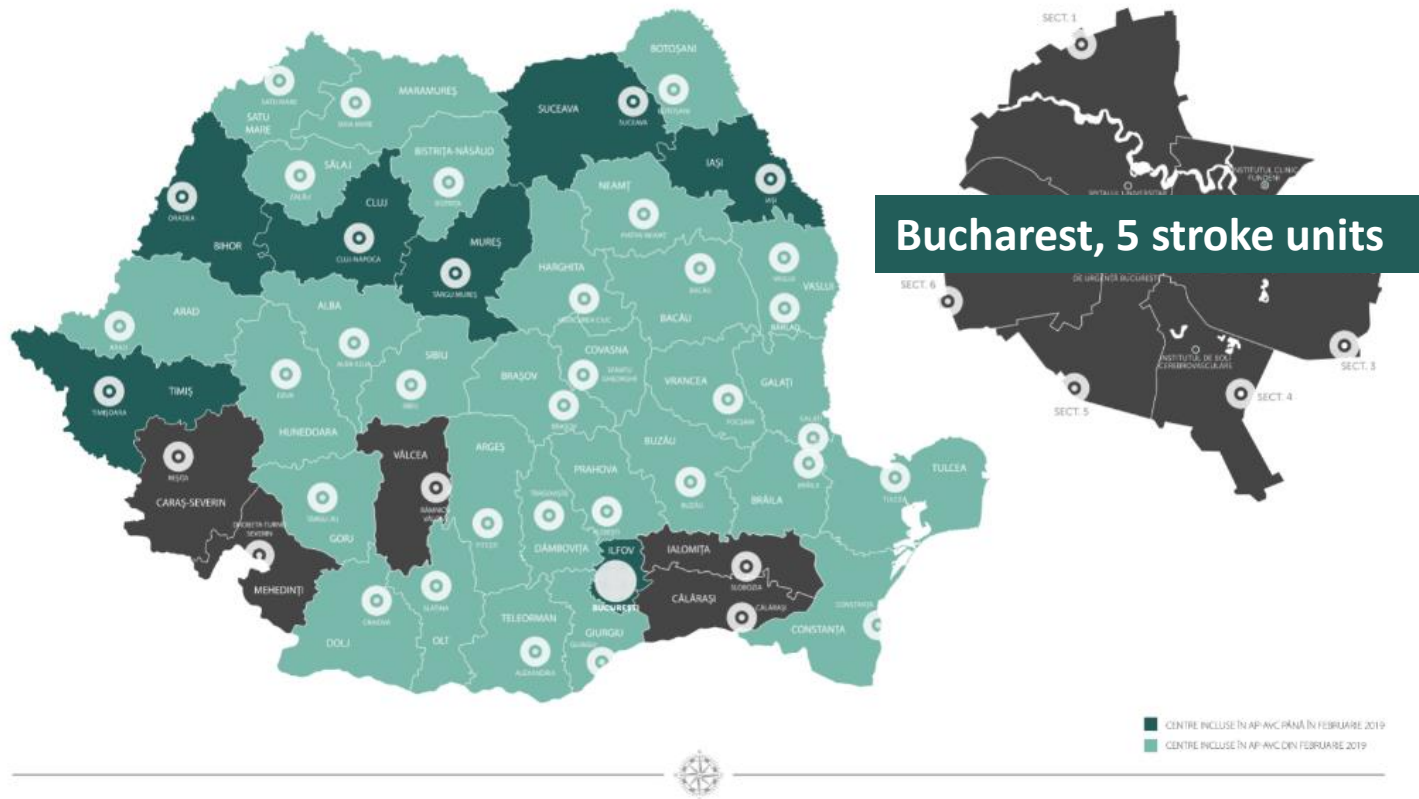


- FAST – like advertising to increase stroke awareness

28/3/2019



# 2019: 32 new stroke ready hospitals



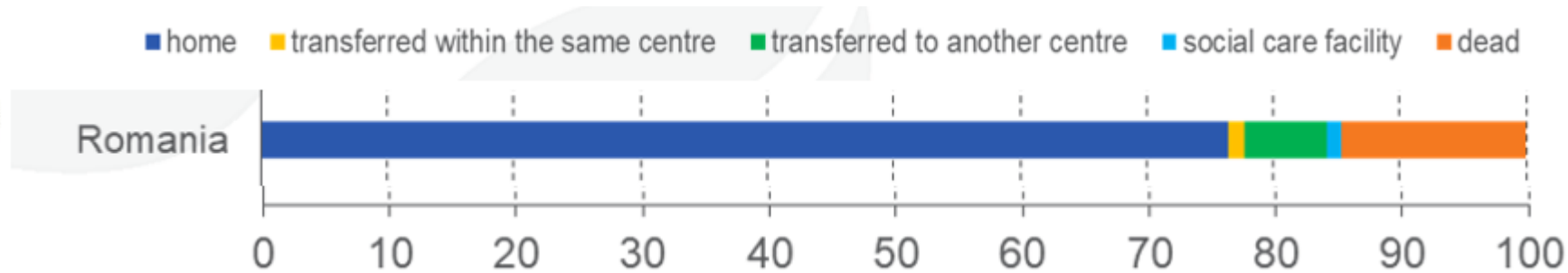
2015- 2018

2019

Counties without stroke ready hospitals



# Stroke Action Plan: Neurorehabilitation



- Less than 5% are admitted to rehabilitation units
- Insufficient number of beds in general rehabilitation centers
- Dedicated neurorehabilitation units for stroke are missing
- Specialists in neurorehabilitation are missing
- Facilities for disabled people are not enough

## Secondary Prevention

	2017	2018	Gold status stroke unit
<b>% Screening for Atrial fibrillation</b>	<b>51,5%</b>	<b>30,05%</b>	<b>80%</b>
<b>Antiplatelet therapy</b>	<b>93,28%</b>	<b>72,24</b>	<b>80%</b>
<b>OAC (% of cardioembolic stroke)</b>	<b>74,26%</b>	<b>83,33</b>	<b>80%</b>
<b>Statins</b>	<b>88,9%</b>	<b>75,88</b>	
<b>Antihypertensives</b>	<b>75,6%</b>	<b>89,2%</b>	<b>80%</b>
<b>Patients referral for structured antismoking programs</b>	<b>18%</b>	<b>-</b>	
<b>% stenosis ICA &gt; 70%</b>	<b>7,40%</b>	<b>5,47%</b>	
<b>Revascularization of ICA stenosis (performed or planned after stroke)</b>	<b>1,89%</b>	<b>0.35%</b>	

## ANRS' commitment to implement the Stroke Action Plan

- Presenting and analysing **SAP** at 2019 Romanian National Stroke Conference
- Preparing simple and clear materials for patient education regarding major risk factors for stroke and for a healthy life-style, but also early stroke signs recognition and emergency call 112
- Continuous medical education for the new IVT centres
- Collaboration with cardiology, neurosurgery, neuroradiology and family medicine societies, but also with the Ministry of Health for joint educational stroke prevention initiatives for patients and doctors
- Interaction with stroke patients associations for better understanding of stroke health care needs and future actions



## National Best Practices on Stroke

**Tiina Laatikainen**

Research Professor at National  
Institute for Health and Welfare  
(Finland)

# Joining forces to prevent and control non-communicable diseases: **The role of policy in tackling stroke**

Putting the Stroke Action Plan for Europe  
2018-2030 in the spotlight



# National Best Practices on Stroke

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Professor Tiina Laatikainen

National Institute for Health and Welfare (THL)

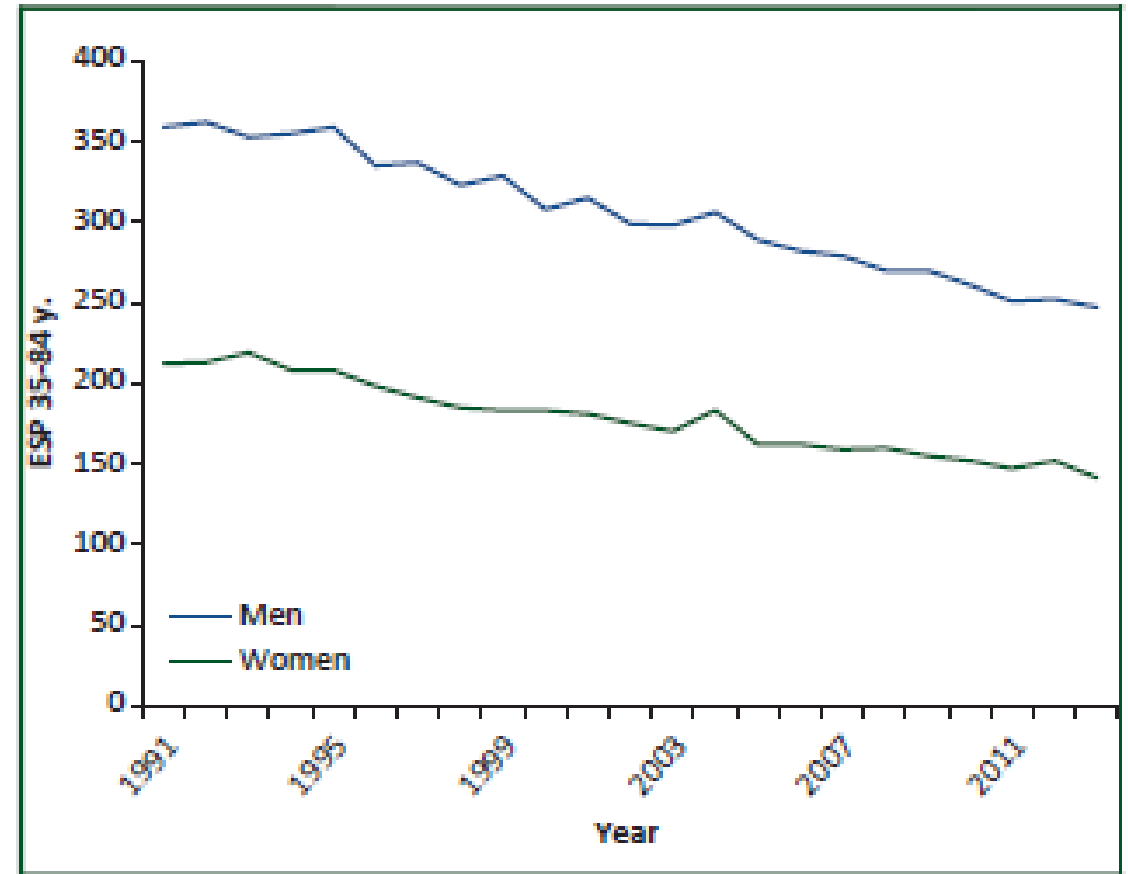
Helsinki, Finland



## Burden of stroke in Finland

### The incidence of stroke has continuously declined

The age-standardized incidence of first ever stroke events in all of Finland among 35-84 aged men (blue line) and women (green line) from 1991-2013. ICD-10 codes I60-I64 and corresponding ICD-9 codes were included in the analyses.



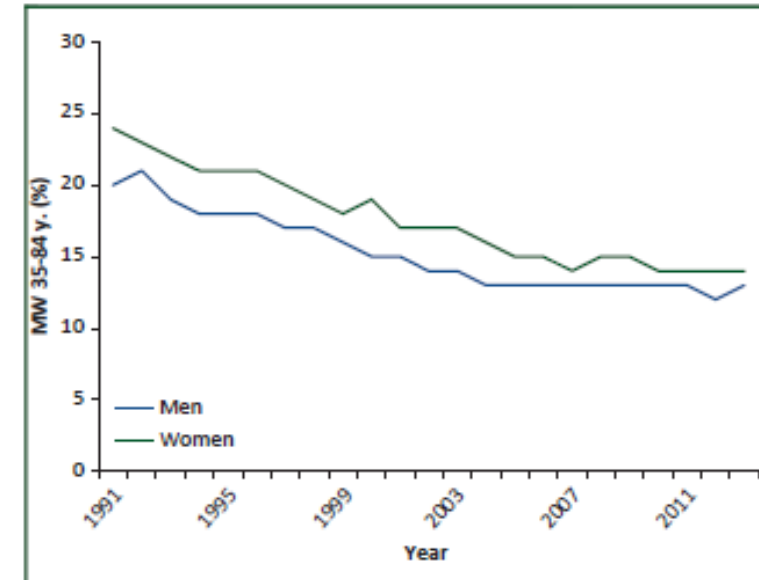
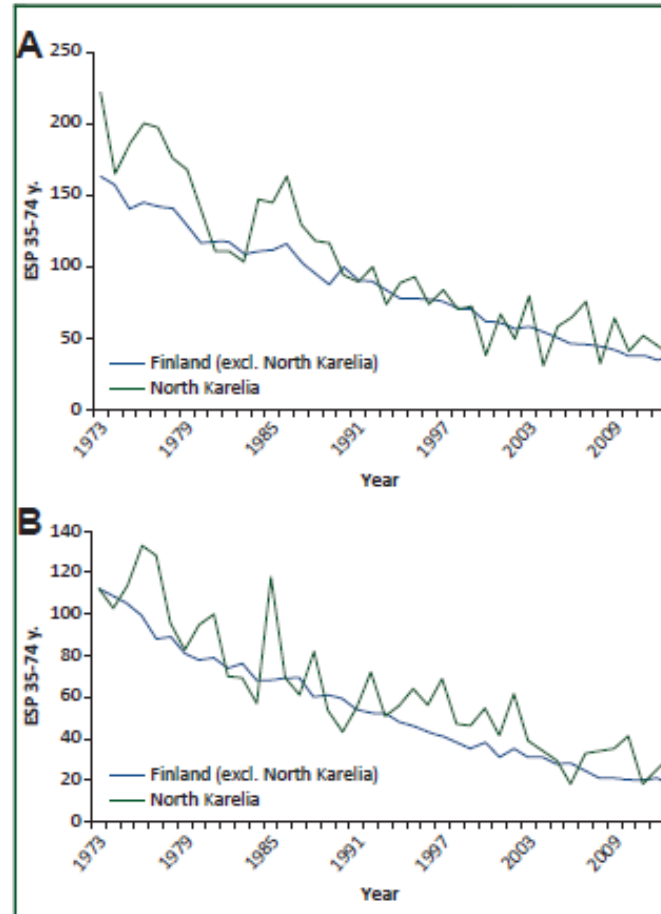
Salomaa et al. Global Heart 2016;11(2):201-205

# Stroke mortality in Finland

**Both the overall stroke mortality (left) and case-fatality (right) of stroke have declined**

Age-standardised stroke mortality in North Karelia (green) and in the rest of Finland (blue) among men (A) and women (B)

Age-standardised 28-day case-fatality of acute stroke events in Finland among men (blue) and among women (green)



Salomaa et al. Global Heart 2016;11(2):201-205



# National clinical guidelines

- Current Care Guidelines are independent, evidence-based clinical practice guidelines. These national guidelines cover important issues related to Finnish health, medical treatment as well as prevention of diseases. The guidelines are intended as a basis for treatment decisions, and can be used by physicians, dentists, healthcare professionals and citizens.
- The guidelines are developed by the Finnish Medical Society Duodecim in association with various medical specialist associations. The Current Care editorial team are responsible for the production of the guidelines. The guidelines are produced with public funding.



The screenshot shows the 'Current Care Guidelines' website. The header is blue with a white diamond logo and the text 'Current Care Guidelines'. Below the header is a navigation bar with links: Home, Guideline Abstracts, Guidelines, and About Current Care Guidelines. The main content area is titled 'Ischemic stroke and TIA' and includes a sub-header 'Current Care Summary | Published: 01.11.2016'. Below this, it states 'Working group appointed by the Finnish Medical Society Duodecim and the Finnish Neurological Society'. There is a 'Print' link on the right. At the bottom, it says 'Current Care Guideline 1 and Summary 2 in Finnish' followed by a paragraph of text about the majority of ischemic strokes being preventable by managing risk factors like hypertension, smoking, and obesity, and mentions key steps for improving outcomes such as early diagnosis and access to thrombolytic therapy.

Current Care Guidelines

Home | Guideline Abstracts | Guidelines | About Current Care Guidelines

Home > Guideline Abstracts > Ischemic stroke and TIA

Ischemic stroke and TIA

Current Care Summary | Published: 01.11.2016

Working group appointed by the Finnish Medical Society Duodecim and the Finnish Neurological Society

Print

Current Care Guideline 1 and Summary 2 in Finnish

The majority of ischemic strokes can be prevented by managing the main risk factors: hypertension, smoking, abdominal obesity, physical inactivity, unhealthy diet, diabetes, dyslipidemia and atrial fibrillation. The key steps to improve the outcome are early diagnosis of TIA and stroke symptoms, access to thrombolytic and thrombectomy therapy, urgent medical secondary prevention and acute care in a dedicated stroke unit where assessment and rehabilitation are started and carried out by a multi-professional rehabilitation team. Long-term outcome is also improved by reinforced screening of specific etiologies such as atrial fibrillation and carotid stenosis.

# Corner stones for prevention, treatment and rehabilitation

	<i>Target</i>	<i>Benefit</i>	<i>Actors</i>
<b>Primary prevention</b>	Risk reduction	Health value for patient (QL) Reduced costs in health services	Multisectoral action in society
<b>Treatment of predisposing diseases</b>	Avoid strokes as complications	Reduction of severe events Reduced costs in health and social services	Health services Non-governmental organizations (self-care)
<b>Acute treatment</b> <b>Secondary prevention</b>	Effective first aid Evidence-based care	Better survival Less severe complications Less need for long term care	Emergency services Specialized care Primary health care
<b>Rehabilitation</b>	Patient centered rehabilitation to maintain and improve functional capacity	Health and wellbeing value for the patient Less need for long term care	Health services, social services Private service providers Non-governmental organizations

## Successes and challenges in Finland

- + Emergency care well organized, those hospitals not having neurologists 24/7 achieve consultancy by telestroke service
- + All central hospitals have a stroke unit
- + Preventive work done actively by many stakeholders including NGOs
- Endovascular treatments not available 24/7 in the whole country (lack of angioradiologists)
- Effective and safe treatment of atrial fibrillation needs improvement
- Secondary prevention of stroke patients not implemented as effectively as of coronary heart disease patients
- Less than 15 % of patients achieve adequate rehabilitation
- Every fourth working aged stroke patient do not return to work (disability pension)



# Finnish Presidency – planned activities: Demographic Change and Policy Integration

## Purpose

Finland and THL have participated in the EU Joint Programming Initiative: More Years, Better Lives (JPI MYBL) since 2011. A seminar with theme Demographic Change and Policy Integration will be organized in 2019 to enable the interaction between different decision makers and stakeholders as well as to increase the multidisciplinary participation and networking. Key themes: effectiveness and cost-effectiveness of social and health care of elderly, models for home care, gerotechnology and age related strategies in Europe.

## Organizers

THL, Academy of Finland and Ministry of Health and Social Affairs

## Time

30.–31.10.2019

## Place

Helsinki

<https://www.jp-demographic.eu/>



# Finnish Presidency – planned activities: Supporting Health and Social Care Innovation to Enhance Well-being of European Citizens

Purpose	The Finnish Presidency has chosen to focus on the Economy of wellbeing as an umbrella theme for the health and social sector. This event focuses on enhancing voluntary structured cooperation across Member States to generate evidence for policy making that will support European health and social care systems to meet the challenges of a rapidly changing environment. As part of a horizontal approach across the EU the event aims to identify and assess existing or arising innovative solutions to enhance well-being and strengthening the silver economy, and providing join learning whether such innovative solutions can be transferred and implemented effectively to also work in other settings. It does not follow a one size-fits all approach, but rather aims to assess which solutions can be best fitting for a particular health and social care context. It will be organised in collaboration with the EC-funded TO-REACH initiative, in which both THL and AKA are partner institutes. The event will bring together representatives from different policy areas, as well as stakeholders from public and private sector, and academia.
Organiser	THL, Academy of Finland, ISS (National Institute of Health, Italy) on behalf of TO-REACH consortium <a href="https://to-reach.eu/">https://to-reach.eu/</a>
Time	14.11.2019
Place	Bryssels



**REPUBLIKA HRVATSKA**  
**Ministarstvo**  
**zdravstva**

**Supporting Statement: Reducing  
the burden of stroke in Croatia and  
the EU**

Video message from:

**Milan Kujundžić**

Minister of Health of the Republic of  
Croatia

# Joining forces to prevent and control non-communicable diseases: **The role of policy in tackling stroke**

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## COFFEE BREAK

**We will restart at 10:30 AM**

**Please be on time!**

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# **Supporting statements from MEPs for the Stroke Action Plan for Europe 2018-2030**





## Current and future EU action on prevention and control of NCDs

**Martin Seychell**

Deputy Director General for Health  
and Food Safety, DG SANTE

# Joining forces to prevent and control non-communicable diseases: **The role of policy in tackling stroke**

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## Panel discussion ‘The role of policy in tackling stroke’

### Participants:

- **Martin Seychell**, Deputy Director General for Health and Food Safety, DG SANTE
- **Tiberius-Marius Brădăţan**, Secretary of State, Ministry of Health of Romania
- **Rokas Navickas**, Scientific Coordinator, CHRODIS PLUS Joint Action
- **Mikel Irujo Amezaga**, Member, European Committee of the Regions
- **Bart van der Worp**, President, European Stroke Organisation
- **Grethe Lunde**, Stroke Survivor & Board member, Stroke Alliance for Europe

### Moderator:

- **Cathy Smith**, Speak Easy





## Closing remarks

**Jon Barrick**

President, Stroke Alliance for Europe

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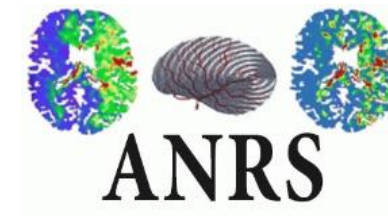
Putting the Stroke Action Plan for Europe  
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# Thank You



**romania2019.eu**  
Romanian Presidency of the Council of the European Union

# Thank You





# Thank You



**European Committee  
of the Regions**

# Thank You

The Amgen logo is displayed in a bold, blue, sans-serif font.The angela logo features the word "angela" in a lowercase, rounded font. "ange" is green, "la" is red, and there is a stylized grey wing graphic to the right.

LEAVE YOUR LEGACY



Bristol-Myers Squibb



# Welcome

*Thursday*  
*28 March 2019*  
*9am-12pm*

**Venue**  
Room JDE51,  
European Committee  
of the Regions

**S·A·F·E**

Stroke Alliance For Europe

THE STROKE PATIENT  
VOICE IN EUROPE



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