Health checks to reduce the number of strokes in the EU/Europe

Introduction

Cardiovascular diseases remain the leading cause of death in the EU, including stroke which in Europe is:

- the second biggest killer
- the leading cause of acquired long-term disability
- responsible for ~ 440,000 deaths annually
- estimated €60 billion in total costs

Most strokes are preventable. The EU must prioritise stroke reduction by promoting good health, preventing first strokes in high-risk people and reducing recurrent strokes.

This requires Member State-led action to provide quality health services, improve socioeconomic conditions, reduce inequalities, address environmental and lifestyle risks through legislation, and fund health systems to raise awareness and support risk identification, screening and management.

The EU recommendations focus on health checks offers a major opportunity to detect stroke risk factors earlier, as many people remain undiagnosed until an event. We call on the EU recommendations to place stronger emphasis on systematic and opportunistic screening approaches targeting stroke risk factors. Earlier identification and management of these is essential to reducing premature smortality, disability, recurrence and pressure on health systems.

Stroke Action Plan for Europe (SAP-E) recommendations on health checks to reduce stroke incidence

1, Member States should implement evidence-based health check strategies for the general population, high-risk group and people who have had a stroke.

Check:

a. medical risk factors: hypertension, dyslipidaemia, atrial fibrillation and hyperglycaemia, diabetes and kidney disease.
b. behaviour risk factors: smoking/vaping, alcohol, diet (reducing salt, sugar in processed foods/drinks), physical activity, sleep and substance abuse.
c. psychological factors: depression, anxiety and insomnia.

2. Opportunistic screening and screening of high-risk populations for atherosclerotic cardiovascular disease based on individual risk assessment tables, such as the Systematic Coronary Risk Evaluation or Stroke Riskometer, which use risk factors like blood pressure, glucose and lipids.

3. Opportunistic screening should be considered in patients with diagnosed covert infarcts and covert cerebral small vessel disease who do not exhibit overt neurological symptoms. These patients typically have a higher prevalence of traditional cardiovascular risk factors and events.

4. Health checks should also be closely linked to clear referral, follow-up, and prevention pathways Screening alone is insufficient if people identified as high risk cannot access preventive interventions, specialist care, treatment, rehabilitation and lifestyle support. Integrated cardiovascular prevention pathways should therefore provide structured follow-up and rapid access to evidence-based services. Pilot programmes and best practice exchanges between Member States would identify models for integrated cardiovascular and stroke risk screening.

Systematic screening improves the identification of risk factors, yet uncertainties persist regarding the beneficial influence of screening on clinical outcomes.

Conclusion

The EU recommendations should explicitly recognise stroke prevention in cardiovascular health checks and screening strategies to help combat low levels of awareness of key risk factors for Europe's second biggest killer disease. Earlier detection of stroke risk factors in the general population, high-risk group and people who have had a stroke, through coordinated, evidence-based programmes would reduce premature mortality and disability, improve equity and support more sustainable European health systems.