**OP JSNA Factsheet 5: Stroke**

**Summary**
Strokes are a major cause of death and the most common cause of severe disability. The prevalence of stroke rises with age and is higher in men than women. Around 3083 people in Southwark have had a stroke, but only 45% of these are known to primary care. Much has been done recently to improve the acute care of people with stroke or transient ischaemic attack, with the opening of Hyperacute Stroke Units. However much more needs to be done on prevention, including better control of high blood pressure and better identification and control of those with atrial fibrillation.

**Definitions**
A stroke is the sudden death of a portion of the brain cells due to a lack of oxygen. A stroke occurs when blood flow to the brain is damage resulting in abnormal function of brain. It causes by blockage or haemorrhage of an artery to the brain.

**The local picture**
Stroke is the largest single cause of disability. Men are at higher risk than women and people of South Asian or African-Caribbean origin in the UK are at increased risk of stroke. People of African-Caribbean origin are twice as likely to have a stroke as people of European origin, and are at risk of first stroke at a younger age. Having a stroke or transient ischemic attack (TIA) means there is a 25-40% chance of having another stroke in the next 5 years. Table x summarises the prevalence of stroke within the older population.

<table>
<thead>
<tr>
<th>Age range</th>
<th>% males</th>
<th>% females</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>2.8</td>
<td>1.2</td>
</tr>
<tr>
<td>75+</td>
<td>3.8</td>
<td>1.9</td>
</tr>
</tbody>
</table>

Source: General Household Survey 2007,

Studies have indicated that public awareness of stroke in the UK is low and recent national campaigns have focussed on the need to recognise the signs of a stroke and seek immediate medical attention as this greatly improves outcomes (FAST campaign). A national survey commissioned by the Stroke Association in 2007 showed that only half of over 65s would call 999 if stroke symptoms were present, a
lower proportion than any other age group, despite the fact that older people are at greater risk of stroke.

There has been a gradual increase in the number of people identified with Stroke on GP registers in Southwark in recent years. Overall just over half (54%) of Southwark’s expected number of adult stroke patients were actually recorded on registers, compared to 68% in London and 87% in England.

Table 2: Numbers of people on the primary care register: expected numbers, 2010

<table>
<thead>
<tr>
<th>Number aged 65+ on register</th>
<th>% total 65+ population</th>
<th>Expected numbers (LA)</th>
<th>% of expected people on register</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stroke</td>
<td>1847</td>
<td>7.7</td>
<td>3083</td>
</tr>
<tr>
<td>Hypertension</td>
<td>31433</td>
<td>8194</td>
<td>5833</td>
</tr>
</tbody>
</table>

Source: QMS for register numbers; 24,110 for registered population; APHO modelled data (2010)

In Southwark the age breakdown in over 65s is 920 females: 927 males. Over 65s make up over two thirds (67%) of the total number of people of all ages on stroke registers.

**Risk factors**

The major risk factors for stroke are Hypertension, Diabetes / atrial fibrillation /raised cholesterol. A fifth of people (21%) aged over 65 with Hypertension and a fifth of those with atrial fibrillation in Southwark may be undiagnosed. Of those known as having atrial fibrillation, it is likely that many are not receiving adequate anticoagulation because they have not been risk assessed to identify the need for warfarin rather than aspirin.

Table 3: Risk factors for stroke; gap between expected and actual numbers known

<table>
<thead>
<tr>
<th>Number aged 65+ on register</th>
<th>% total 65+ population</th>
<th>Expected numbers (LA)</th>
<th>% of expected people on Hypertension register</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>14027</td>
<td>58.2</td>
<td>17686</td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>1932</td>
<td>781</td>
<td>741</td>
</tr>
</tbody>
</table>

Source: QMS for register numbers; 24,110 for registered population; APHO modelled data (2010)

The outcome of stroke may be

- Death
- Complete recovery -about a third of people who have a stroke make a significant recovery within a month or
- Long-term disability. Many areas of functioning may be affected transiently or long term including bodily functions such as movement, balance, dexterity, swallowing, vision and continence, thinking and the ability to learn, speech and communication, mood and emotions
Analysis of Southwark’s older people’s admissions dataset (2009/10) found that 159 people aged over 65 had an emergency hospital admission due to a stroke. Their median length of stay was 9 days (range 0-134 days), at a total cost of £829,786.

**What we know about what works**

A suspected stroke /TIA should be treated as a medical emergency with immediate referral to a Hyperacute stroke Unit for assessment. Following a stroke there is a high risk of having a further stroke if the risk factors are not managed, so secondary prevention is essential.

Risk may be modified by diagnosing and treating risk factors such as, as well as promoting and supporting lifestyle change such as smoking cessation, reducing alcohol misuse, improving diet and taking more exercise.

**Local action to address the problem**

Of those on stroke registers, 65% of patients had their cholesterol controlled, compared to 67% in London and 68% in England as a whole in 2010/11. Southwark practices achieved blood pressure control in 81% of registered stroke patients compared to 84% in London and England in 2010/11.

The British Hypertension Society recommends a blood pressure audit standard of 150/90 mm Hg for those without other major cardiovascular diseases. Southwark GP practices achieved this standard in 70% of patients on the hypertension register, compared to 75% in London and England.

There is a Stroke Care Network in South East London. The Stroke Modernisation Initiative (2003-2008) focused on acute care and transfer home and resulted in major improvements in stroke services in Southwark and Lambeth.

Stroke survivors in Southwark are looked after by an Early Supported Discharge Team. The team make contact at the point when people are about to be discharged from hospital and offer a seven day service. Reablement support workers help people regain independence in activities of everyday living, and provide specialist physiotherapy sessions in the home to maximise function. A recent report, Supporting Life after Stroke - a local assessment, from the Care Quality Commission (January 2011) looked at how stroke survivors are supported upon their discharge from hospital. The overall assessment was ‘Fair Performing.

**What still needs to be done**

Current areas for development within the service include:

- Improving hypertension management by community staff to help prevent repeat strokes
- Improving continence support at discharge
- Improving psychological support for stroke clients and their carers
- Implementing a systematic programme of health and social care reviews of stroke clients, as needs change over time with respect to emotional well being and physical activity
- Improving the provision of home aids/adaptations to aid activities of daily living
- Information provision
- Involvement in and provision of services for carers