“Stroke is a Brain Attack - Prevent it - Treat it”

ONE IN SIX PEOPLE in the WORLD suffers a STROKE once in their life.

World Federation of Neurology
**STROKE IS A BRAIN ATTACK**
**PREVENT IT – TREAT IT**

**It is common**
Every one in six persons in the world suffers a stroke once in their life.

**It can attack anyone**
Men and women, children and elderly persons can become stroke victims.

**It is sudden**
Most strokes feel like an immediate attack, with sudden symptoms.

**It can be deadly**
Almost 30% of stroke sufferers will die from the conditions.

**It is disabling**
Almost 30% stroke survivors will suffer from long-term disabilities.

**It is preventable**
Half of the strokes occurring could be prevented by blood pressure control and tobacco cessation.

**It is treatable**
Appropriate treatment and care could reduce death and disability rates after stroke by as much as 50%.

**A functional life is possible**
70% people with stroke could lead a functional life with early treatment and rehabilitation.

**HOW CAN STROKES BE PREVENTED?**

**Blood pressure control**
30% of strokes could be prevented by lowering high blood pressure.

**Diabetes and cholesterol control**
Total cholesterol levels and glucose levels should be within normal limits.

**Exercise daily**
30 minutes exercise daily could reduce stroke risk by 20%.

**Obesity**
Obesity is a risk factor for stroke; reduce it.

**Atrial fibrillation**
High risk for stroke; reduce risk by anticoagulation.

**Low salt diet**
No added salt in diet.

**No tobacco**
Stopping tobacco use could reduce stroke rates by 35%. Chewing tobacco or shisha use is as deadly as smoking cigarettes.

**Air pollution**
A recently confirmed major and preventable risk factor for stroke.
How can we reduce death and disability due to stroke?

**Early recognition and care:** Stroke patients need to reach the emergency room as soon as stroke attack occurs.

**Early care in stroke units:** All stroke patients should be admitted to dedicated stroke units.

**Broad use of IV-rtPA:** Intravenous tissue plasminogen activator therapy should be used within 4.5 hours of stroke onset in selected patients. Earlier treatment is more effective, as "time is brain".

**Endovascular Thrombectomy:** For selected patients with large vessel occlusion and ischemic stroke within 6 hours of onset, longer in some cases.

**Early and sustained rehabilitation:** Rehabilitation efforts should start in the stroke unit on day one until functional status is regained.

What can I contribute to reducing the global stroke burden?

Share this information with your family, friends and communities.

Promote blood pressure screening and control.

Promote tobacco control measures and messages.

Help to raise awareness about stroke symptoms: Make sure to spread the “FAST” check.

Emergency action: If you think that someone in your presence is having a stroke, make sure they are sent to the emergency room as soon as possible.

**ACT:**

**F.A.S.T**

If you suspect someone may be having a stroke, ask the person to do the following:

**FACE:** Ask the person to smile. Does one side of their face droop?

**ARM:** Ask the person to raise both arms. Does one arm drift downward?

**SPEECH:** Ask the person to repeat a simple sentence. Are the words slurred? Can the person repeat the sentence correctly, or if he/she has difficulty understanding?

**TIME:** If the person shows any of these symptoms, time is important. All the emergency service and get to the hospital immediately.

**STROKE**

**STROKE ADVOCACY**

Stroke should be a top health priority on the political agenda. No tobacco awareness and laws need to be implemented globally. Blood pressure awareness needs to be raised, cost-effective blood pressure medicines should be made available. Stroke units should be established at all tertiary care hospitals. Availability of clot busting medications and their utilization needs to be secured. Rehabilitation centers and stroke rehabilitation programs need to be established at each tertiary care hospital.