



WORLD FEDERATION OF NEUROLOGY



World Stroke
Organization



“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



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STROKE IS A BRAIN ATTACK PREVENT IT – TREAT IT

HOW CAN STROKES BE PREVENTED?



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



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-tPA: 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. Call 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.



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