

Stroke care

A stroke is a medical emergency and can cause permanent neurological damage, complications and death. It is the leading cause of adult disability; risk factors for stroke include old age, hypertension (high blood pressure), previous stroke or transient ischemic attack (TIA), diabetes, high cholesterol, smoking and atrial fibrillation. High blood pressure is the most important modifiable risk factor of stroke.

While patients have different individual care needs, there are three key phases of care:

- Hyper-acute (the first three days following the onset of the stroke)
- acute (the next seven days following the hyper-acute phase)
- rehabilitation

The first two phases are ideally only provided in the acute hospital setting, while rehabilitation commences in the acute setting prior to discharge to either a specialist community inpatient unit or the patient's home with community rehabilitation teams.

The National Stroke Strategy (2007) aims to improve the quality of stroke services, patient experience and health outcomes. The strategy concludes that delivering early treatment and rapid access to specialist stroke care in a dedicated stroke unit are key to improving survival and recovery rates after a stroke.

To deliver this high quality care patients should have access to hyper-acute stroke units which provide intensive treatment during the first three days after a stroke and acute stroke units which provide care up to seven days after a stroke. Patients also need access to services that support their rehabilitation.

The first four and a half hours following a stroke are especially important. Stroke patients need fast access to high quality scanning facilities. This is because for about 15% of patients having an ischaemic stroke, the use of clot busting drugs (thrombolysis) can reverse the damage caused by stroke.

After an initial specialist stroke assessment, this urgent scan shows if the patient is suitable for thrombolysis. For some types of stroke thrombolysis can worsen the condition, so it is vital to identify the type of stroke a patient has suffered early on. Current evidence shows that patients who receive thrombolysis within four and a half hours (three hours for those aged over 80 years of age) of the onset of symptoms have a much better chance of recovering than those who don't receive it.

For patients who have a TIA (often called a mini stroke) and who are assessed as high risk, evidence shows that investigating their symptoms within 24 hours and providing specialist treatment can reduce the likelihood of them going on to have a full stroke by 80%.