

Action Plan for Stroke 2018-2030



Action Plan for Stroke in Europe 2018–2030

Organised by ESO, in cooperation with SAFE

21–23 March 2018, Munich, Germany



Two previous consensus conferences on stroke management in Europe have been held in 1994 and 2006. Both conferences were organised by the European Stroke Council (1994) and the International Stroke Society (2006) in cooperation with WHO EURO. The consensus documents (The Helsingborg Declaration 1996 and 2006) were utilised as the basis for setting up and planning stroke services. The declarations reviewed current evidence, set up fixed targets, and identified prioritized areas of research.

A third consensus conference is scheduled to take place in Munich in 2018, building on the experience and the format of the previous conferences. The conference will be organized by the European Stroke Organisation, in cooperation with the patient organisation Stroke Alliance for Europe (SAFE). The World Stroke Organization will be asked to endorse the conference.



The Stroke Alliance For Europe (SAFE)

SAFE was formed in October 2004 in Brussels

- Started with just 8 different country Stroke Support Organisations (SSO's)
- to advance the case for more effective stroke care, stroke public awareness, and stroke research activity within the European Union.
- 34 members in 2018 in 31 countries



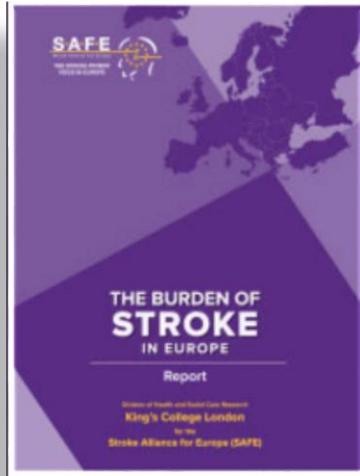
Schlaganfall auf die politische Agenda!



SAFE: Burden of Stroke Report

The 1st EU Stroke Summit: 11.May 2017, Launch EU Parliament

Projections: 2015-2035



The projections in this report indicate that between 2015 and 2035 overall there will be a

34%

increase in total number of stroke events in the EU from 613,148 in 2015 to 819,771 in 2035

Number of people living with stroke as a chronic condition from 3,718,785 in 2015 to 4,631,050 in 2035 an increase of almost

25%
or 1 million
across the EU

45%
more deaths



Burden of Stroke Report

SAFE
Stroke Alliance For Europe
THE STROKE PATIENT
VOICE IN EUROPE

THE BURDEN OF STROKE IN EUROPE
Report
King's College London for the Stroke Alliance for Europe

KING'S
College
LONDON

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Europe needs a joint action plan on stroke

read more

- 1. THE BURDEN OF STROKE IN EUROPE
- 2. STROKE PREVENTION IN EUROPE
- 3. STROKE AS A MEDICAL EMERGENCY
- 4. ACUTE STROKE CARE
- 5. REHABILITATION AND LONG TERM SUPPORT
- REFERENCES

Zoom
A A

Compare Data On Stroke Burden

SAFE commissioned the Burden of Stroke study to show each EU country where it stands compared to others in terms of the stroke burden and how well it is meeting the need for acute and follow-up care, including examples of good practice.

europe.eu/recommendations/recommendations-for-policy-makers/

Report Launched In EU Parliament

Brussels, May 11th 2017: Stroke Alliance for Europe launched today a long-awaited, comprehensive overview of stroke care pathway across Europe. In front of dozens of members of EU Parliament, Jon Barrick, the President of SAFE and Valeria Caso, the President of European Stroke



European Stroke Action Plan (ESAP)

Action Plan for Stroke in Europe 2018 – 2030

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Two previous Pan-European Consensus:

The 1995 (1) and the 2006 (2) Helsingborg meetings reviewed scientific evidence, state of current services and set targets for the development of stroke care for the decade to follow.

ESO and SAFE have taken the initiative to prepare a European Stroke Action Plan 2018 to 2030:

- Review of state of the art
- State of current services
- Research and development priorities
- Addition of domains on Primary Prevention and Life After Stroke
- Research and development priorities for translational stroke research.

ESAP 2018 to 2030 aligns / extends:

- the WHO Global Action Plan on NCDs 2013-2020
- the WHO-Europe NCD Action Plan
- UN Sustainable Development Goals 2015 to 2030

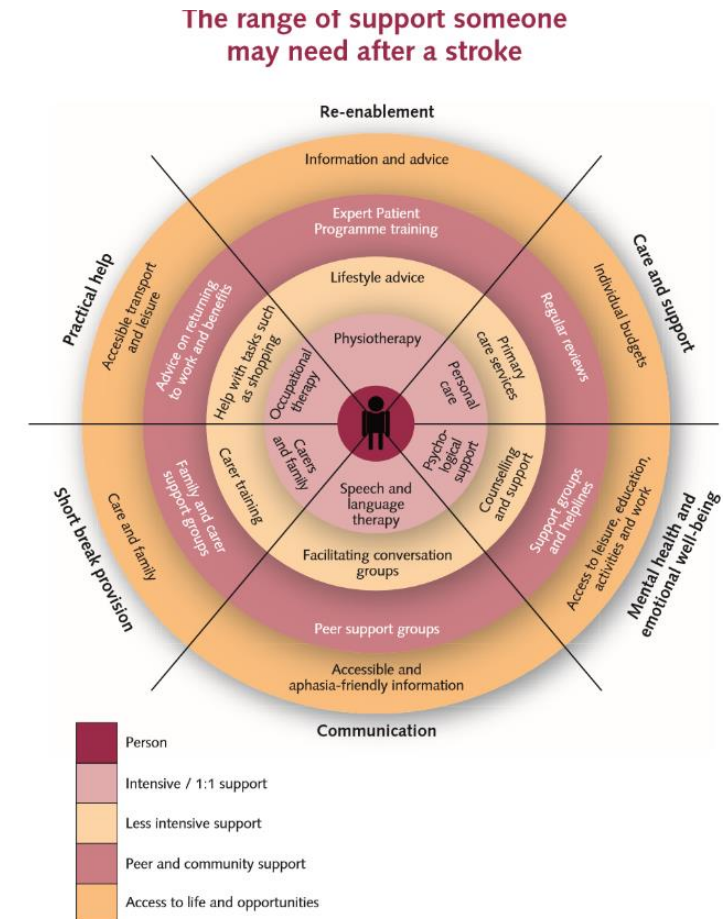
Providing a clear road map that has the potential to drastically change, one of today's and tomorrow's major public health issues - stroke.

European Stroke Action Plan

7 domain Groups to include SAFE nominees

1. Primary Prevention (new)
2. Organization of Stroke Services
3. Management of Acute Stroke
4. Secondary prevention and organized follow-up
5. Rehabilitation
6. Evaluation of Stroke Outcome and Quality Assessment
7. Life After Stroke Group (new)

- ❑ March 2018: Finalisation at Munich Conference
- ❑ 17 May 2018: Launch at ESOC
- ❑ 23 May 2018: 2nd EU Summit, SAFE



The Stroke Action Plan for Europe draft document is available for comments since 26th February 2018

European Stroke Action Plan (ESAP)



Action Plan for Stroke in Europe 2018 – 2030

Organised by ESO, in cooperation with SAFE

ACTION PLAN FOR STROKE IN EUROPE 2018-2030

Domain Groups

1 Primary prevention	2 Organization of stroke services	3 Management of acute stroke	4 Secondary prevention and follow up	5 Rehabilitation	6 Evaluation of outcomes and quality	Translational Research priorities	7 Life after Stroke
Edo Richard (Chair)	Darius Nabavi (Chair)	Carlos Molina (Chair)	Philip Bath (Chair)	Katharina Stibrant Sunnerhagen (Chair)	Anthony Rudd (Chair)	Anna Planas (Chair)	Avril Drummond (Chair)
Eivind Berge	Alekandra Pavlovic	Urs Fischer	Hughes Chabriat	Michael Brainin	Francesca Pezella	Denis Vivien	Charlotte Magnusson
Stefan Kiechel	Christian Gerloff	Heinrich Audebert	Alastair Webb	Andreas Luft	Dilek Necioğlu	Arthur Liesz	Harriet Proios
Caterina Fonseca	Georgios Tsvigoulis	Bart van der Worp	Frank-Eric de Leeuw	Peter Langhorne	Sonia Abilleira	Adam Denes	Juliet Bouverie
Patrik Michel	Thorsten Steiner	Zuzana Gdovinova	Hans-Christoph Diener	Gillian Mead	Joseph Harbison	Hugh Stephan Markus	Markus Wagner
Richard Hobbs	Damian Jenkinson	Ken Lees	Serefnur Ozturk, Tur	Jan Mehrholtz	Yannick Béjot	Ulrich Dirnagl	Diana Wong
Violetta Mkrtchyan	Danilo Toni	Anita Arsovska (SAFE)	Zauresh Akhmetzhanova	Didier Leys	André de Rosa Spierings (SAFE)	Stephanie Debette	Anne Gordon
Jelena Misita (SAFE)	Miquel Gallofré (SAFE)	Michael Mazighi	Ivan Milojevic (SAFE)	Monique Lindhout (SAFE)	Igor Voznuk	Geert Jan Biessels	
Research Priorities	Research Priorities	Research Priorities	Research Priorities	Research Priorities	Research Priorities		Research Priorities
Peter Rothwell	Hanne Christensen	Werner Hacke	Jean-Louis Mas	Marion Walker	Marie Eriksson		Chris McKeivitt
Jakko Tuomilehto	Alexander Tsiskaridze	Karin Klijn	Maurizio Paciaroni	Jesse Dawson	Tatjana Kharitonova		Janika Kõrv

Core Working Group	
Bo Norrving	Chair
Valeria Caso	Co-Chair
Charlotte Cordonnier	ESO
Martin Dichgans	ESO
Jill Farrington	WHO EURO
Jon Barrick	SAFE

Steering Committee
Joanna Wardlaw
Robert Mikulik
Alla Guekht
Antoni Davalos
Kursad Kutluk
Valeria Caso
Charlotte Cordonnier
Martin Dichgans
Jill Farrington
Jon Barrick

European Stroke Action Plan (ESAP)

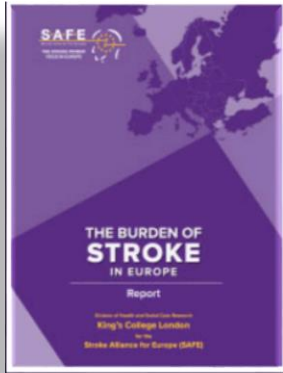
For each domain of the 2018 to 2030 ESAP, specific targets are being set.

Beyond that three over-arching targets for 2030 have been identified:

1. To reduce the absolute number of strokes in Europe by 10%
2. To treat 90% or more of all patients with stroke in Europe in a dedicated stroke unit
3. To have national plans for stroke encompassing the entire chain of care from primary prevention to rehabilitation.

European Stroke Action Plan (ESAP)

1. *To reduce the absolute number of strokes 10%*

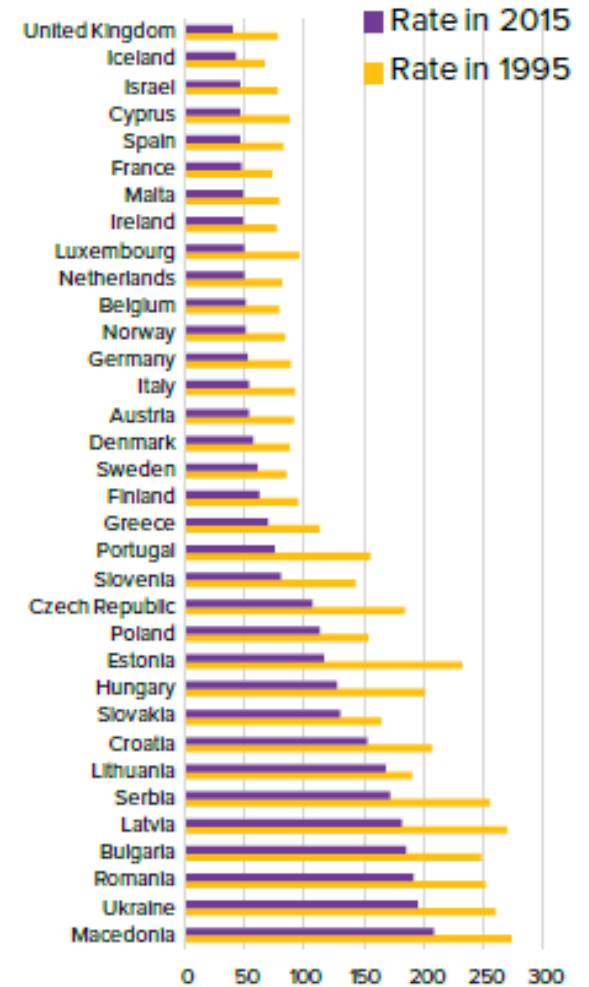


The projections in this report indicate that between 2015 and 2035 overall there will be a

34%

increase in total number of stroke events in the EU from 613,148 in 2015 to 819,771 in 2035

New strokes per 100,000 inhabitants, adjusted for age and sex, in 1995 and 2015

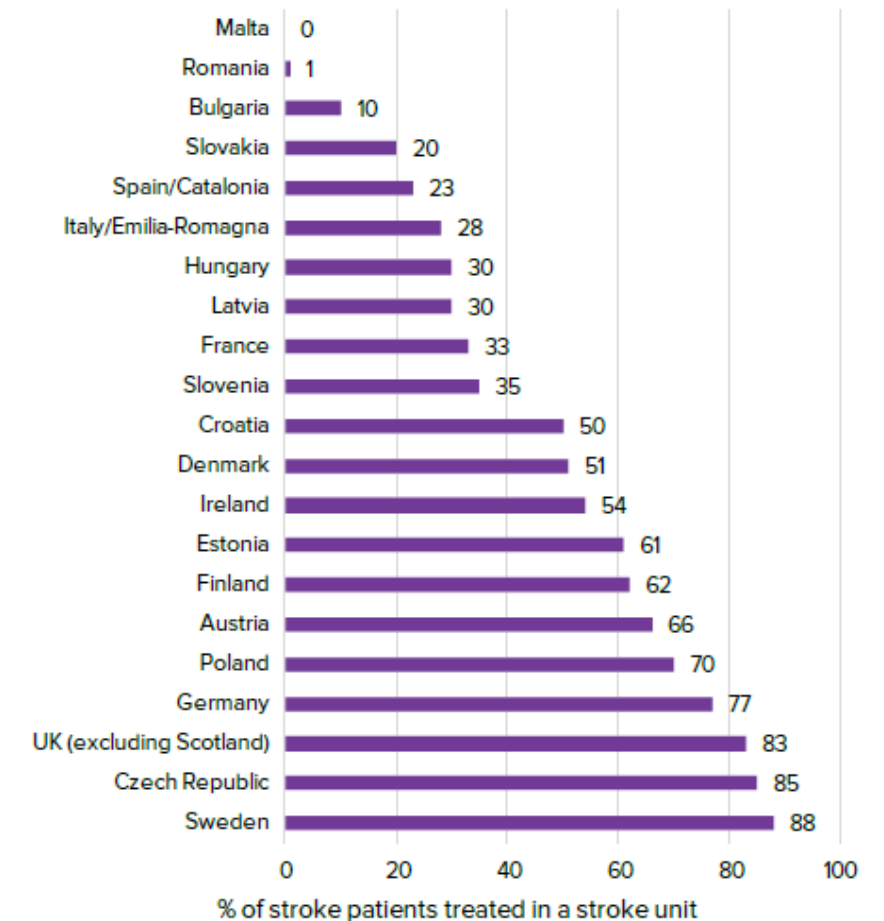


European Stroke Action Plan (ESAP)

2. To treat 90 % or more of all patients in a Stroke Unit



Figure 9: Percentage of stroke patients receiving stroke unit care



European Stroke Action Plan (ESAP)

3. To have national plans for stroke encompassing the entire chain of care

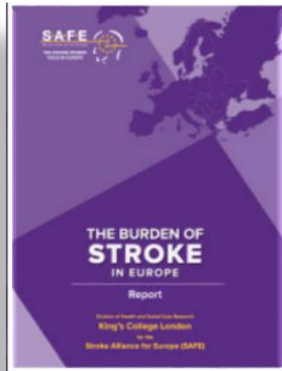
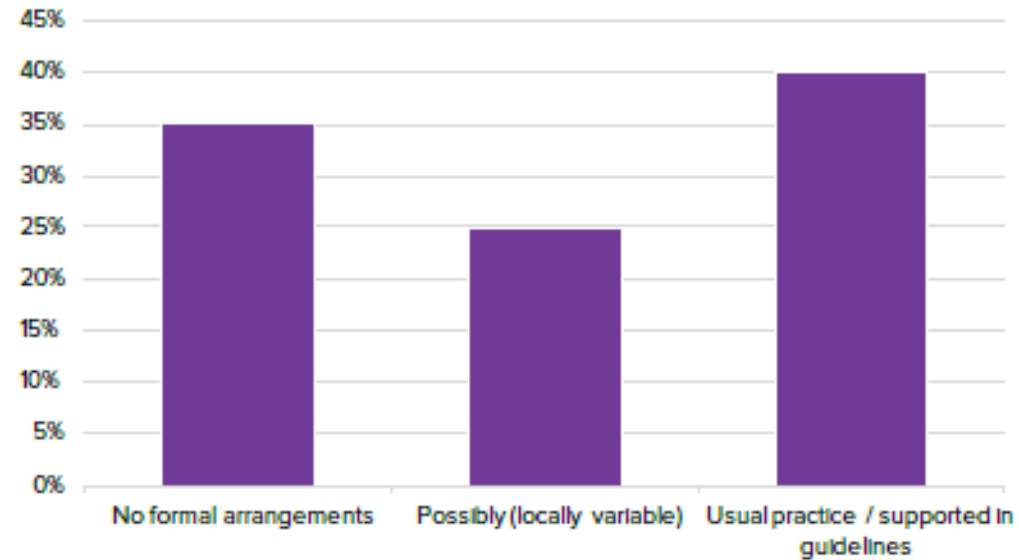


Figure 12: Availability of follow-up reviews in EU member countries as percentage of 20 countries for which information available (Appendix 1, Table 5)



European Stroke Action Plan (ESAP)

Domain 5: Rehabilitation

RESEARCH AND DEVELOPMENT PRIORITIES

- How can we efficiently implement long-term rehabilitation strategies?
- How can we deliver more cost effective long-term rehabilitation?
- Do self-management programmes improve long-term outcomes from stroke rehabilitation?
- How can rehabilitation be implemented with evidence-based results on timing, dosing and type of intervention?

- **Managements of neurological deficits:**
- Can post stroke fatigue be more effectively managed?
- Can post-stroke visual problems be more effectively managed?
- Can post stroke language problems be more effectively managed?
- Can post-stroke cognitive impairment be more effectively managed?
- ...

European Stroke Action Plan (ESAP)

Domain 5: Rehabilitation

TARGETS FOR 2030

- 90% of the population with stroke have a comprehensive stroke unit as the first point of access on admission to hospital.
- ESD should be organized in all countries and offered to at least 20% of the population
- Physical fitness programs should be offered to all stroke survivor living in the community
- All stroke patients with residual difficulties on discharge from hospital should have a documented plan for community rehabilitation.
- All stroke patients and carers have a review of their rehabilitation needs at six months after stroke

European Stroke Action Plan (ESAP)

Domain 7: Life After Stroke

RESEARCH AND DEVELOPMENT PRIORITIES

- What are the experiences and needs of stroke survivors at different points of their lifespan?
- What are the needs of different cohorts of stroke survivors?
Patient and carer reported outcomes and address the challenges of stroke survivors facing multi-morbidity to enable the design of optimal care pathways
- What would a model of best care and long-term support look like?
- What products and services (digital and physical) would support self-management, community integration, education and health care?
- How can high-quality information and training to help non-specialist staff, especially social care staff, be targeted?

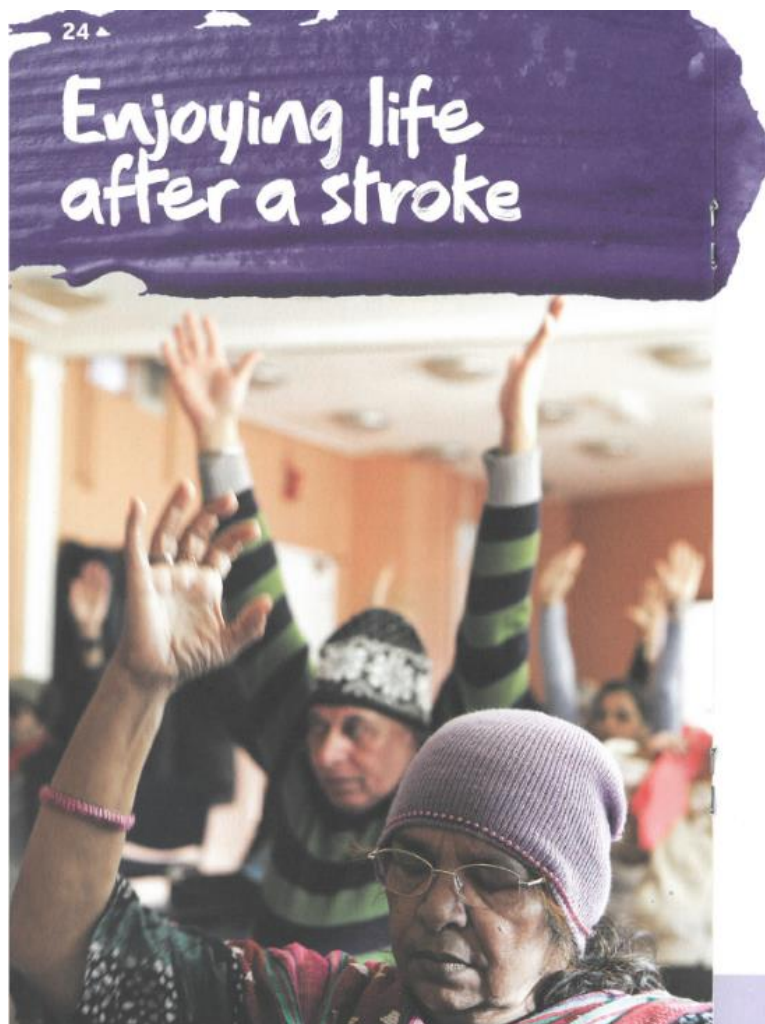
European Stroke Action Plan (ESAP)

Domain 7: Life After Stroke

TARGETS FOR 2030

- 1) **Minimum standards** set for what every stroke survivor should receive regardless of where they live. This should include a 6-month review and tailored care plan, repeated at 12 months and annually thereafter. This should include maintaining a *minimum data set about survivors*.
- 2) European countries/regions should have a **designated individual** in government responsible for championing life after stroke and developing and implementing a national plan to address long-term needs of both stroke survivors and their careers.
- 3) **Involvement** and participation of stroke survivors and associations in identifying needs and developing potential solutions.

What matters beyond?!



Next steps after a stroke

25

Enjoying life after a stroke

As time goes on, you will discover your personal goals for success. Recovery and rehabilitation can be a long slow process, but many survivors say they find new ways to enjoy life after a stroke.

Staying happy and healthy



Emotional wellbeing

One way to improve your emotional wellbeing is by doing physical exercise. Exercise releases chemicals into your brain that make you feel better.

Keeping in touch with friends and family helps you avoid feeling isolated.

Don't bottle things up – try talking about your feelings. Creative activities such as music and art can also let you express your feelings.

It is common to have emotional problems after a stroke. If you are having problems such as anxiety or depression, ask your GP for help.




Read more about the emotional impact of stroke on page 9.

Outlook SAFE 2019: Economic Burden of Stroke



Objectives:

1. Provide an up-to date (for the year 2017) estimate of the economic costs of stroke for all 28 countries of the European Union.
 - Including direct health and social care costs, informal care costs
2. Based on the projections of the cost of stroke in Europe for the year 2017, develop projections of these stroke costs for the next 10 and 20 years
3. Estimate how improvements in stroke care can cost-effectively improve stroke outcomes

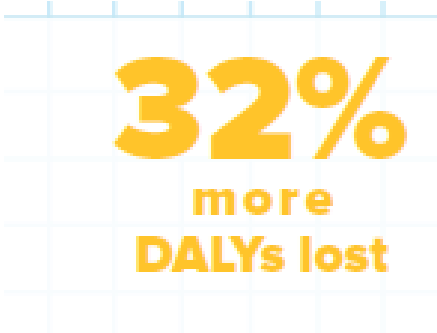


Estimated total cost of stroke in the EU* of

€45 billion

in 2015 is set to rise

*healthcare and non-healthcare costs

The infographic features a stack of three Euro coins in shades of yellow and gold. The text is positioned around the coins, with the largest number '€45 billion' in a bold, purple font.

32%

more DALYs lost

The infographic consists of a light blue grid background. The text '32%' is written in a large, bold, yellow font. Below it, the words 'more DALYs lost' are written in a smaller, bold, yellow font.



Life After Stroke in the Burden of Stroke Report Support and Services

5.7 Practical and emotional support for stroke survivors & families (indicator 12)

Apart from medical and physical therapy needs, stroke survivors and their families may face a number of difficulties in life after stroke, including emotional or psychological problems, extra costs of living (e.g. transport, rehabilitation, medications), and difficulties with finding suitable work or returning to work and therefore loss of earnings.

5.8 Support from health insurers and health authorities

From the limited information we have identified, health insurers and national health authorities rarely offer support with adjusting to life after stroke beyond, in some cases, loans for home adaptations and aids, and financial benefits for those eligible for reasons of unemployment, sickness or disability.



Early discharge from stroke unit care if medically appropriate and suitable community rehabilitation is available

Early assessment of needs after discharge

Rehabilitation after discharge during the first year after stroke.