



Canadian Stroke Strategy: IT'S ABOUT PEOPLE

The Canadian Stroke Strategy is literally hundreds of people working quietly on the ground, in small communities and big cities, to change the health-care system, to prevent stroke and to alter the course of a disease that strikes one Canadian every 10 minutes.

What began as an idea and a partnership between the Canadian Stroke Network and the Heart and Stroke Foundation has become a movement — driven by health-care workers, key decision makers, health charities, families and people recovering from stroke.

The key components: Getting the best knowledge into the hands of people who can use it, promoting education and awareness about stroke, using effective treatments, providing coordinated care in stroke units, delivering rehabilitation at the right time and in the right intensity and supporting stroke patients and their families in the community.

“The Canadian Stroke Strategy gives us an opportunity to make a real impact on the health of Canadians by improving the quality of health-care systems in Canada,” says Ken Fyke, who headed Saskatchewan’s 2001 Commission on Medicare and is now chairing the Stroke Strategy’s national steering committee.

The concept of a Canadian Stroke Strategy began three years ago. A working model for this initiative was already in place in Ontario, created more than five years earlier when the province undertook a major effort in partnership with the Heart and Stroke Foundation of Ontario to reorganize stroke care and rehabilitation and to raise awareness of the signs and symptoms of stroke.

Since then, lives have been saved and recovery has been improved for thousands. By supporting change across the country, the Canadian Stroke Strategy, which is organized in every province and includes national working groups, will have an even bigger impact.

Visit www.canadianstrokestrategy.ca



Organized stroke care saves lives, health-care dollars

Widespread access to organized stroke care could prevent more than 160,000 strokes, prevent disability in 60,000 Canadians and save \$8 billion net in health-care costs over the next 20 years in Canada, according to an economic analysis released by the Canadian Stroke Strategy.

Despite solid evidence, the best prevention measures, stroke treatments and health practices are not being routinely used in Canada. These include organized stroke care units, use of clot-busting therapies, better access to rehabilitation and building awareness of the signs and symptoms of stroke among the public and health workers.

“We can clearly do much better in improving stroke outcomes,” says Sally Brown, CEO of the Heart and Stroke Foundation of Canada

“The reality is that patients are not getting the care we know we could provide,” says Dr. Antoine Hakim, CEO and Scientific Director of the Canadian Stroke Network.

That is why the Canadian Stroke Strategy recently produced the Canadian Best Practice Recommendations for Stroke Care: 2006, a guide to improving stroke care in Canada. Learn more by visiting: www.canadianstrokestrategy.ca

Aphasia a common side effect of stroke

ST. JOHN'S, NL — The first thing Debbie Maloney remembers after having a stroke is the nurses trying to sit her up in bed. She couldn't move her right side and she had double vision.

But what came next was even more terrifying. At age 36, Debbie could understand her boyfriend and her family, but she couldn't recall their names. Everything that came out of her mouth made no sense.

"I repeated a lot of little words like 'it' and 'he'," Debbie says. She also used random words like 'email' and 'each'. Nothing fit together; nothing was comprehensible.

"I couldn't talk. I couldn't say sentences. Words came out that didn't mean anything. I knew the words were wrong but I couldn't find the right ones."

Two years later, Debbie continues to receive speech therapy twice a week. Her speech is clear but deliberate and sometimes slow. Many stroke patients experience this condition, called aphasia, which impairs the ability to access and use language. Learn more at www.aphasia.ca



Prevention contagious

AIRDRIE, AB – Proof of the success of a community stroke education program was evident recently when, months after the wrap-up of research, local volunteers in this small Alberta town got together to run a blood pressure clinic just for fun.

"It was an outstanding success," says Dr. Charlotte Jones, an endocrinologist in the Calgary Health Region and a University of Calgary researcher.

During the three-month Airdrie project, called A-CHAMP (Airdrie Community Hypertension Awareness and Measurement Program), about 75 per cent of the 408 seniors who took part saw improvements in blood pressure, diet and exercise levels.

Airdrie participants had their blood pressure monitored and they were screened for drug adherence and salt intake. A similar effort has been under way in 20 Ontario communities. Learn more at www.CHAPprogram.ca

Salt consumption, poor diet leading to 'storm' of health issues

Calgary physician and disease prevention guru Dr. Norm Campbell laughs when he's called a 'shaker' in the fight against salt.

But there's no denying that, in recent months, he has made it his mission to raise awareness of the dangers of excessive sodium consumption, while preaching the benefits of healthy eating, exercise and blood pressure control.

Dr. Campbell, professor at the University of Calgary and Canadian Institutes of Health Research Chair in Hypertension Prevention, is taking action against salt consumption and other modifiable lifestyle behaviours because he sees "a huge storm coming caused by poor diet, lack of exercise and sedentary lifestyle."

Dr. Campbell says that current high salt consumption levels should be a concern because most Canadians will develop hypertension, a leading risk factor for stroke and heart disease. "The answer is very clear. We need changes in our society; we need to educate people; and we need to ensure that healthy choices are easy choices."

Learn more about high blood pressure: www.heartandstroke.ca/bp



StrokEngine delivers latest research evidence

A new Web-based tool, developed by a senior team of Canadian researchers, provides the latest information about stroke rehabilitation.

StrokEngine includes the "A to Z" of rehabilitation therapies — from acupuncture to virtual reality — in an easy-to-use format.

Visit: www.medicine.mcgill.ca/strokengine/

Ontario makes great strides in fight against stroke

Since adopting an organized approach to stroke care in June 2000, the impact on care in Ontario has been dramatic:

- In 2000, 3.2% of all ischemic stroke patients in Ontario received tPA, an important clot busting drug. By December 2005, tPA was administered to 31.7% of eligible stroke patients who arrived at regional or enhanced district stroke centres within 2.5 hours of the onset of symptoms.
- During that same period, the number of stroke patients referred to prevention clinics upon discharge from hospital increased from 9% to 63.4%, reducing the incidence of secondary strokes.
- An awareness campaign ending in August 2005 increased the public's recognition of two or more stroke warning signs from 52% to 72%, which means more people knew to treat stroke as a medical emergency.



Community key to stroke recovery

Fact:

- Stroke is a leading cost of adult disability in Canada
- About 50,000 strokes occur annually in Canada
- Canadians spend three million days a year in hospital due to physical disability post-stroke
- Stroke costs the Canadian health-care system more than \$2.4 billion a year
- 22 per cent of institutionalized adults over age 65 have had a stroke

MONTREAL — Studies show that as many as 50 per cent of people who recover from stroke report that they do not have a meaningful activity to fill their days, says McGill University professor Dr. Nancy Mayo, who heads up Canadian Stroke Network research into community reintegration after stroke.

Isolation and inactivity, in turn, leave people feeling depressed and lonely. That means progress made during post-stroke rehabilitation may be lost and, for many people, their health deteriorates and they shift from the road to recovery to the path back to hospital.

“Community-based stroke programs – everything from exercise classes to craft groups to social clubs — have to be part of the discharge plan that people get with their prescriptions,” Dr. Mayo says. Patients need to be told where to go and they need someone to ensure they get there.

Researchers are studying programs in six cities — Vancouver, Montreal, Toronto, London, Sherbrooke and Halifax – to determine which ones are effective and why.

The project is a precursor to what will be the largest community stroke engagement project ever launched. Learn more, visit www.canadianstrokenetwork.ca

What is blood pressure?

Blood pressure is the pressure of blood against the walls of your arteries. This pressure allows blood to flow and deliver oxygen and nutrients to the body. High blood pressure, or hypertension, means that there is too much pressure in the blood vessels and can cause strokes, heart attacks, and other health problems. High blood pressure usually has no warning signs or symptoms. Regular monitoring can help ensure that hypertension is diagnosed before it leads to other health problems.

Innovative online tool helps Canadians keep their blood pressure in check

Over five million Canadians have high blood pressure, a risk factor for both heart disease and stroke. Awareness and prevention are important ways to beat high blood pressure.

Now Canadians can visit the Heart and Stroke Foundation's Web site and access the Heart&Stroke Blood Pressure Action Plan™ at www.heartandstroke.ca/bp

The action plan is a personalized risk assessment developed by leading behaviour change experts. This interactive health tool is customized to help people make realistic, healthy lifestyle changes. Individuals complete a profile to identify their risk factors for high blood pressure, and choose targeted areas of change: physical activity, diet, salt consumption, or stress, for example. This unique program is designed to motivate and empower Canadians to effectively manage their blood pressure. To date the Heart&Stroke Blood Pressure Action Plan™ has helped over 70,000 Canadians. Individuals can opt-in to receive ongoing email support. So far, 48% of users have opted in, and over 80% who have used this helpful tool found the information in their Action Plan helped them to consider making lifestyle changes.

Live a longer, healthier life. Start today. Visit www.heartandstroke.ca/bp

New therapy for hemorrhagic stroke could be 'major advance'

CALGARY — An experimental drug could open a new window for treatment for hemorrhagic stroke. The drug, called Factor VIIa, was originally developed to help patients with the inherited blood disorder hemophilia. However studies, including clinical trials now under way in Canada and the U.S., show that the drug has a potential benefit for patients with intracerebral hemorrhage (ICH), or bleeding in the brain caused by a ruptured blood vessel.

About eight to 10 per cent of strokes fall into this category. (Most strokes are 'ischemic' and caused by a blood clot in the brain.)

"This is very exciting because it's a new therapy for a type of stroke that has had limited options," says Dr. Michael Hill of the University of Calgary. To receive optimal treatment, stroke patients must arrive within 2.5 hours of the onset of symptoms. The same holds true for treatment of ischemic strokes with the clot-busting drug tPA.

"The message is that as a patient, you need to get to the hospital at the first sign of a stroke because we can treat you," Dr. Hill says. "People must know the signs and symptoms of stroke and call 9-1-1."

Results of a Phase 2 clinical trial of Factor VIIa were "very promising" and a Phase 3 trial is now under way.

Learn more at www.heartandstroke.ca



Warning Signs of Stroke

Weakness

Sudden loss of strength or sudden numbness in the face, arm or leg, even if temporary.

Trouble speaking

Sudden difficulty speaking or understanding or sudden confusion, even if temporary.

Vision problems

Sudden trouble with vision, even if temporary.

Headache

Sudden severe and unusual headache

Dizziness

Sudden loss of balance, especially with any of the above signs

Call 9-1-1 or your local emergency number immediately.