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Dr Clay Johnston

**TIA: An opportunity squandered?**

Dr Johnston is a world leader in TIA research and suggests TIAs are opportunities for medical intervention that are often missed, with potentially tragic consequences. TIAs are ominous signs that need to be taken more seriously, he said. International research clearly shows that at least one of every 10 people who had a TIA may have a stroke within 90 days of their TIA. And one in every 20 will have a stroke within the first two days of their TIA. Secondary prevention is therefore crucial. Dr Johnston advocates for urgency in evaluation, initiation of proven therapies, aggressive treatment and hospitalization where necessary. After all, “events can only be prevented if you act before they occur.” (the full presentation can be viewed on the Stroke website: www.stroke.org.nz)

**Advancing stroke care: Locked and Loaded** - Later in the Forum, Dr Johnston looked at advances in Stroke care that are all ready for use. He listed five major recent developments for stroke: Carotid interventions (stenting), use of statins (for everyone), antiplatelet agents (comparable alternatives), thrombolysis (tPA treatment time window out to 4.5 hours), rehabilitation (new methods keep on coming – so don’t give up!).

**A new vision for Stroke Nursing**

At the Thursday Nursing Symposium, Dr Lin Perry outlined the latest vision for stroke nursing. The single most effective treatment for stroke, she said, is organized Stroke Units (SUs). The short and long-term gains from these SUs indicate a 20% reduction in odds of death for stroke patient and 30% reduction in dependency. Dr Perry then unpacked the essential ingredients for an organized SU – the key ingredient being the need to value “the central role of the nurse in stroke – the ‘glue’ of the unit.” (to see Lin’s full
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And the winners are...
Thanks to all those who responded to the Jill Bolte Taylor book offer in the last issue of Forward. The lucky winners were: Marjorie Love of Ellerslie, Trish Duncan of Hillsborough and Dorothy Thomson of Raumati South, each of whom received a hardback copy of ‘My Stroke of Insight’ by Jill Bolte Taylor.

Four great reasons to support the Stroke Foundation:
How your donation will help.
• You could help stop a stroke.
• You will help improve stroke treatment
• You will help stroke survivors
• You will help increase stroke awareness.

Thanks for A Good Year
Stroke continues to be the major cause of severe adult disability and a leading cause of death in this country. In the next 24 hours, 21 New Zealanders will have a stroke. That is over 7,600 people a year.
The mission of the Stroke Foundation is to reduce stroke risk and improve outcomes. To this end, the year ended 30 June 2008 was a period of major growth and development. We recognize our success during the 12 months has been built on an increasing network of dedicated supporters who have helped make the year one of our best.

This increased support and awareness is reflected in our income, which has grown significantly since the previous financial year, allowing us to further improve service delivery and development. We look forward to building on this next year.

Some highlights of the year:
• Production and distribution of thousands of Stroke awareness and prevention fridge magnets
• Fully revised and updated Understanding and Preventing Stroke and TIA booklet
• Increased usage of new - fully revised and updated - website
• Planning and preparation for the 2008 Blood Pressure campaign
• Planning and preparation of NZ’s first Stroke Forum and Symposium

We are particularly thankful for the generous financial support of sponsors such as the Association of Presbyterian Women, the Methodist Women’s Fellowship, PubCharity, Lottery Welfare, Pfizer, Guardian Healthcare and the Perry Foundation. Many of our important stroke awareness raising and risk reducing resources were enabled thanks to these partnerships.

We are grateful to our supporters, together with everyone at the Stroke Foundation, for contributing to an effective and fruitful year. We hope to have your support in the years ahead as we continue in our quest to improve the health and care of New Zealanders.

Thanks for A Good Year

Derek McCormack, National President of the Stroke Foundation of NZ
World Watch

United Kingdom: Societal Cost of stroke

Three London-based researchers have quantified the annual cost of illness of stroke to the UK economy and argue that further economic evaluations are needed to ensure there is sufficient use of resources devoted to the treatment of this disease.

According to their report, they estimate that the cost of treatment and productivity loss arising from stroke results in total societal costs of £24.7 billion in the UK annually. Half of this cost is made up in direct care (approximately 5.5% of UK expenditure on health care), with a quarter each to informal care costs (such as time spent by carers) and indirect costs (such as loss of income impact of premature death on family and the economy).

The researchers estimated that around 200,000 individuals in the UK were in need of some sort of assistance, either from professional carers or from family members, to carry out daily living activities. They argue there is still space for the improving of the provision of care which in turn will affect the overall cost of service. More research was urgently needed, they said, regarding the effectiveness and cost-effectiveness of long-term and follow-up care in this chronic care area.

-Age and Ageing, January 2009

Australia: Time for Action

Australia’s National Stroke and Heart Foundations have collaborated on what they regard as a blueprint for better tackling cardiovascular disease in that country.

Released in early December 2008, Time for Action sets out a practical strategy for targeting cardiovascular disease, which is responsible for just over one in every three deaths making it the biggest killer in Australia and costing the country some $6bn each year.

The action plan aims to fill a significant gap in Australia’s national health delivery. The Foundations said that while there has been pleasing progress at times on CVD - bringing down the rate of death from nearly 70% of all deaths in the 1960s to 34% currently – they believe there are “significant gaps in the current approach”.

While they conceded future stroke death rates as a percentage of population will decline, the actual total is set to increase as the population ages, grows and some risk factors such as obesity become more prevalent.

Among the 34 policy recommendations in Time for Action, there is a specific focus on CVD outcomes for Aboriginal and Torres Strait Islander people, who have higher rates of CVD and die younger than non-indigenous Australians. They recommended an increase in tobacco tax to help decrease tobacco usage. They also recommended improving food supply, better exercise, and improvement of patient management in CVD primary care.

-China: Stroke care development in Mainland China: past present and future

Stroke care in China has been less developed than in western countries, but great headway has been made in recent years thanks to huge efforts by a group of local stroke neurologists.

There is a lack of comprehensive epidemiological data relating to stroke incidence in China. Based on some earlier surveys in some main centres, it is estimated there are more than eight million acute strokes every year, resulting in 1.5 million deaths annually.

Stroke incidence seems to increase towards the north of the country. Circumstantial and hereditary factors are thought to impact on this contrast in incidence. The first multi-centred stroke emergency registry was created in 2006, involving 31 hospitals across seven cities in China. Collected data has so far shown the ischaemic strokes accounted for nearly 70% and TIA for nearly 7% of the 991 acute stroke patients, while intra-cerebral hemorrhages (19.9%) , subarachnoid hemorrhages (4.9%) and other stroke types formed the remainder.

The first world class stroke unit was established at the Beijing Tiantan Hospital by Professor Yongun Wang. It brought nationwide attention and advancements in stroke care across China. Now there are some 300 stroke units across the country. Because of the multi disciplinary team work by these stroke units, the economic burden on patients and their families have been significantly reduced through shortened hospital stay.

Regarding secondary stroke prevention, surveys suggest discharged patients tend to be lax with their prescribed medication. While China seems to be on track towards national modernization and stroke care in the country, it is calling for additional efforts to further improve its stroke record. Well-organised clinical trials are now in progress and results are expected to be available in the next 2-3 years. There is no record of any public awareness campaign either being planned or undertaken.

-International Journal of Stroke, November 2008

Australia: National Stroke Audit

Australia’s first National Audit of Post Acute Stroke Services took place in 2008. It is a landmark document because it sets down a current benchmark of how well the 2005 Clinical Guidelines had been adhered to as well as providing clear information on the quality and availability of current stroke services in Australia. The Health Ministry in New Zealand is now funding a similar audit in New Zealand, managed by the Stroke Foundation.

Your lasting gift will save lives

Your bequest will contribute to reducing risks of stroke and improving outcomes for the stroke-affected. We focus on four main areas: saving lives, improving outcomes, enhancing life after stroke and capacity building.

If you would like more assistance with leaving a bequest, please contact the Stroke Foundation for more information.

-Chinese Journal of Stroke, November 2008

World Watch

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-Age and Ageing, January 2009
Stroke: NZ in a global context
Emeritus Professor Ruth Bonita, ONZM, delivered the keynote address at the Friday Forum, focusing on placing NZ’s stroke burden in a global context. Cardiovascular disease accounts for some 30% of the world’s approximately 58 million deaths each year. To address many of these premature deaths, a global goal for chronic diseases has been set.

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Maori and Stroke – Dr Matire Harwood profiled ethnic disparities in rates of stroke and medical outcomes. The stats are not good:
- There is almost double the amount of hospitalization for Maori compared to non-Maori.
- While stroke incidence and fatality has reduced for NZ Europeans in the last 20 years, there is no statistical change for Maori, and its increased for those of Pacific origin.
- The age of first stroke is 60 years for Maori, 75 for non-Maori.
- While hypertension is the most important medical risk factor for stroke, Maori are 70% less likely to receive treatment than non-Maori non-Pacific people.
- There is twice the rate of ischaemic stroke for Maori than non-Maori.

However, Dr Harwood did look at what is and can be done to improve the situation, such as increased education, and positive leadership and role-modeling.

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The Arcoss study: implications for NZ
Prof Alan Barber explained the Arcoss study (Auckland Regional Community Stroke Studies) and its implications for NZ. The study indicated NZ will face an average 3% increase in the amount of strokes annually, because of a larger and older population, especially with the dramatic increase in Pacific and Asian populations. The burden of stroke nationally will greatly increase not only because of the volume of strokes, but improved survival following stroke will place an increased burden on caregivers and necessity of treatment and rehabilitation.

Prof Barber also highlighted the need to reduce disability following stroke as a major strategy in reducing stroke burden in coming years by having organized Stoke Units and updated guidelines.

Other topics – The Thursday Nursing Symposium also covered issues such as acute stroke nursing, supported communication strategies for Nurses, Balance, and Dysphagia, swallow screening and nutrition. The Forum also featured Dr Sandy Dawson, who outlined some of the work the Ministry of Health is doing to reduce stroke incidence.

Future? Following the overwhelmingly positive feedback from those who took part in the Forum and Symposium, the Foundation intends to make this a regular biennial event. To purchase a CD of the notes of each presentation, email Stroke National Office at strokenz@stroke.org.nz

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Continuation ‘Unique Medical Guidelines Launched’

“It is not widely recognized that a TIA is a medical emergency,” said Dr Gommans. “People who have one are at high risk of suffering a full stroke in the next few hours or days.”

“We’ve recognized that urgent assessments and treatment can prevent many of the 7,600 strokes that happen annually. So these Guidelines, if widely disseminated and used properly, should save the lives of thousands of New Zealanders.”

Increased adoption and use of the guidelines could also put millions of dollars in health expenditure to better use: “Based on a generally accepted figure of $50,000 for each new stroke in direct health costs funded by DHBs, a relatively low number of strokes need to be prevented after TIA to justify improved services for people with TIA.”

The NZ Guidelines for the Assessment and Management of Transient and Ischaemic Attack (TIA) were officially launched by Karen Thomas, CEO of the Royal NZ College of GPs, at NZ’s first ever Stroke Forum and Nursing Symposium in Wellington.

According to Mrs Thomas, these comprehensive guidelines will “extend the lives of loved ones, not to mention saving taxpayers something too. The acknowledged authority of the guidelines will also ease some of the problems in the primary and secondary medical interface, making referrals from GPs to registrars more straightforward.”

The Full Guidelines and abbreviated User Guide are available for download from the NZ Stroke Foundation website, or can be requested from National Office via email at strokenz@stroke.org.nz.