

WORLD STROKE DAY PROCLAMATION:¹ UPDATED

STROKE AND PREVENTABLE DEMENTIAS: PREVENTABLE AND TREATABLE CATASTROPHES

THE GROWING EPIDEMIC

STROKE AND SOME DEMENTIAS ARE PREVENTABLE²

but rising globally

- Aging, unhealthy diets, tobacco use, and physical inactivity, fuel a growing epidemic of high blood pressure, high cholesterol, obesity, diabetes, stroke, heart disease and dementia.³
- Worldwide, stroke and preventable dementias are the leading causes of serious disability, sparing no age, sex, ethnic origin, or country.⁴
- The incidence of stroke is falling in half in high income countries, but decreasing in low and middle income countries⁵ that can least afford to deal with the consequences of stroke and dementia.
- Millions of deaths and much disability could be averted over the next decade if what is already known is applied.

JOIN FORCES TO PREVENT STROKE AND PREVENTABLE DEMENTIAS

THE SAME FEW RISK FACTORS ACCOUNT FOR THE LEADING
HEALTH PROBLEMS OF THE WORLD

**but research about the common threat occurs in isolation
from other major chronic diseases.**

The common risk factors, tobacco use, alcohol misuse, physical inactivity, and diets high in salt, fats and sugar, contribute to stroke, heart disease, diabetes, chronic lung disease, cancer⁶, and pose a risk for Alzheimer's disease.

Therefore we need to:

- Support and catalyze the United Nations and the World Health Organization campaigns against Non-Communicable Diseases.

ENSURE WHAT WE KNOW BECOMES WHAT IS DONE
PREVENTION IS THE MOST READILY APPLICABLE AND
AFFORDABLE PART OF OUR KNOWLEDGE

but prevention is neglected.

Therefore we need to:

- Encourage healthy environments to support healthy habits and lifestyles.
- Use effective drugs for both primary and secondary prevention. Regretfully these drugs are neither accessible nor affordable in many developing countries, nor used optimally in developed ones.
- Discourage unproven, costly, or misdirected practices, which drain resources from more cost effective approaches.
- Educate health professionals at all levels through a common vocabulary, a core curriculum, on-line materials, long distance mentoring, and opportunities for learning in clinical practice settings.

RECOGNIZE THE UNIQUENESS OF STROKE

THE DIFFERENT TYPES OF STROKE, ISCHEMIC (BLOCKAGE OF ARTERIES), BLEEDING INTO (INTRACEREBRAL HEMORRHAGE) AND AROUND THE BRAIN (SUBARACHNOID HEMORRHAGE) HAVE SPECIFIC COURSES REQUIRING SPECIAL TREATMENT AND REHABILITATION.

Therefore, we need to:

- Study their causes and understand their mechanisms.
- Organize skilled teams of physicians, neurosurgeons, neurointerventionalists and rehabilitation specialists to manage these types of stroke
- Incorporate the prevention of post stroke dementia as an integral part of stroke care

PREVENT, IDENTIFY AND TREAT PREVENTABLE DEMENTIAS

SUBCLINICAL (“SILENT”) STROKES OCCUR FIVE TIMES AS OFTEN AS CLINICAL (OBVIOUS) STROKES⁷, AND MAY AFFECT THINKING, MOOD AND PERSONALITY

ALL MAJOR DEMENTIAS HAVE A VASCULAR COMPONENT INCLUDING 80% IN ALZHEIMER DISEASE⁸

Therefore, we need to:

- Identify and treat the vascular component of all cognitive impairments
- Understand that vascular cognitive impairment (VCI) occurs commonly and at times hastens Alzheimer’s disease (AD)⁸
- Manage the common risk factors for stroke, VCI and AD (tobacco use, high blood pressure, high cholesterol, physical inactivity, obesity and diabetes) and enhance protective factors such as education and a socially and physically healthy environment

**BUILD TRANSDISCIPLINARY TEAMS FOR STROKE AND
DEMENTIA CARE AND REHABILITATION**

ORGANIZED STROKE AND DEMENTIA CARE IMPROVES OUTCOMES

**but remains the exception nearly
everywhere.**

Therefore we need to:

- Establish simple but comprehensive stroke units that include rehabilitation and stroke prevention clinics. Stroke units have long proven their worth, even in their most basic form.⁹
- Encourage transdisciplinary teams to develop expertise and translate evidence into practice.
- Build a health care system that responds to the needs of each individual challenged by the impact of stroke and/or dementia and facilitate their optimal functioning in society.

SUPPORT AND INFORM PEOPLE LIVING WITH STROKE, THEIR
CAREGIVERS AND FAMILIES

STROKE OFTEN RESULTS IN LONG TERM DISABILITY
AFFECTING ALL ASPECTS OF DAILY LIVING

Yet people affected by stroke are often not supported or informed about their stroke, and their options to maximize their recovery

Therefore we need to:

- Support people affected by stroke, and their caregivers in their recovery, in their return to work and in life after stroke
- Work to ensure people affected by stroke are included in all aspects of society
- Encourage systems to connect them to other stroke survivors and caregivers

ACTIVELY ENGAGE THE PUBLIC AROUND THE WORLD

THE PUBLIC, ACTING AS INDIVIDUALS, VOTERS OR ADVOCATES, CAN BEST INFLUENCE THEIR OWN FUTURE RISK AND CARE

but not enough is being done.

Therefore we need to:

- Increase knowledge of the public, policymakers, and health professionals about the causes and symptoms of stroke and dementia. The symptoms of stroke are painless and at times transient – but sudden weakness or numbness in the face, arm or leg, sudden inability to speak or understand speech, loss of vision in one eye, or sudden loss of balance are as compelling an emergency as crushing chest pain or sudden, severe unusual headache.
- Send a unified, consistent message throughout the world: Stroke and preventable dementias are preventable and treatable catastrophes.

Whereas; stroke and preventable dementias are global epidemics that threaten lives, health, and quality of life.

Whereas; much can be done to prevent and treat stroke and preventable dementias and rehabilitate those who suffer from these.

Whereas; professional and public awareness is the first step to action.

We hereby proclaim an annual

WORLD STROKE DAY

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