

### New health report exposes imminent risk of a stroke crisis in Europe

- ◆ A report launched today by experts from medical and patient communities calls on Europe's policy makers to take urgent action against preventable strokes that strike thousands of atrial fibrillation (AF) patients each year
- ◆ Affecting over six million people in Europe<sup>1</sup>, AF, the most common, sustained abnormal heart rhythm, increases the risk of stroke five-fold<sup>2</sup> and is responsible for 15-20% of all strokes caused by blood clots (ischaemic stroke)<sup>2,3</sup>
- ◆ The consequences of stroke can devastate not only a patient's quality of life<sup>4</sup>, but also that of families and carers<sup>5</sup>
- ◆ The economic burden of stroke on the European economy is estimated at a staggering €38 billion per annum<sup>6</sup>
- ◆ The impact of stroke is predicted to rise dramatically as the number of individuals affected by AF is expected to increase 2.5 fold by 2050<sup>7,8</sup> due to an ageing population<sup>7</sup> and improved survival of patients with conditions which predispose AF (e.g. heart attack)<sup>9</sup>
- ◆ Many AF-related strokes could be prevented by earlier detection and improved treatment of AF<sup>10</sup>

**Brussels, 9 December 2009** – Urgent coordinated action is needed to avoid the thousands of preventable strokes that leave many atrial fibrillation (AF) patients mentally and physically disabled or dead, every year. A report, *How Can We Avoid a Stroke Crisis?*, launched in the European Parliament today by Action for Stroke Prevention, a group of health experts from across Europe, proposes measures to tackle stroke in patients with AF, the most common, sustained abnormal heart rhythm and a major cause of stroke<sup>1</sup>. Their proposal, endorsed by 17 leading European medical professional and patient organisations, calls for EU policy makers and Member State governments to act before the increasing frequency of these strokes becomes a major public health crisis.

The Report warns of a stroke epidemic across Europe, if actions are not taken now to slow the rising tide of preventable strokes occurring every year. Linda McAvan, Member of the European Parliament (MEP), commented, ***"It is important that government and healthcare policy makers take action to address the unmet medical needs in stroke prevention. I support the recommendations made in the Report by Action for Stroke Prevention, and believe that their implementation will contribute to the prevention of stroke in patients with AF and, in turn, reduce the dramatically increasing clinical, economic and social burden of stroke in Europe."***

Recommendations made by the Report include: improving patient education and AF diagnosis and stroke risk assessment, taking new approaches to prevention, facilitating the exchange of best practice between Member States, developing strategies to support adherence to guidelines, and the provision of equal and adequate administration of therapy for patients with AF.

### Unmet medical need to prevent stroke in AF patients

***“It is clear that there is an unmet medical need for stroke prevention in atrial fibrillation patients,”*** said Professor Gregory Lip, Professor of Cardiovascular Medicine, from the University of Birmingham Centre for Cardiovascular Sciences, City Hospital Birmingham, UK. ***“The majority of such strokes are preventable but the under-diagnosis and poor management of AF patients, as well as suboptimal use of anticoagulation and side-effects of current treatments, mean that an unnecessary and heavy burden is placed on patients, their families and carers, as well as our healthcare systems.”***

Stroke is the most common cardiovascular disorder after heart disease<sup>11</sup>. Current trends predict that the number of strokes in the EU will rise from 1.1 million per year in 2000 to 1.5 million per year by 2025<sup>12</sup>. Furthermore, AF related strokes are more severe, cause greater disability and have a worse outcome than strokes in patients without AF. People who have a stroke caused by AF are more likely to remain in hospital for longer, are less likely to be discharged to their home and are 50% more likely to remain disabled<sup>3,13</sup>.

***“The impact of the physical, emotional and cognitive disability on patients following a stroke can be considerable,”*** said Eve Knight, CEO, AntiCoagulation Europe. ***“In turn, this can also have a profound impact on the quality of life for the carer and family, who can suffer emotional problems such as depression and anxiety.”***

The impact of stroke also stretches our healthcare systems. The economic burden it creates accounts for 2-3% of total healthcare expenditure in the European Union<sup>6</sup>. Healthcare costs associated with stroke are higher for patients with AF than for patients without AF<sup>14</sup>. AF is a strong independent risk factor for stroke and accounts for 15-20% of all ischaemic strokes (strokes caused by blood clots)<sup>2,3</sup>.

The number of people suffering from AF is around six million in Europe alone<sup>1</sup>. People with AF are an important target population for reducing the overall burden of stroke, which has been identified by the Heart Health Charter and European Union policy as a key need in Europe<sup>15</sup>.

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### About AF and stroke

AF is the most common, sustained abnormal heart rhythm<sup>2</sup>. It causes the two upper chambers of the heart (the atria) to quiver instead of beating effectively, resulting in blood not being completely pumped out, which in turn causes pooling and can lead to clotting in the atria. If a blood clot leaves the atria, it can become lodged in an artery in the brain blocking the blood supply and causing the patient to suffer from an ischaemic stroke<sup>16</sup>. Approximately one in five ischaemic strokes are due to AF<sup>3</sup>.

AF-related strokes are more severe, cause greater disability and have a worse prognosis than strokes in patients without AF<sup>3</sup>. Although the current treatment for stroke – vitamin K antagonists such as warfarin – can be effective, they are also associated with a number of drawbacks and are currently underused in Europe, especially in elderly patients at greatest risk of stroke<sup>17</sup>.

Preventing AF in patients at risk of arrhythmia, diagnosing AF before the first stroke occurs and following recommendations regarding the use of anticoagulation therapies, including potential new treatment options, are critical for effective prevention of AF-related strokes.<sup>10</sup>

### About the Report

The authors are global leaders in cardiology, neurology, health economics, policy and patient advocacy.

The Report's call to action and recommendations are endorsed by:

- ◆ ADKA (The German Society of Hospital Pharmacists)
- ◆ AntiCoagulation Europe (ACE)
- ◆ Arrhythmia Alliance (A-A)
- ◆ Atrial Fibrillation Association (AFA)
- ◆ European Society of Cardiology (ESC) Working Group on Thrombosis
- ◆ European Association of Hospital Pharmacists (EAHP)
- ◆ European Brain Council (EBC)
- ◆ European Heart Rhythm Association (EHRA)
- ◆ European Primary Care Cardiovascular Society (EPCCS)
- ◆ European Stroke Organisation (ESO)
- ◆ European Stroke Conference
- ◆ German Competence Network on Atrial Fibrillation (AFNET)
- ◆ International Council of Nurses (ICN)
- ◆ Italian Atherosclerosis, Thrombosis and Vascular Biology (ATBV) Working Group
- ◆ Sociedad Española de Neurología (Spanish Neurological Association)
- ◆ StopAfib.org
- ◆ World Stroke Organization (WSO)

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## References

- 1 Kannel WB, Benjamin EJ. Status of the epidemiology of atrial fibrillation. *Med Clin North Am* 2008;92:17–40
- 2 Wolf PA, Abbott RD, Kannel WB. Atrial fibrillation: a major contributor to stroke in the elderly. The Framingham Study. *Arch Intern Med* 1987;147:1561–4
- 3 Marini C, De Santis F, Sacco S *et al.* Contribution of atrial fibrillation to incidence and outcome of ischemic stroke: results from a population based study. *Stroke* 2005;36:1115–19
- 4 Wolfe CD. The impact of stroke. *Br Med Bull* 2000;56:275–86
- 5 White CL, Poissant L, Cote-LeBlanc G, *et al.* Long-term caregiving after stroke: the impact on caregivers' quality of life. *J Neurosci Nurs* 2006;38:354–60
- 6 Allender S, Scarborough P, Peto V *et al.* European cardiovascular disease statistics 2008 edition. <http://www.heartstats.org/uploads/documents%5Cproof30NOV2007.pdf>. Accessed November 2009
- 7 Go AS, Hylek EM, Phillips KA, *et al.* Prevalence of diagnosed atrial fibrillation in adults: national implications for rhythm management and stroke prevention: the AnTicoagulation and Risk Factors in Atrial Fibrillation (ATRIA) Study. *JAMA* 2001;285:2370–5
- 8 Miyasaka Y, Barnes ME, Gersh BJ *et al.* Secular trends in incidence of atrial fibrillation in Olmsted County, Minnesota, 1980 to 2000, and implications on the projections for future prevalence. *Circulation* 2006;114:119–25
- 9 Briffa T, Hickling S, Knuihan M, *et al.* Long term survival after evidence based treatment of acute myocardial infarction and revascularisation: follow-up of population based Perth MONICA cohort, 1984–2005. *BMJ* 2009;338:b36
- 10 Kirchhof *et al.* Early and comprehensive management of atrial fibrillation: Proceedings from the 2nd AFNET/EHRA consensus conference on AF entitled 'research perspectives in AF', *EurHJ* 2009
- 11 World Health Organization. The global burden of disease: 2004 update. [http://www.who.int/healthinfo/global\\_burden\\_disease/2004\\_report\\_update/en/index.html](http://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/index.html). Accessed November 2009
- 12 Truelsen T, Piechowski-Jozwiak B, Bonita R *et al.* Stroke incidence and prevalence in Europe: a review of available data. *Eur J Neurol* 2006;13:581–98
- 13 Lamassa M, Di Carlo A, Pracucci G *et al.* Characteristics, outcome, and care of stroke associated with atrial fibrillation in Europe: data from a multicenter multinational hospital based registry (The European Community Stroke Project). *Stroke* 2001;32:392–8
- 14 Bruggenjurgun B, Rosnagel K, Roll S *et al.* The impact of atrial fibrillation on the cost of stroke: the Berlin acute stroke study. *Value Health* 2007;10: 137–43
- 15 Health-EU: Cardiovascular disorders. [http://ec.europa.eu/health-eu/health\\_problems/cardiovascular\\_diseases/index\\_en.htm](http://ec.europa.eu/health-eu/health_problems/cardiovascular_diseases/index_en.htm). Accessed November 2009
- 16 NHS Choices. Atrial fibrillation. 2007 [www.nhs.uk/Conditions/Atrial-fibrillation](http://www.nhs.uk/Conditions/Atrial-fibrillation) Accessed November 2009
- 17 Olsson SB, Helperin J. Prevention of stroke in patients with atrial fibrillation. *Seminars in Vascular Medicine* 2005;5(3):285–92