

# WORLD STROKE DAY PROCLAMATION

Cape Town, the 26th of October, 2006

## STROKE: A PREVENTABLE AND TREATABLE CATASTROPHE

### THE GROWING EPIDEMIC STROKE IS PREVENTABLE

#### 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 vascular cognitive impairment.
- Worldwide, stroke accounts for 5.7 million deaths each year and ranks second to ischemic heart disease as a cause of death; it is also a leading cause of serious disability, sparing no age, sex, ethnic origin, or country.
- Four out of five strokes occur in low and middle income countries who can least afford to deal with the consequences of stroke.
- If nothing is done, the predicted number of people who will die from stroke will increase to 6.7 million each year by 2015.
- Six million deaths could be averted over the next 10 years if what is already known is applied.
- Much can be done to prevent and treat stroke and rehabilitate those who suffer the devastating consequences of stroke.

### JOIN FORCES TO PREVENT STROKE 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, physical inactivity, and unhealthy diet, contribute to stroke, heart disease, diabetes, chronic lung disease, cancer, and pose a risk for Alzheimer's disease.

Therefore we need to:

- Co-ordinate the efforts of all disease-oriented organizations working to prevent the rise of these underlying risk factors.

### 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. Regrettably 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 deal with these special types of stroke.

### RECOGNIZE, TREAT AND PREVENT VASCULAR COGNITIVE IMPAIRMENT SUBCLINICAL ("SILENT") STROKES OCCUR FIVE TIMES AS OFTEN AS CLINICAL (OBVIOUS) STROKES, AND MAY AFFECT THINKING, MOOD AND PERSONALITY.

Therefore, we need to:

- Recognize that vascular cognitive impairment (VCI) occurs commonly and at times hastens Alzheimer's disease (AD)
- Manage the common risk factors for stroke, VCI and AD (tobacco use, high blood pressure, high cholesterol, physical inactivity, obesity and diabetes).

## **BUILD TRANSDISCIPLINARY TEAMS FOR STROKE CARE AND REHABILITATION ORGANIZED STROKE CARE IMPROVES OUTCOMES**

**but remains the exception nearly everywhere.**

Therefore we need to:

- Establish simple but comprehensive stroke units. Stroke units have long proven their worth, even in their most basic form.
- Encourage transdisciplinary teams to develop expertise and translate evidence into practice.
- Build a health care system that responds to the needs of each individual dealing with the impact of stroke and rejoining society.

## **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 awareness of the public, policymakers, and health professionals about the causes and symptoms of stroke. 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 is a preventable and treatable catastrophe

Whereas; stroke is a global epidemic that threatens lives, health, and quality of life.

Whereas; much can be done to prevent and treat stroke, and rehabilitate those who suffer one.

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

We hereby proclaim an annual  
**WORLD STROKE DAY**

## WORKING GROUP

Vladimir Hachinski (Chair)

President, International Society for Behavioural and Cognitive Vascular Disorders,

Vice-President, World Federation of Neurology

Chair, Stroke Affairs and Liaison Committee, World Federation of Neurology

Johan Aarli	President, World Federation of Neurology (WFN)
Ruth Bonita	New Zealand
Antonio Culebras	President, World Stroke Federation (WSF)
Praful Dalal	Vice-President, Indian Stroke Association
Geoffrey Donnan	Chair, Oversight Committee ISS/WSF
Vivian Fritz	President & Chairperson of South African Stroke Foundation, South Africa
Werner Hacke	Chair European Stroke Initiative, Chair, European Stroke Council, Germany
Daniel Hanley	National Stroke Association
Markku Kaste	Past Chair, European Stroke Initiative, Executive, Board Member, European Stroke Council
Ashraf Kurdi	Jordan
José Larracochea	Spanish Neurological Society, Spain
Mary Lewis	Heart and Stroke Foundation of Ontario
John W Norris	Joint Chair, 5th World Stroke Congress
Brian O'Grady	Chief Executive, Stroke Foundation New Zealand Inc. (retired)
Sir Niphon Pongvarin	President, Thai Neurological Society, Founding President, Thai Stroke Society, Thailand
Jeanette Rewucki	Canada
Wendy Segrest	Director of Operations, American Stroke Association
Sidney C Smith Jr.	Chair, Heart and Stroke Forum, World Heart Federation
Phillip Teal	Chair, Canadian Stroke Consortium
James F Toole	Past President, International Stroke Society
Takenori Yamaguchi	President, Japan Stroke Association, Japan, President of the International Stroke Society
Frank M Yatsu	Treasurer, International Stroke Society

## INTERNATIONAL ADVISORY COMMITTEE

G W Albers	USA
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C Anderson	New Zealand
J Baranski	CEO, National Stroke Association, USA
P A Barber	New Zealand
F Barinagarrementeria	Mexico
J Biller	USA
N M Bornstein	President, Mediterranean Stroke Society, Israel
M G Bousser	President, French Neurology Society, Founding President – French Stroke Society
M Brainin	Chairman, 6th World Stroke Congress – Vienna, Austria; Treasurer World Stroke Federation
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S Brown	CEO, Heart & Stroke Foundation of Canada, Canada
A Buchan	United Kingdom
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C Chen	Singapore
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O H del Brutto	Ecuador
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E Gusev	President, National Stroke Association of Russian Federation, Russia
A Hakim	CEO and Scientific Director, Canadian Stroke Network, Canada
G J Hankey	Australia
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S Haussen	President, Brazilian Academy of Neurology
W D Heiss	Past President, European Federation of Neurological Societies

## INTERNATIONAL ADVISORY COMMITTEE (cont.)

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D LaBarthe	USA
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C Lopes	resident, Portuguese Stroke Society
Lu Chuan-Zhen	China
P D Lyden	USA
E Magnis	Vice-President, Strategic Alliances and Health IT, American Heart Association/American Stroke Association, USA
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A R Massaro	Brazilian Academy of Neurology, Brazil
C Millikan	USA
D Milne	Vice President, American Stroke Association, Vice President, Patient
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K Nagata	Research Institute for Brain and Blood Vessels, Japan
B Norrving	Secretary International Stroke Society, Sweden
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N V Ramani	Singapore National Stroke Association
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P Sandercock	Co-ordinating Editor, Cochrane Stroke Group, UK
D G Sherman	USA
Y Shinohara	President, Japan Stroke Society, Japan
A Shuaib	Canada
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J Suwanthamee	President, Thai Stroke Society, Thailand
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C Warlow	UK
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K S Wong	Hong Kong
M C Wong	Singapore
T Yanagihara	Japanese Neurological Society (Emeritus), Japan
B W Yoon	South Korea