

THE PREVALENCE OF STROKE IS ON THE RISE

Stroke is the **second leading cause of death**¹, and the **third leading cause of disability worldwide**²



The prevalence of stroke among adults over the age of twenty-five is staggering, with **1 in 4 over the age of 25 expected to experience a stroke at some point in their lifetime**.³



Alarming, the incidence of stroke is **increasing in young and middle-aged people under the age of 55 globally**.⁴

Acute care for stroke survivors has improved in the last decade⁵, however **more needs to be done for patients who survive a stroke**.^{4,6}

13.7M

people worldwide will have their first stroke this year⁷

5.5M

will die as a result of their stroke⁷

8.2M

will survive and live with the chronic effects of stroke⁷

To further understand the impact of stroke, on stroke survivors and their perceptions of care post-stroke, Ipsen commissioned an omnibus survey by *CensusWide*.

- Survey included **516** respondents from the **UK, Spain, France, Italy and Germany** with a base sample of **100** respondents in each country.
- Eligible participants were **18 years old** and had **suffered a stroke within the last three years**.



Stroke has a significant impact on daily life



Just over nine in ten stroke survivors say their stroke has had an impact on their daily life.

Over one in four say the impact of their post-stroke complications mean that they:



30%

Find it difficult to walk



30%

Find it hard to concentrate on performing a task



30%

Find it hard to verbally communicate to the extent they would like



29%

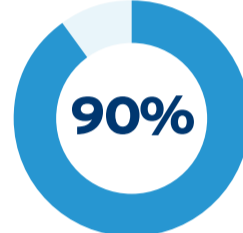
Struggle to fall asleep / do not sleep well



28%

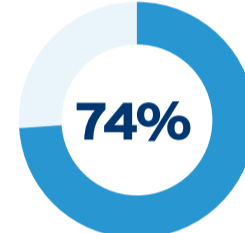
Daily life is impaired due to pain, stiffness, spasms, other involuntary movements

Stroke has a profound impact on work-life of not only stroke survivors but also their carers



people who have suffered a stroke in the last 3 years and were employed at the time say their stroke has had an impact on their work life.

Younger stroke survivors are particularly hard hit in terms of the impact on their careers and livelihoods, as of the stroke survivors who said they had to:



Almost three quarters (74%) of stroke survivors say their family has had to give up work or reduce their hours to care for them.



have reduced their work hours



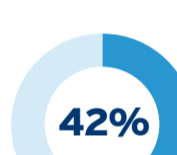
(one in four) have had to leave work altogether



Reduce their working hours, close to half (45%) were aged 30 to 44



Leave work altogether, more than a third (34%) were 30 to 44



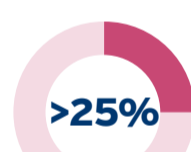
say a family member has had to give up work



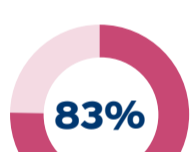
Find alternative employment almost six out of ten (59%) were aged 30-44



One of the main consequences of stroke is post-stroke spasticity, which can have a devastating impact on a patient's quality of life



>25% of stroke survivors are affected by spasticity⁸



83% of stroke survivors who have struggled the most with spasticity following their stroke say their believe stroke has had an impact on their life

Prevention of another stroke and improving mobility are key priorities for stroke survivors

Stroke survivors say top priorities in terms of post-stroke treatment and rehabilitation are:



49% Prevention of another stroke



46% Improving movement and mobility



35% Improving speech

Despite mobility being a top priority for patients many lack sufficient information to seek timely treatment

At least one in three stroke survivors were not proactively informed by their neurologists about potential post-stroke complications, including mobility issues such as:



38% Muscle stiffness (spasticity)



38% Muscle weakness (paresis)



of stroke survivors say they primarily consult a stroke specialist in regard to their ongoing post-stroke care



say they primarily consult a general practitioner



In Europe 1 in 3 (33%) stroke survivors who do not primarily see a stroke specialist regarding their post-stroke care, say their general practitioner does not refer them to see a stroke specialist when they experience new stroke related complications

Delayed and/or uncoordinated post-stroke care is far-reaching and costly for patients, healthcare systems and society⁹

The wider social impact that can be incurred from delayed or uncoordinated post-stroke care is far-reaching and costly, with estimations that stroke costs:

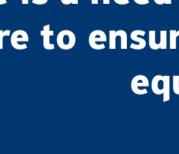
\$891B per year, or

1.12% of global GDP⁴

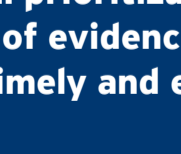
The total cost of stroke globally (both direct treatment and rehabilitation costs and indirect costs due to loss of income) will rise to as much as

\$2.3 Trillion by 2050⁴

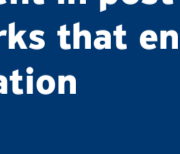
There is a need for urgent political prioritization and investment in post stroke care to ensure implementation of evidence-based frameworks that enable equitable access to timely and effective rehabilitation



As more people survive stroke, the need for improved patient pathways which seek to minimize the risk of complications and deliver timely and effective rehabilitation for stroke survivors has become evident⁴.



Currently, there is a significant lag in consistent long-term post-stroke funding as well as in the development and adherence to guidelines and pathways, compared to the advances made in acute stroke management and prevention⁴.



There is an urgent need to invest in the creation of multidisciplinary rehabilitation services, and in training of stroke rehabilitation professionals⁴, to ensure that all patients have equitable access. Rehabilitation in a comprehensive stroke unit should be available at all times¹⁰.

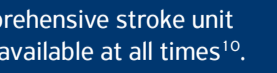
Impact on work-life on stroke survivors: Inverted figure based on number of people who chose the answer 'I don't think my stroke had any impact on my work life'.

Impact of stroke on work-life of caregivers: Inverted figure based on number of people who chose the answer: N/A - They haven't had to give up work or reduce their hours as a result of my stroke

Carers who have had to give up work: percentage based on people who chose one of the following answers (avoiding double counting): They have had to give up work to care for me due to the extent of my post stroke complications - They have had to give up work for the short-term (less than a year) - They have had to give up work due to the mental / physical toll caring for me has had on them

Lack of proactive information: Numbers are the accumulated total of the following responses: When presenting with these consequences - Never, my General/Primary Practitioner, physio or general practice nurse was the one to inform me of these consequences - I have never been informed by my healthcare professionals that these were stroke related consequences).

Impact on daily life of people with spasticity: Inverted figure based on number of people who struggled most with spasticity who chose the answer 'I don't believe my stroke has had any impact on my life in general'



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Innovation for patient care

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