

## Adding stroke to the political agenda in Europe

Stroke is a leading cause of mortality and morbidity globally. Its highest incidence has been reported in Asia, especially China, followed by eastern Europe. The projections from the Burden of Stroke in Europe Report now indicate that the total number of stroke events will increase by more than 30% between 2015 and 2035 if current incidence trajectories are not improved. There have been many developments in the treatment of stroke, but advances in acute care also mean that more people are surviving with sequelae, with major implications for health economics and social burden. This increased burden will severely impact all European countries soon, but especially those where inequalities in stroke health care are greatest. The implementation of coherent, comprehensible approaches to tackle stroke across Europe must become a priority for policymakers.

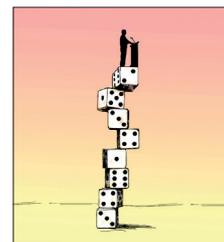
As for other non-communicable diseases, such as cancer, stroke-specific care pathways—that is, standardised, evidence-based processes of best practice for care—are needed to tackle disease burden. Many countries in Europe still do not have a specific and comprehensive strategy for dealing with stroke. To fill this gap, the European Stroke Action Plan (ESAP) 2018–2030—a collaborative project by the European Stroke Organisation (ESO) and the patient organisation Stroke Alliance For Europe—was launched at the European Stroke Organisation Conference and in the European Parliament in May, 2018. ESAP identified priorities for stroke care and research and set targets for stroke care across Europe to be achieved by 2030: to reduce the absolute number of strokes in Europe by 10%; to treat at least 90% of all patients with stroke in a specialised stroke unit; and to develop national stroke plans in all European countries.

When considering the goal of a 10% reduction in absolute number of strokes, it should be borne in mind that this target will require an even more substantial reduction in age-specific incidence due to the vast demographic changes occurring in ageing societies and the prolonged survival time of patients with stroke. Few new preventive strategies are emerging so that the reduction in incidence will have to rely on better use of existing strategies, particularly blood pressure control and more widespread use of anticoagulants in people with atrial fibrillation, and progress with lifestyle interventions,

particularly exercise. With regards to blood pressure control, hypertension in middle-age is still under-treated. In a 50-year old with moderate hypertension, the absolute risk of stroke over 5–10 years is low and so guidelines do not necessarily support treatment, but the consequences of high-blood pressure are likely to emerge over the subsequent decades in terms of risk of stroke and dementia. Thus, guidelines based on short-term risk data from short-term treatment trials might not provide the optimum approach. Similarly, many people with atrial fibrillation do not get anticoagulants till older ages, and perhaps as a result, incidence of stroke related to atrial fibrillation is rising. Furthermore, incidence of stroke at younger ages is also rising in many places, which could represent the emerging consequences of obesity and lack of exercise. While long-term incidence patterns are difficult to predict, the importance of immediate preventive action is clear.

Almost 1 year after the launch of the ESAP, the Stroke Alliance for Europe, ESO, and the Romanian National Stroke Association met under the patronage of the Romanian Presidency of the Council of the European Union, on Mar 28, 2019, at the European Committee of the Regions in Brussels, Belgium. The aims of the meeting were to explore policies to tackle the burden of stroke (from prevention to life after stroke); to showcase best practices and explore how to move forward with the ESAP priorities; and to ensure the creation of a platform that enables cooperation between the EU and its Member states on stroke policy. A report from this meeting is widely anticipated and should detail the role of different stakeholders in the implementation of the recommendations, and how the aims of ESAP can be taken forward.

A poignant message was presented at this meeting—while implementation of the ESAP and other stroke care initiatives are being discussed, strokes continue to occur, and patients continue to get substandard care, becoming disabled or dying. To meet the ambitious targets set for 2030, European policy makers need to recognise the need for and support the development of coherent stroke care pathways. With European Parliament elections fast approaching, development and implementation of these pathways should be a European priority in the electoral programmes. ■ *The Lancet Neurology*



Fenatic Studio/Gary Waters/SPL

This online publication has been corrected. The corrected version first appeared at [thelancet.com/neurology](http://thelancet.com/neurology) on July 10, 2019

For more on the **Global, regional, and national burden of stroke, 1990–2016** see **Articles** *Lancet Neurol* 2019; **18**: 439–58

For the **Burden of Stroke in Europe report** see [https://www.stroke.org.uk/sites/default/files/the\\_burden\\_of\\_stroke\\_in\\_europe\\_-\\_challenges\\_for\\_policy\\_makers.pdf](https://www.stroke.org.uk/sites/default/files/the_burden_of_stroke_in_europe_-_challenges_for_policy_makers.pdf)

For the **European Stroke Action Plan 2018–2030** see *European Stroke Journal* 2018; **3**: 309–36

For more on the **2019 Joint event with Romanian Presidency of the Council of the European Union** see <https://www.safestroke.eu/2019-joint-event-with-romanian-presidency-of-the-council-presidency/>

For more on **treatment of atrial fibrillation-related stroke** see *J Neurol Neurosurg Psychiatry* 2017; **88**: 12–18 and *Stroke* 2018; **50**: 21–27

For more on **age-specific incidence of atrial fibrillation-related embolic vascular events** see *Circulation* 2014; **130**: 1236–44

For more on **incidence of stroke in young adults** see *J Neurol Neurosurg Psychiatry* 2014; **85**: 509–13