University of
HUDDERSFIELD

University of Huddersfield Repository

Dudley, Nigel and Blacktop, Jon

The “hype” in hyperacute stroke

Original Citation

Dudley, Nigel and Blacktop, Jon (2008) The “hype” in hyperacute stroke. Age and Ageing, 37 (2). p. 236. ISSN 0002-0729

This version is available at http://eprints.hud.ac.uk/4391/

The University Repository is a digital collection of the research output of the University, available on Open Access. Copyright and Moral Rights for the items on this site are retained by the individual author and/or other copyright owners. Users may access full items free of charge; copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational or not-for-profit purposes without prior permission or charge, provided:

- The authors, title and full bibliographic details is credited in any copy;
- A hyperlink and/or URL is included for the original metadata page; and
- The content is not changed in any way.

For more information, including our policy and submission procedure, please contact the Repository Team at: E.mailbox@hud.ac.uk.

http://eprints.hud.ac.uk/

Dear Sir,

The “hype” in hyperacute stroke.

The national stroke strategy consultation document “A New Ambition for Stroke” makes the important point that stroke unit care delivered by a specialist multidisciplinary team is “the single biggest factor that can improve a person’s outcomes following a stroke.” [1] Despite this, stroke experts seem to be focussing on stroke as an emergency, hyperacute care, and the delivery of thrombolysis to a very small minority of the 110,000 stroke population in England believing that this leads to better outcomes and saves resources.[2] Similarly, a House of Commons debate about stroke services on 11 July 2007, produced a suggestion from one party that resources should be diverted from rehabilitation towards thrombolysis and hyperacute stroke services.

The focus of both stroke experts and politicians on hyperacute stroke in preference to organised stroke care for all ages appears to be heavily influenced by the outcomes and savings figures in the National Audit Office’s 2005 stroke report.[3] That report had headline results that its recommendations would lead to some £20 million savings annually (£16 million from its thrombolysis recommendation based on 9900 doses being given and a fully recovered rate of 180 / 1000 treated), 550 deaths avoided (calculated from an economic research model population of 82,000 stroke patients and an extra 25% accessing organised stroke unit care), and 1700 fully recovering each year who would not otherwise have done so (1500 due to thrombolysis and 200 due to the additional 20,500 accessing stroke unit care).

Expert and political opinions about prioritising funding towards acute and hyperacute stroke care may need to be reconsidered; at the 27 March 2007 Public Accounts Commission meeting, Sir John Bourn, the NAO’s Comptroller & Auditor General, told MPs that with the NAO’s stroke recommendations “there is no financial payoff for improvement in stroke services”.[4] The NAO’s figures do seem to lack face validity given the number needed to treat with stroke unit care of 33 to avoid one death and 20 to enable one person to become independent. With the more recent outcome figures for full recovery of 100 / 1000 in the SITS-MOST study and Boehringer-Ingelheim’s evidence to NICE during the Alteplase appraisal of a maximum of 5512 patients being eligible for treatment in England and Wales in 2011 compared with the NAO’s research model assumption of 9900 doses, it would appear that the NAO’s outcomes and savings figures were overestimated and frankly optimistic if not misleading.[5]

Geriatricians need to ensure that stroke funding choices and priorities are based not on hype but on the published evidence. There should be no unfair discrimination against older and younger patients who require organised

rehabilitation in hospital or the community through an unjust and unjustified priority use of limited resources on hyperacute care.

Nigel Dudley
Consultant in Elderly / Stroke Medicine
St James's University Hospital
LEEDS
LS9 7TF
Email: nigel.dudley@leedsth.nhs.uk

Jonathan Blacktop
Senior Lecturer
School of Human and Health Sciences
Room G-17 Harold Wilson Building
University of Huddersfield

[1] Department of Health. A New Ambition for Stroke: A consultation on a national strategy. 2007

[2] Markus H. Improving the outcome of stroke. BMJ 2007;335:359 – 360

[3] National Audit Office. Reducing Brain Damage: Faster access to better stroke care. 2005

[4] Public Accounts Commission Evidence Session Consideration of the National Audit Office and the Northern Ireland Audit Office Estimates for 2007/2008. 27 February 2007.
www.parliament.uk/documents/upload/TPACCorrectedTranscript270207.pdf

[5] Wahlgren N, Ahmed N, Davalos A et al. Thrombolysis with Alteplase for acute ischaemic stroke in the Safe Implementation of Thrombolysis in Stroke – Monitoring Study (SITS-MOST): an observational study.
Lancet 2007;369:275 – 282