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BIG RISE IN YOUNG STROKE VICTIMS

The Stroke Association says: “Research in the American Academy of Neurology Journal suggests that strokes are becoming more common at a younger age, with about one in five victims now below the age of 55.” Dr Clare Walton, from the Assoc. says: “This research is alarming. With the number of younger people having strokes increasing, greater strain will be placed on health services to support them with their recovery. A stroke happens in an instant but its effects can last a lifetime, leaving many with long-term severe disabilities. This problem needs to be addressed now. In many cases a stroke can be prevented - and everyone can reduce their risk by making a few simple healthy lifestyle changes. For example, eating a balanced diet, exercising regularly and getting your blood pressure checked can all make a huge difference.” According to the charity, the news is ‘a sad indictment’ of the nation’s health.

So what are the figures? A BBC headline reads: “Strokes 'double in men aged 40-54.” Denis Campbell writes in The Guardian: “Official NHS data shows that the number of men aged 40 to 54 in England who were hospitalised after a stroke grew by 46% from 4,260 in 2000 to 6,221 last year. The figure for women of the same age was 4,604, up by 30% from 3,529. Hospital admission data reveals a 25% jump in the number of people aged 20 to 64, suffering a stroke between 2000 and 2014.”

Campbell quotes Jon Barrick, the Stroke Association’s chief executive: “There is an alarming increase in the numbers of people having a stroke in working age. These figures show that **STROKE CAN NO LONGER BE SEEN AS A DISEASE OF OLDER PEOPLE**. As the figures show, it can happen to anyone at any time”. A major factor in this increase is – as with so many other diseases including heart attacks, diabetes and many cancers – the rapidly rising numbers of people who are overweight/obese. Jon B says: “There are now real concerns that excess weight could replace smoking as the major killer of adults in the near future.” (Research shows that being obese increases the chances of having a stroke related to a blood clot by 64%, although high blood pressure is still the biggest risk.)

HOW TO REDUCE YOUR RISK OF A STROKE

The Mayo clinic sets out the risk factors for having a stroke as follows:

Lifestyle risk factors - as well as being overweight or obese, physical inactivity greatly increases your risk, as does heavy or binge drinking and the use of 'illicit' drugs such as cocaine and methamphetamines.

Medical risk factors – I've already mentioned high blood pressure. Other factors that put you at high risk are cigarette smoking (or exposure to second-hand smoke), high cholesterol (so get yours checked) diabetes, obstructive sleep apnoea (a sleep disorder in which the oxygen level intermittently drops during the night) and cardiovascular disease (including an abnormal heart rhythm called atrial fibrillation – so if your heartbeat isn't regular, see your GP or nurse. You don't need a 'emergency' appointment – but do it sooner rather than later.)

RECOGNIZING STROKE SIGNS

The Stroke Association reminds us to remember the F.A.S.T. way of remembering how to recognise a stroke quickly - the annual Act FAST stroke campaign has had a significant impact on patients receiving effective stroke treatment early:

F = Face drooping – does one side of the face droop or is it numb? Ask the person to smile. Is the person's smile uneven?

A = Arm weakness – is one arm weak or numb? Ask the person to raise both arms. Does one arm drift downward?

S = Speech difficulty – is speech slurred? Is the person unable to speak or hard to understand? Ask the person to repeat a simple sentence, like "The sky is blue." Is the sentence repeated correctly?

T = Time to call 999 – If someone shows any of these symptoms, even if the symptoms go away, call 999 and get the person to the hospital immediately. Check the time so you'll know when the first symptoms appeared.

Rapid treatment in a hospital geared up to treat stroke victims improves the outlook – where clot-busters are indicated they can make a substantial difference – but, as with all things medical, prevention is MUCH better than cure. You don't want to be involved in a damage limitation exercise when you can altogether avoid (or substantially postpone) a problem that can kill you or put you in a wheelchair for the rest of your days. There are simple steps that you can take – for example, many GP surgeries have automatic blood pressure monitors in the waiting room – so if you haven't had yours checked for a while, pop in.

APPOINTMENTS AT GP SURGERIES

This is a recurring matter of concern. One factor that isn't always taken into consideration is the number of people who make appointments ... and then don't show up. Back in 2012 we heard in a BBC report: "Patients who fail to attend NHS appointments cost the NHS about £700m a year, with up to six million appointment slots wasted annually. Non-attendance is a major issue for the NHS, increasing waits and costs."

Bob Spence looked into the figures for us. He estimated that, during April alone, a minimum of 19hrs and 10 mins of clinician's time was wasted by 'no shows.' This included 42 'doctor appointments'. The true figure for wasted appointment time was probably in excess of 25 hours as, in order to make it a manageable task, he assumed these were all ten minute appointment slots – whereas many were considerably longer.

This is in just one surgery - if this situation is replicated in all the other practices in SWF a rough guesstimate figure would be that there was around 120 hrs of wasted appointment time in that one month alone. That's a LOT of patients who were denied appointments for no good reason. There's a theory that, because these appointments are free, some believe they are valueless ... but to somebody else whose need is great they may be priceless. Every time somebody books an appointment and doesn't show up, it blocks a slot that another patient could have used.

This is an issue that the Patient Participation Groups are looking at. It's a difficult problem to solve ... the NHS at present believes at present that treatment should be free at the point of use AND free at the point of abuse ... but it can't afford to carry on doing so indefinitely

(and patients who use the system responsibly – the vast majority – will become increasingly irate as they realise that they are the ones who suffer most.) One suggestion has been that, at practices which offer the old-fashioned 'sit-and-wait' (no appointment) surgeries, appointments should not be offered to 'serial non-attenders'. That way, they have the freedom to come along and be seen without booking – but if they don't come to an 'unbooked' surgery, none of the other patients is inconvenienced. (Indeed they benefit as there are less people in the queue.) As far as I know, no decisions on how to stem the tide has yet been made by any of the local surgeries – (although a practice in Burnham has taken to writing to those concerned because the problem there has become unmanageable) - but it's something that will have to be addressed here in SWF if there is no change for the better.

By the way, we all know that nearly everybody forgets an appointment at some time – but we try not to make a habit of it. We're not really focussing on these people. It's those who do it again and again who cause the other patients at their practice the greatest disservice.

If you have any good ideas on how to deal with the situation, contact your practice's Patient Participation Group (or join it) as all suggestions on how to improve the service are gratefully received. Until somebody comes up with the definitive answer, though, if you can't make an appointment, let your surgery know ASAP, as it may well allow someone needy to be slotted in.

Even if you only know at the last minute – perhaps because you're stuck in traffic – it's still worth calling as, with a bit of luck, we can let that appointment go to somebody who has rung in the hope that there is a last minute cancellation.

TRANSPLANT UPDATE

There was news recently of a man who is seriously considering having his head transplanted - but having a 'poo transplant' sounds even more weird. The technique is known as faecal microbiota transplantation (FMT).

Medical News Today tells us: "A new case report published in the journal Open Forum Infectious Diseases reveals that a woman who was treated for a recurrent *Clostridium difficile* infection with the gut bacteria of an overweight donor quickly and unexpectedly gained weight herself following the procedure. The authors say the case suggests doctors should avoid using bacteria from overweight donors for such treatment."

The elderly and some of those with long-term medical conditions are most at risk of *C. difficile* gut infection - and it can be debilitating ... or worse.

We're told that: "FMT is a procedure in which a stool is collected from a donor free of *C. difficile*, and "friendly" gut bacteria are isolated from the faecal matter. This bacteria are then transferred to the recipient's gut, with the aim of replacing the good gut bacteria that may have been suppressed by overpopulation of *C. difficile*." These bugs will then fight the bad ones – and, in so doing, will improve the patient's health. It's a nice theory - but selling somebody slim the idea of having a 'poo transplant' that will make them tubby must take some doing!

Dr John Cormack