



Clinical

Lack of information, inadequate support, and discontinuation of secondary preventive treatment hamper the delivery of quality stroke care. **Lorena Tonarelli** looks at how pharmacists can help address these challenges.

Beating the stroke challenge

A recent survey from the Stroke Association found that 42 percent of people affected by stroke feel

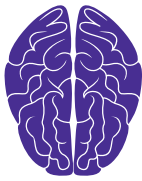
'abandoned' after leaving hospital, as a result of not receiving enough information and support. This is particularly acute when looking at coping with the emotional impact of the condition.

Dr Clare Walton, Research Communication Officer for the charity, says: 'Over 150,000 people have a stroke every year in the UK and over one million live with the consequences.

'A stroke has a devastating impact on patients, their families, and their carers. It is the leading cause of adult disability. Over 50 percent of all stroke survivors are left dependent on others for everyday activities, and 80 percent have mobility problems.

'A stroke also has a huge emotional impact on survivors, and this can be just as devastating as the physical effects.





A MAJOR PROBLEM IS THAT OFTEN PATIENTS DON'T TAKE SECONDARY PREVENTION MEDICINES REGULARLY, BECAUSE THEY DON'T APPRECIATE ANY BENEFIT

Over 50 percent feel depressed and about 30 percent experience anxiety as a direct result of their stroke.'

The findings are a wake-up call for all health professionals to ensure that all stroke survivors in the community receive adequate, ongoing help. The key elements of the care pathway are outlined in the new Cardiovascular Disease Outcomes Strategy, launched by the Government in March. The document states that, alongside information about the condition, advice on how to prevent complications, psychological and practical support, and access to rehabilitation programmes, all patients 'need and deserve... appropriate drug treatment'.

Most strokes are caused by embolic or thrombotic occlusion of an intracranial artery and people who have suffered a stroke are at increased risk of more ischemic events. Secondary prevention with drug treatments that target modifiable risk factors, such as hypertension, diabetes, dyslipidemia, and clot formation is therefore vital. Recommended drugs include angiotensin-converting-enzyme (ACE) inhibitors, statins, antiplatelet agents and anticoagulants. In addition, selective serotonin reuptake inhibitors (SSRIs) can be used to treat depression and anxiety.

Pharmacists are pivotal in the collaboration with patients and allied healthcare professionals to ensure that drug therapy regimens are effective and safe and medication is used and adhered to correctly.

Graham Jones, an independent pharmacist and the chairman of the West Berkshire Council Health and Wellbeing Board, says: 'A major problem is that often patients do not take secondary prevention medicines regularly, or stop taking them because they don't recognise the benefits. Pharmacists can help patients understand what the medicines are for, and that taking them is vital to reduce the risk of strokes.

'Pharmacists can also contribute to make therapy with anticoagulants such

as Warfarin safe, by checking that patients' blood clotting is regularly assessed.' The National Patient Safety Agency has guidelines on such monitoring, entitled *Anticoagulant Therapy: Information for Community Pharmacists*.

All of this is possible thanks to programmes like the New Medicine Service (NMS) and the targeted Medicines Use Reviews (MURs) in England.

Pharmacies in areas with a high prevalence of stroke can go a step further, by making consultation rooms available to other health professionals, such as psychologists, physiotherapists and speech therapists. This form of cooperation facilitates patient access, and adherence to rehabilitation programmes, while providing pharmacists with new opportunities in terms of expanding their services and role.

Key to this potential expansion of services is the need to access local demographic data to business plan effectively and inform decisions on the commissioning of anticoagulation services in the community. This leveraging of information will improve performance, according to Carol Alexandre and Paul Crowley from IMS, speaking at the recent NPA annual conferences.

David Thornton, Principal Pharmacist for Clinical Services at University Hospital Aintree in Liverpool, says: 'We have an Early Discharge After Stroke scheme within which the pharmacist plays a key role, including ensuring the prescription of appropriate evidence-based medicines as well as discussing the value of these medicines with patients and their relatives.

'Many of the patients with acute stroke admitted to our hospital have atrial fibrillation and start on Warfarin. So, there is also a fair amount of information around



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the initiation of this agent that the pharmacist needs to provide, and discuss with, patients. Some patients are not well controlled on Warfarin, in which case the pharmacist helps us in making decisions about the prescription of alternative, novel oral anticoagulants.' Community pharmacists can liaise with their hospital colleagues to ensure care is joined up and

that consistent messages are reinforced.

Research on stroke survivors in acute and community settings worldwide shows that pharmaceutical care associated with significant benefits, such as more patients receiving secondary prevention drug therapy, improved treatment outcomes, and enhanced patient satisfaction with care and overall quality of life.

In one study, published in the *Journal of Clinical Pharmacy and Therapeutics*, the percentage of patients who achieved good blood pressure control increased from 40 to 83 percent in six months. Over the same period, the percentage of those who achieved good cholesterol control went from 13 to 40 percent. In another study, published in *Chest*, pharmacist-led monitoring of patients on Warfarin was more effective than routine care from primary care doctors in maintaining international normalised ratio levels under control, and reducing risk of complications.

Clearly, pharmacists play an important part in the care pathway for stroke patients, and in a more visible and empowered way than ever before. As patient-focused healthcare providers, pharmacists have the expertise, tools and opportunities to improve survivors' quality of life, while contributing to easing the pressure on an already overstretched NHS system. ●