# Survive stroke week 2024 Talking points

Nearly two million brain cells die every minute a stroke goes untreated.[[1]](#footnote-2) This is a grave and shocking statistic. Yet despite the severity, many Americans do not know that stroke is survivable*.*

With quick action and appropriate treatment, patients can not only survive a stroke, but go back to their lives with minimal to no disability.

Please use these talking points to help inform your social media copy, promotional materials, and conversations.

## Key General Messages

* If stroke symptoms are identified quickly, patients have a chance to live full, independent lives upon recovery.
* Stroke prevention is important, but with quick action and appropriate treatment, patients can survive and thrive after a stroke. That’s what Survive Stroke Week is all about.
* The odds of surviving and regaining independence for stroke patients are better than ever if they receive treatment right away.
* **Call 911 for any symptom of stroke** so you can be triaged and transported as quickly as possible to an appropriate stroke care facility. This means that the presence of just one symptom is reason enough to call 911.
* Stroke is life-threatening and time sensitive. Taking symptoms seriously is the best way to ensure that you survive and increase your chances of living with little to no disability.

## Stroke in the United States

* Every 40 seconds, someone in the U.S. has a stroke.[[2]](#footnote-3) Appropriate care can be the difference between life and death.
* Stroke is the fifth leading cause of death in the U.S. and the leading cause of adult disability.[[3]](#footnote-4)
* There are nearly 800,000 strokes in America each year, or over 2,000 a day.[[4]](#footnote-5)
* Someone in the United States dies every 4 minutes due to a stroke.[[5]](#footnote-6)

## Delayed Intervention Risks

* Nearly two million brain cells die every minute a stroke goes untreated. Without quick treatment, many patients experience disability after their stroke.[[6]](#footnote-7)
* With each hour in which treatment fails to occur, the brain loses as many neurons as it does in almost 3.6 years of normal aging.[[7]](#footnote-8)
* The number or even severity of stroke symptoms does not equal how dangerous or serious a stroke can be. Only medical professionals can determine the kind of stroke someone is having and what kind of treatment they need.

## Stroke Disparities

* Stroke does not discriminate. People of all ages, races, and ethnicities should be aware that they or someone they know could have a stroke at any time.
  + Black people are **50% more likely** **to have a stroke** compared to white people.[[8]](#footnote-9)
  + Black men are **70% more likely to die from a stroke** compared to non-Hispanic white people.[[9]](#footnote-10)
  + Black women are **twice as likely to have a stroke** compared to non-Hispanic white women.[[10]](#footnote-11)
* Stroke patients who are female, Black, or Hispanic have a significantly higher door-in-door-out time for interhospital transfers.[[11]](#footnote-12)

## BE FAST— Call 911

* Patients can survive and limit disability if they call 911 and BE FAST as soon as they start exhibiting stroke symptoms.
* The acronym BE FAST is a guide to the signs of a stroke and what you can do to help someone exhibiting the symptoms. It stands for:
  + B – loss of balance
  + E – loss of or blurry eyesight
  + F – face drooping
  + A – arm weakness
  + S – speech difficulty
  + T – time to call 911
* EMS personnel can immediately start assessing symptoms and identify the facility that can best meet the patient’s needs.
* Receiving treatment specific to stroke will save on a mountain of costs down the road, like rehabilitation and recovery, lost wages due to inability to work, and any financial implications of having someone provide care.
* For every minute saved in transfer to the appropriate care for stroke, there is $1,000 in savings on medical costs for short- and long-term care.[[12]](#footnote-13)
* Driving to the ER could result in minutes, if not hours in the waiting room. Time is of the essence with stroke and patients cannot take that risk.
* If you see something that’s not normal, it’s not nothing. Even one stroke symptom is enough reason to call 911.

## Treatment

* Neuroendovascular stroke surgery, or thrombectomy, is a minimally invasive procedure that uses catheters to reopen blocked arteries in the brain quickly.
* Thrombectomy improves the chances that a patient will not only survive a stroke but also will make a full recovery.
* Thrombectomy can only happen at Level 1 (comprehensive) stroke centers, where patients can access a specially trained neuroendovascular care team that can provide care 24/7/365.
* At high-volume Level 1 centers, the procedure typically takes only about a half hour.
* Patients who receive a thrombectomy increase their life expectancy by five years compared to patients who do not receive this specialized treatment.[[13]](#footnote-14)
* Research shows that severe stroke patients gain one week of healthy life for every minute that is saved in getting them appropriate care.[[14]](#footnote-15)
* For every 10 minutes saved in getting to a mechanical thrombectomy, patients experienced an additional month of life free from disability.[[15]](#footnote-16)
* Stroke costs in the U.S. are currently estimated at about **$56 billion**.[[16]](#footnote-17) By significantly reducing the amount of damage from a stroke, thrombectomy helps reduce recovery time, getting patients back on their feet so they may live independently and work again.

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2. Centers for Disease Control and Prevention. (2023). Stroke Facts. [www.cdc.gov/stroke/facts.htm](http://www.cdc.gov/stroke/facts.htm) [↑](#footnote-ref-3)
3. Office of Disease Prevention and Health Promotion. (n.d.). Reduce stroke deaths - HDS‑03.

   <https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-stroke-deaths-hds-03> [↑](#footnote-ref-4)
4. Centers for Disease Control and Prevention. (2023). Stroke Facts. [www.cdc.gov/stroke/facts.htm](http://www.cdc.gov/stroke/facts.htm) [↑](#footnote-ref-5)
5. Ibid. [↑](#footnote-ref-6)
6. American Heart Association/American Stroke Association. (2018). More Stroke Patients May Receive Crucial Treatments Under New Guideline. <https://newsroom.heart.org/news/more-stroke-patients-may-receive-crucial-treatments-under-new-guideline> [↑](#footnote-ref-7)
7. Saver J. L. (2006). Time is brain—quantified. *Stroke*, *37*(1), 263–266. <https://doi.org/10.1161/01.STR.0000196957.55928.ab> [↑](#footnote-ref-8)
8. U.S. Department of Health and Human Services Office of Minority Health. (n.d.). Stroke and African Americans. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=28#:~:text=African%20Americans%20are%2050%20percent,compared%20to%20non-Hispanic%20whites> [↑](#footnote-ref-9)
9. Office of Disease Prevention and Health Promotion. (n.d.). Reduce stroke deaths - HDS‑03.

   <https://health.gov/healthypeople/objectives-and-data/browse-objectives/heart-disease-and-stroke/reduce-stroke-deaths-hds-03> [↑](#footnote-ref-10)
10. Ibid. [↑](#footnote-ref-11)
11. Stamm, B., Royan, R., Giurcanu, M., Messe, S. R., Jauch, E. C., & Prabhakaran, S. (2023). Door-in-Door-out Times for Interhospital Transfer of Patients With Stroke. *JAMA,* *330*(7), 636–649. <https://pubmed.ncbi.nlm.nih.gov/37581671/> [↑](#footnote-ref-12)
12. Kunz, W. G., Hunink, M. G., Almekhlafi, M. A., Menon, B. K., Saver, J. L., Dippel, ... Goyal, M. (n.d.). Public Health and Cost Consequences of Treatment Delays in Endovascular Thrombectomy for Stroke. Unpublished. [↑](#footnote-ref-13)
13. Moussavi, M., et al. (2016, Feb. 16–19). Poster WMP12. Presented at International Stroke Conference, Los Angeles. [↑](#footnote-ref-14)
14. Meretoja, A., Keshtkaran, M., Tatlisumak, T., Donnan, G. A., & Churilov, L. (2017). Endovascular therapy for ischemic stroke: Save a minute—save a week. *Neurology, 88*(22), 2123–2127. [↑](#footnote-ref-15)
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16. Centers for Disease Control and Prevention. (2023). Stroke Facts. [www.cdc.gov/stroke/facts.htm](http://www.cdc.gov/stroke/facts.htm) [↑](#footnote-ref-17)