
Primary Care Vital for Patients With Stroke



Stroke is a complex disease with multiple causes, treatments and consequences. The American Heart Association reports that nearly 80,000 adults in the U.S. will have a new stroke each year. Out of these, 10% will die within 30 days. Figures also show that approximately 5% of patients younger than 55 years of age at the time of stroke and 40% over 85 years have moderate disability. New stroke-related disability of moderate severity develops in 10% of younger adults and 30% of adults over the age of 65 years within 90 days of the stroke.

A new scientific statement issued by the American Heart Association highlights the importance of primary care for patients with stroke. The statement titled "Primary Care of Adult Patients After Stroke" is published in *Stroke*, and provides a roadmap for holistic, goal-directed and patient-centred care.

Primary care professionals provide comprehensive care to patients after a stroke. Most people seek guidance from their primary care providers to reduce the high risk for recurrent stroke, prevent complications and optimise well-being. That is why AHA is emphasising on the importance of comprehensive post-stroke management that includes caregivers, family members and primary care providers.

The first primary care appointment after a stroke should occur soon after discharge from the acute care or rehabilitation hospital, ideally within 1-3 weeks. The current average interval to first medical visit for patients discharged home after stroke is 27 days. An earlier post-stroke visit may reduce hospital readmission and address gaps in care that may exacerbate the risk for stroke recurrence.

Screening at the first and all subsequent appointments should include assessing new or chronic risks for recurrent stroke such as high blood pressure, high cholesterol, diabetes, atrial fibrillation and blockage in the carotid or other arteries. Additional screening is also important for complications including anxiety or depression, cognitive impairment, bone fracture and fall risk, osteoporosis, pressure ulcers and post-stroke seizures. Specialist referrals should be recommended as appropriate.

"In this statement, we affirm in a new way the role of the primary care professional in caring for people with stroke. The core functions of primary care as a specialty include: 1) diagnosis and management of acute symptoms, 2) chronic disease management and 3) disease prevention," said Walter N. Kernan, M.D., chair of the statement writing group and a professor of medicine at Yale University School of Medicine, in New Haven, Conn. "Primary care professionals can ensure consistent and comprehensive care for the full needs of patients, including coordinating any additional care or services patients may need from community services providers or from subspecialty health care providers."

Source: [AHA](#)

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