

Cost-effective interventions needed for global stroke prevention

by Yuzhou Guan

Tobacco control and salt reduction, two conventional population-based interventions, together with a multidrug regimen that uses off-patent drugs, are the most effective measures for global stroke prevention, according to Dr Ruth Bonita, from University of Auckland, New Zealand.

One in ten deaths worldwide is due to stroke, and the number of deaths from stroke each year will rise to 6.7 million by 2015 if no action is taken. In low-income and middle-income countries, four out of five deaths are due to stroke, and the cost of managing the consequences of stroke are least affordable. To prevent stroke, cost-effective and feasible interventions are available and needed to integrate with chronic disease prevention at a population-wide level and reducing risk in individuals. WHO's Global Goal for chronic diseases assumes an additional 2% annual reduction in chronic disease death rates worldwide, including stroke, over the next 10 years. Achieving this goal would avert or delay 36 million deaths over 10 years, including almost 6 million stroke deaths.

In an effort to meet this goal, Dr Bonita and her group approached three cost-effective interventions in 23 high burden countries, including two population-wide interventions (tobacco control and salt reduction), plus a clinical intervention (multidrug regime), and these methods proved to be highly effective and resulted in large economic savings. In the 23 countries involved, 32 million deaths (4.2 million stroke deaths) would be averted by 2015, exceeding the global goal. The project would only cost 1.5 USD per person and USD 5.8 billion per year. Applying these three interventions in just nine Asian countries (Bangladesh, China, India, Indonesia, Myanmar, Pakistan, Philippines, Thailand and Vietnam) would achieve half of the Global Goal, and total stroke deaths averted over 10 years would be 2.9 million by 2015.



Dr Ruth Bonita

Dr Bonita suggested a better balance between prevention (health promotion and public health approaches for the whole population) and clinical treatment (for individuals at high risk of disease) needs to be achieved. She listed tobacco control, salt reduction, and clinical intervention-treatment by off-patent drugs in populations with high risk factors including age, sex, smoking, systolic blood pressure and body mass index and previous history of CVD and other CVD risks. All risk factors should be balanced overall rather than focusing on the dominant risk, hypertension. The threshold of high blood pressure should be based on social values and available resources because patients in poor areas (Asia-Pacific countries) would rarely be willing to pay for the treatment of hypertension.

Dr Bonita mentioned that global stroke prevention will require a shift in thinking from the needs of people in high-income countries to the challenges of stroke in low- and middle-income countries. To achieve this goal, greater emphasis should be put on public health approaches and promotion of affordable drugs. ■

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