

Stroke education helps patients recognize stroke symptoms, encourages fast response

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Intense education can help stroke survivors quickly recognize symptoms of a subsequent stroke and seek prompt treatment, according to a study in *Stroke*, journal of the American Heart Association. Few stroke patients arrive at an emergency department within three hours of symptom onset. The U.S. FDA has approved the clot-busting drug tissue plasminogen activator, or tPA, to be given within three hours of symptom onset, while the American Heart Association/ American Stroke Association suggest it can be given up to 4.5 hours in some patients.

A study called Stroke Warning Information and Faster Treatment (SWIFT) compared interactive intervention with enhanced educational materials on recurrent stroke arrival times in patients with mild stroke or transient ischemic attack (TIA).

Both intervention groups received standardized packets of material focused on being prepared to recognize and react to [stroke symptoms](#) plus a medical alert bracelet so medical professionals would recognize them as SWIFT participants. The interactive intervention group also received in-hospital group sessions featuring role-playing techniques to describe stroke symptoms to EMS workers and video presentations from [stroke survivors](#) on preparedness.

The single-center randomized trial included 1,193 [mild stroke](#) or TIA survivors, average age 63. Half were women, 51 percent were Hispanic, 26 percent were white and 17 percent were black. During the five-year study, 224 patients experienced a recurrent stroke or stroke-like

symptoms. Researchers found that an unprecedented 42 percent of these patients arrived to the emergency room within 3 hours compared to only 28 percent at baseline, a 49 percent increase in the proportion of all patients arriving within three hours of [symptom onset](#). Among Hispanics, there was a 63 percent increase.

This may be the first stroke intervention to reduce racial and ethnic disparities in hospital arrival times.

'Racial-ethnic minorities suffer more strokes and worse stroke outcomes than White Americans and they often show up later to an emergency room to seek critical treatments,' said Bernadette Boden-Albala, M.P.H., Dr.PH., lead author and professor of public health, dentistry and neurology and associate dean of program development, at Global Institute of Public Health at New York University.

'Our study is the first to show that culturally tailored, health literature educational materials can decrease these racial disparities in stroke preparedness outcomes.'

Both the intensive intervention and the culturally tailored educational messages were likely to decrease time to emergency room arrival, however the intensive intervention appeared to be more beneficial in those with early recurrent events within the first 30 days, researchers said.

'The continued low rates of people arriving to the emergency department within three hours of stroke symptoms suggests that we may not be effectively disseminating existing materials on [stroke](#) preparedness,' Boden-Albala said. 'Our findings suggest that at minimum clear, simple, preparedness-focused messages before hospital discharge—and possibly follow-up reinforcement—results in greater proportion of early [emergency room](#) arrivals.'

Provided by American Heart Association

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