

98% of emergency calls for strokes are made by someone else – so what if you're alone in lockdown?

May 27 2020, by Steph Jones and Jo Gibson



Credit: AI-generated image ([disclaimer](#))

During the COVID-19 pandemic, the UK government message has been to stay at home, protect the NHS and save lives. Unfortunately this necessary message has meant that many people with other life-threatening emergencies including strokes have stayed away from

hospital when they need care.

Having a [stroke](#) is a medical emergency. This fact is not altered by COVID-19. But there is concern among stroke specialists worldwide about the dramatic fall in the number of admissions and referrals since the pandemic began. In the US, for example, the number of people going to hospital for strokes has [fallen by 40%](#).

In the UK, GP surgeries and hospitals have made impressively swift changes to the way they work to minimise transmission of the virus between patients. But some people with non-COVID symptoms are still concerned that they might burden the NHS, while others are worried about contracting coronavirus if they go to hospital.

Lockdown brings another problem for [stroke patients](#). Each year [100,000 people in the UK have a stroke](#) – that's one every five minutes. But most of those patients don't call emergency services themselves.

In [our 2013 study](#) of 592 stroke patients, only 2% of 999 calls were made by the patient. Usually, it is a family member or other bystander who makes the call. If you are locked down alone, there may be no one with you who can recognise the signs and make the necessary call.

The problem with isolation

You may have seen the long-running stroke awareness campaign based on the FAST test: "[Face, Arm, Speech, Time to dial 999](#)". This is based on observing the main symptoms of stroke, which are facial weakness, arm weakness and speech problems. Despite public information campaigns about the FAST test for stroke and about the symptoms of heart attack, many people still delay, often with serious or even fatal consequences.

Our [research](#) shows that if patients are alone when stroke symptoms occur, they will often try to ignore it for a while, possibly even for several days, only seeking help when they talk to a family member or friend who takes further action.

Other patients report their symptoms only when they have tried to undertake an activity such as going shopping and found that they are unable to do so. Sometimes there are multiple steps taken before someone eventually phones for an emergency ambulance, with people consulting other members of the family or a neighbour, friend or their GP before finally making an emergency call.

Now that many people are limiting the number of times they leave their house, their normal social networks have been radically altered or have disappeared altogether, with limited or no contact with others. Self-isolation and shielding have changed the expected pathways by which people normally seek help.

For example, someone who lives close by to a relative who lives alone may normally pop in every day, but due to working remotely, home schooling, supermarket queuing and virtual catch-ups with friends, they now might only call in twice a week with essential shopping, delivered while adhering to social distancing guidelines. In these changed circumstances, relatives might not mention health concerns as soon as they might otherwise.

Even with regular phone or video conversations, lack of face-to-face contact might reduce the likelihood of someone's symptoms being mentioned or noticed by another person. Although some stroke symptoms such as slurred speech or confusion might be detected in a phone call, other symptoms such as arm or leg weakness or loss of balance are less readily noticed.

While there have been reports of strokes in younger, previously healthy people [related to COVID-19](#), it is mostly older people and those with serious underlying conditions who are at higher risk of heart attack, strokes and other serious emergencies. This is much the same group of people who need to shield against COVID-19 and whose social networks are highly disrupted during this crisis.

What we can do

So what can be done to help? The public information campaign is vital—many more people will suffer preventable disability and lives will be lost if they do not seek help for non-COVID related health emergencies.

Routes to getting the medical attention you need might have changed (GP consultations are by phone in the first instance) but the care is the same. The NHS has made rapid changes to working practices for acute admissions to hospital and for investigations such as X-rays and blood tests to reduce the risk of transmission of COVID-19 as much as possible—after all, your doctor does not want you to get this disease any more than you do.

Knowing about the signs of stroke is not enough on its own. An action plan may be useful. If you know someone living alone, take the time to check in with them frequently. Make sure they know what to do if they have any concerns about any new or existing health problems—contact a pharmacist or GP for less urgent problems, NHS 111 for urgent problems and NHS 999 if you think someone is having a stroke.

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