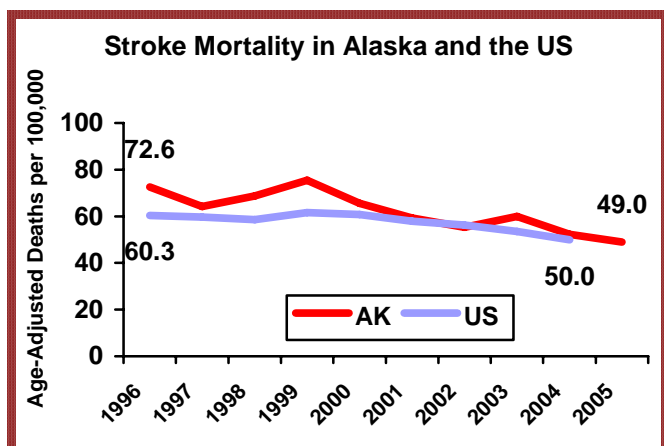


Heart Disease and Stroke Facts: *Stroke in Alaska*

What is stroke costing Alaskans in terms of...Lives?

- Stroke was the 4th leading cause of death in Alaska in 2004¹
- In 2005, 162 Alaskans died from stroke¹



- Although there has been a slight decline in the Alaskan age-adjusted stroke death rate between 1996 and 2005, the actual number of stroke deaths has increased over this time by 15%, likely due to population aging and growth

...Economic burden?

- Stroke was associated with 1,059 hospital discharges in Alaska in 2004²
- On average, these stroke-related hospital stays cost \$17,900 and lasted 5.8 days in Alaska, comparable to US figures²
- In 2005, Medicaid payments linked with stroke-related services totaled over \$12.5 million, the majority of which was for long-term care²

...Quality of life?

- Stroke is also a leading cause of function impairments, with 15-30% being permanently disabled⁵
- Nearly 1/3 of Alaskans who have suffered a stroke report that their every day activities have been limited because of that condition³

The Power of Prevention

Despite the advent of effective treatments for select patient subgroups, such as tissue-type plasminogen activator (tPA) for those with acute ischemic stroke, *prevention* remains the best way to reduce the burden of stroke. Following are just a few of the risk factors for stroke:

- **Tobacco Use**
 - 69% of Alaskans with a history of stroke smoke now or used to be smokers³
- **High Blood Pressure**
 - 49% of Alaskans with a history of stroke have been told they have high blood pressure³
- **Atrial Fibrillation**
 - In 2004, 2,379 Alaskans had Medicaid claims associated with atrial fibrillation⁴
- **Carotid Stenosis**
 - In 2004, 357 Alaskans had Medicaid claims associated with carotid stenosis⁴

The State of Alaska Section of Chronic Disease, Stroke Task Force has developed several recommendations:

1. Assess the current capacity of Alaska's acute care hospitals to treat stroke. This assessment includes standing orders, telestroke capabilities, neurology, neurosurgery and radiology services.
2. Research the role telehealth can play in stroke diagnosis and treatment.
3. Establish a comprehensive stroke treatment plan that:
 - a) includes criteria for patient selection for tPA,
 - b) includes management care guidelines (not limited to tPA),
 - c) is appropriate for hospitals that provide different levels of care according to the resources and medical expertise available, and
 - d) addresses subacute care and secondary prevention.



Produced by the Heart Disease and Stroke Prevention Program, Division of Public Health, Alaska Department of Health and Social Services (9/20/2006)

All these costs are likely to increase in the future, as our population continues to age.

¹Alaska Bureau of Vital Statistics; ²The Burden of Heart Disease and Stroke in Alaska: Mortality, Morbidity, and Risk Factors, available at: www.hss.state.ak.us/dph/chronic/chp/pubs/burden_july06.pdf; ³Alaska Behavioral Risk Factor Surveillance System, 2005; ⁴Alaska Hospital Discharge Dataset, 2004; ⁵American Heart Association. *Heart Disease and Stroke Statistics-2004 Update*. Dallas: American Heart Association; 2005.