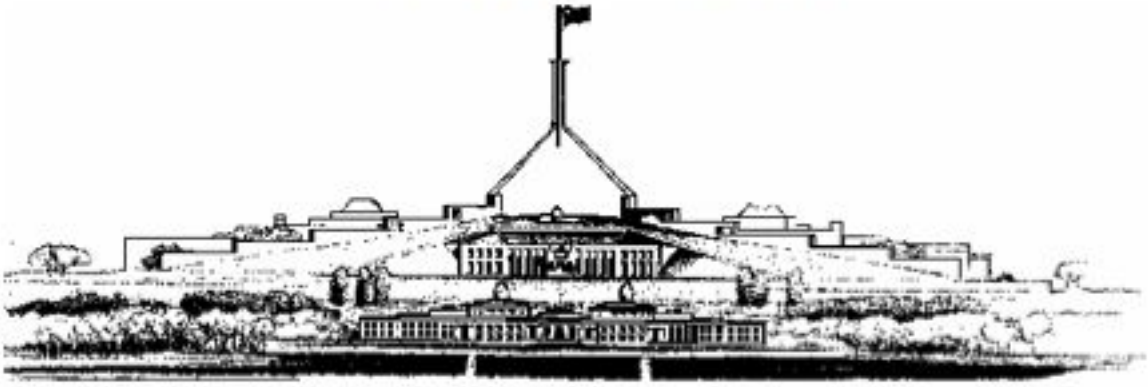
COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

PRIVATE MEMBERS BUSINESS

Health: Stroke

SPEECH

Monday, 26 February 2001

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

Date	Monday, 26 February 2001	**Source**	House
Page	24330	**Proof**	No
Questioner		**Responder**	
Speaker	Andrews, Kevin, MP	**Question No.**	

Mr ANDREWS (Menzies) (1.20 pm)—I move:

That this House:

(1) notes that stroke is the second highest cause of death in Australia;

(2) notes that there has been a slowing down of the decline in stroke death rates in recent years;

(3) notes that the number of people dying from stroke and those surviving with a permanent disability is likely to increase in the future;

(4) notes that the risk factors for stroke include high blood pressure, tobacco smoking, heavy alcohol consumption, high blood cholesterol, being overweight, and insufficient physical activity;

(5) notes that the length of stay in hospital for stroke is twice as long as that for other cardiovascular conditions;

(6) notes that while more women are affected by stroke, the proportion of men who suffer a stroke is 30 per cent higher than for women, and that for people aged 25-64, those from the lowest socio-economic group are twice as likely to die from stroke as those in the highest socioeconomic group with indigenous death rates from stroke in the same age group being eight times the rate in the rest of the population; and

(7) urges the Government to continue to support public awareness about the high risk factors associated with stroke.

Stroke is the nation's most neglected health problem and, notwithstanding the impact of stroke on the lives of Australians, it does not receive the attention it should. Stroke costs us around $2 billion annually. It affects 40,000 Australians each year and is Australia's second greatest single killer after coronary heart disease. According to the Australian Institute of Health and Welfare and the Heart Foundation of Australia, 12,000 Australians died of stroke in 1997, which was around nine per cent of deaths from all causes. The Australian stroke death rates for males were still one-third higher than those recorded in the United States. Females in France and Switzerland have the lowest death rates for stroke and Australian females have 1.4 times their rate.

Stroke interrupts blood flow to the brain and occurs when a blood clot blocks a blood vessel or an artery or when a blood vessel breaks. The stroke kills brain cells. When brain cells die the body loses control of the abilities that that area of the brain once controlled, which include speech, movement and memory. Someone who has a large stroke may be left paralysed on one side or in a coma. Here is the account of one of Britain's most renowned publishing editors Robert McCrum, who had a stroke on the morning of 29 July when he was aged just 42:

> It was just another bright summer Saturday morning and here I was in bed, unable to get up—alone at home, a four storey townhouse in Islington, North London ... I was supposed to drive to Cambridge that morning to visit my parents. So, time to get up. But there it was—I could not move. More accurately, I could not move my left side. Overnight, my body had become a dead weight of nearly fifteen stone ... Why should I, who had just sailed through a medical examination, be unable to do as I pleased? ... With what I now see must have been an extraordinary effort, I dragged myself under the frame of our big brass bedstead with my good right arm ... and then squirmed commando-style over the carpet to the head of the stairs ... Again my dead weight took control and I found I was sliding helplessly and painfully head first down the stair carpet to the mezzanine landing ... I vividly remember this part of the day on the landing at the angle of the stairs. For some hours, I lay on my back staring up at a framed brown green school map of French colonial Indo-China, a souvenir of that trip to Phnom Penh in 1993. Then I had been longing for adventure. Now I seemed to be caught up in one. I had crossed by night from what Susan Sontag calls `the kingdom of the well' to `the kingdom of the sick' and though I still had no name for this new country I was in, it was dawning on me that I was no longer the person I'd been twenty-four hours ago.

That is a description that unfortunately and tragically fits so many Australians because of stroke.

From the late sixties until the last few years, deaths from stroke were declining. Between 1986 and 1997, the death rate from stroke declined at the rate of 3.2 per cent per year among males and 3.5 per cent per year

among females. But now we are witnessing the beginnings of a new trend in the slowing down of the decline in the stroke rate.

The number of people dying from stroke and those surviving with a permanent disability is likely to increase in the future. This may, at least in part, be due to the ageing of the population. So the expectation is that we will see an acceleration in this trend with the result that in the future more people will die from stoke and the number of those surviving with a permanent disability will increase. It is estimated that there will be at least 70,000 new stroke patients each year by 2016. The risk of stroke in the next 40 years for a 45-year-old will be one in four for men and one in five for women.

The risk factors for stroke include high blood pressure, tobacco smoking, heavy alcohol consumption, high blood cholesterol, being overweight and insufficient physical activity. The variation in cardiovascular disease rates for different countries may be put down to different diets and lifestyles. Australia has a similar risk pattern to other Western countries. Smoking is a major risk factor for stroke. The proportion of adults who regularly smoked in Australia was 24 per cent in 1995, quite low by international standards. It is, however, not generally understood that smoking is a very real trigger of stroke. High blood pressure is another major risk factor for stroke and around 17 per cent of the population are rated as having high blood pressure. High blood cholesterol is also a risk factor—43 per cent of Australians have high blood cholesterol. Being overweight is another very strong risk factor for stroke. In developed countries, being overweight and obesity are increasing problems. In Australia, more than half of the adult population—some 56 per cent—was rated as overweight in 1995, a figure similar to that for the United States. Other risk factors are excessive alcohol consumption, a history of hypertension, diabetes mellitus, meat consumption more than four times per week and adding salt to food.

The length of stay in hospital for stroke is twice as long as that for other cardiovascular conditions. It is the leading cause of long-term disability in adults and the cause of nearly 25 per cent of all chronic disability in Australia. The 1993 Survey of Disability, Ageing and Carers found that, among Australians with a disability, an estimated 31,700 had stroke as the main cause of that disability. Paralysis and physical activity restrictions affected one in three stroke sufferers and almost two in three needed assistance for mobility.

In 1996-97, there were 51,854 hospitalisations for stroke; that is, one per cent of all hospitalisations. Stroke accounted for 12 per cent of all hospitalisations for cardiovascular conditions. Males were 31 per cent more likely to be hospitalised for stroke than females. This too is related to age, with over three-quarters of such cases being aged 65 and over in 1996-97. The average length of stay in hospital for stroke was twice as long as that for other cardiovascular conditions—10½ days compared with 5.3 days.

While more women are affected by stroke, the proportion of men who suffer a stroke is 30 per cent higher than for women. For people aged 25-64, those from the lowest socioeconomic group are twice as likely to suffer from stroke as those in the highest socioeconomic group, with indigenous death rates from stroke in the same age group being eight times the rate of the rest of the population.

Males are more likely to die from stroke than females across almost all age groups. Males aged 45 to 74 had death rates 1½ times those of females in 1997. Although the age-specific death rates from stroke are generally higher among males than females—the exception being the 85 and over age group—the actual number of deaths is greater for females. This is explained by the much greater number of females than males who live to old age, where death rates from stroke are considerably higher.

While stroke death rates increase dramatically with age—with 87 per cent of all deaths from stroke occurring amongst those aged 70 and over—there is another group in the population we also need to consider. In 1991, people aged 25 to 64 from the lowest socioeconomic group were twice as likely to die from stroke as those in the highest socioeconomic group. Indigenous males and females, who overwhelmingly also belong to the lowest socioeconomic group, also evidence this trend. Indigenous people, male and female, died from stroke at a rate three times and 1.7 times, respectively, the rate of other Australians in 1995-97. The difference is even greater amongst adults aged 25 to 64 where indigenous death rates were eight times those of other Australians.

The annual cost of caring for stroke victims is at least $1.67 billion a year and this will continue to rise because of our ageing population. There is a pressing need to increase public awareness of brain attack across the community. The fact is that strokes are preventable. Much has been achieved through the population approach to community medicine, which has communicated the need for lifestyle changes for the whole population. Thanks to these, there was a 60 per cent drop in the incidence of stroke over the last 30 years. The push for greater

stroke awareness in our society has received a considerable boost in recent years, with greater involvement of governments in promoting awareness and facilitating educational programs. This is seen, for example, in the establishment of the National Stroke Foundation. However, we cannot rest on our laurels. Much still needs to be done, particularly with regard to low socioeconomic and indigenous groups. Therefore, I urge the government to continue to support public awareness about the high risk factors associated with stroke.

Mr Nehl—Is the motion seconded?

Dr Washer—I second the motion and reserve my right to speak.