

Cwestiynau am strôc? Questions about stroke?

Ffoniwch ein llinell gymorth neu ewch at y wefan:

Phone our helpline or visit our website:

0303 3033 100 / stroke.org.uk

(Ffôn testun / Textphone 18001 0303 3033 100)

cymdeithas

Strôc | Stroke
association

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14 November 2017

Dear Mr Rowlands

Petition P-05-763 Introduce updated stroke advice - B.E.F.A.S.T. - and help save lives and livelihoods

Thank you for your letter dated 7 August 2017 regarding the petition submitted by Philip Easton and for your invitation to provide our views.

The Stroke Association has been an active proponent of the 'FAST' test for a number of years. The FAST test is:

- Face: look at the person's face and ask them to smile. Has their face fallen on one side?
- Arms: ask the person to raise both of their arms and keep them there. Are they unable to raise one arm?
- Speech: ask the person to tell you their name, or say 'hello'. Is their speech slurred?
- Time: if you spot any of these signs, always call 999.

The BEFAST test contains all of these elements, and as described in the petition, problems with eyes and balance.

Stroke is a medical emergency, but one which can vary significantly between different people experiencing a stroke. It can present in a number of different ways and this certainly can include problems with vision and balance. However, while we accept these

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Prif Weithredwr Juliet Bouverle BA Hons (Oxon), DMS

Mae Cymdeithas Strôc yn Gwmni Cyfyngedig trwy Warrant a gofrestrwyd yng Nghymru a Lloegr (Rhif 61274).

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Cofrestrwyd fel Elusen yng Nghymru a Lloegr (Rhif 211015) ac yn yr Alban (SC037789).

Cofrestrwyd hefyd yng Ngogledd Iwerddon (XT33805) Ynys Manaw (Rhif 945) a Jersey (NPO 369).

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can be symptoms of a stroke we do not agree with the petitioner that FAST should be replaced by BEFAST for a number of reasons.

The FAST test is one which is evidence based and has been shown to be effective in increasing awareness among the public of the fact that stroke is a medical emergency requiring a 999 response. Our own research in Wales suggests 55% of people can correctly identify both what FAST stands for, and that they should call 999¹. Changing the message risks reducing awareness of the symptoms and correct response to a stroke. A study of the whole of the UK noted “Delays to seeking and receiving medical attention after major stroke in the UK fell strikingly in 2009, coinciding with the start of the FAST TV campaign”².

FAST has also been proven to be an effective test for identifying potential strokes. A 2003 study looked at the use of the FAST test by primary care doctors and in the emergency room. The study looked at 487 patients and found “paramedics using the Face Arm Speech Test achieved high levels of detection and diagnostic accuracy of stroke”³. Using a test with a high degree of accuracy is vital due to the large number of non-stroke referrals to stroke services (commonly referred to as stroke mimics). Research suggests anywhere between 5% and 33%⁴ of suspect stroke patients may be mimics, with a study of London HASUs suggesting a figure of a quarter of all stroke admissions⁵. Reducing the number of mimics will lower the pressure on existing stroke services.

There is limited evidence to suggest BEFAST would be a more effective test for stroke. One recent study did note 14% of ischemic strokes did not present with FAST symptoms⁶ but the evidence remains too limited to suggest it being appropriate to change FAST to BEFAST at present. It is important to note this study also confirms that 86% of ischemic strokes do present with FAST symptoms. The high number of strokes presenting with FAST symptoms makes this an effective test for identifying potential strokes.

¹ Research conducted for the Stroke Association by Beaufort Research. Fieldwork conducted in November 2016 and March 2017.

² Wolters et al, International Journal of Stroke, *Sustained impact of UK FAST-test public education on response to stroke: a population-based time-series study*, 8 April 2015, <http://onlinelibrary.wiley.com/doi/10.1111/ijvs.12484/full> Retrieved 2 November 2017

³ Harbison et al, Stroke, *Diagnostic Accuracy of Stroke Referrals From Primary Care, Emergency Room Physicians, and Ambulance Staff Using the Face Arm Speech Test*, 1 January 2003, <http://stroke.ahajournals.org/content/34/1/71.long> Retrieved 2 November 2017

⁴ Edwards, MJ et al, British Medical Journal, *Stroke Mimics in the pre-hospital setting*, <http://emj.bmj.com/content/32/5/e8.2> Retrieved 18 July 2017

⁵ Ibid.

⁶ Aroor et al, Stroke, *BE-FAST (Balance, Eyes, Face, Arm, Speech, Time) Reducing the Proportion of Strokes Missed Using the FAST Mnemonic*, 12 January 2017, <http://stroke.ahajournals.org/content/48/2/479> Retrieved 2 November 2017

The FAST message is one which has been established with a high level of public awareness. Changing this message to BEFAST risks causing confusion among members of the public about what to do if they see these symptoms. This could reduce or delay the number of people seeking medical attention during a medical emergency.

The vast majority of strokes present with FAST test symptoms, which makes this an effective way of identifying potential strokes. In our own promotional materials, while we may concentrate on the FAST symptoms, we do provide information on the other potential symptoms of stroke, including vision and balance problems.

We would like to express our thanks to the petitioner for raising awareness of the symptoms of stroke and our thanks to the Committee for giving us the opportunity to give our views on the petition. The Stroke Association will continue to review evidence around how we can best communicate the risk factors, symptoms and effects of stroke.

Yours sincerely

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