

New Global Report Finds Majority of People at High Risk of Stroke Not Being Screened for Common Risk Factors

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The Economist Intelligence Unit research identifies significant gaps between recommended guidelines and clinical practice for stroke prevention across 20 countries

New research released today by The Economist Intelligence Unit (EIU), a division of *The Economist* and a leader in global business intelligence, revealed that on average, more than 75 percent of people aged 65 and older worldwide are not being screened for atrial fibrillation (AF) and other common stroke risk factors during routine primary care examinations, even though this population is at high risk for stroke. The EIU “*Preventing Stroke: Uneven Progress*” report, sponsored by The Bristol-Myers Squibb-Pfizer Alliance, conducted an analysis of 20 countries and found that efforts to screen people for stroke risk factors including AF and hypertension varied widely, even in countries with established health care and developed economies.

“Stroke is the second leading cause of death globally, accounting for 6.2 million deaths,¹ but is nearly 80 percent preventable,”² said Becca Lipman, editor of the EIU’s thought leadership division and of this report. “Our hope is that this research will elevate the awareness and urgency surrounding screening for stroke risk factors including AF and hypertension and offer suggestions on what can be done on a country-by-country level to further improve prevention. There are critical and urgent opportunities to improve screening, so that fewer people suffer the devastating consequences of stroke.”

The “*Preventing Stroke: Uneven Progress*” report considered policy efforts to assess and reduce risks of stroke across different aspects including awareness, screening practices and policies. Key findings include:

- There is a disconnect between established best practices and everyday clinical practice. For example, there are gaps in the training of health care professionals to properly identify and treat stroke risks.
- Screening for AF and hypertension remains low and is not regularly performed in clinical practice.
- Future policies should focus on strategies to improve awareness of stroke risk factors, implement systematic and/or opportunistic screenings, and include both individual and population-based health-intervention approaches.

“People with AF are at least three times more likely to have a stroke than those without this condition,”^{3,4,5} said Rory O’Connor, MD, Chief Medical Officer, Pfizer Internal Medicine. “Even modest improvements in diagnosis and treatment of stroke risk factors including AF – supported by collaborations across healthcare providers, advocates, policymakers and the private sector – could potentially prevent many strokes and related deaths.”⁶

“We are committed to supporting increased early detection and diagnosis with the goal of ultimately reducing the prevalence of AF-related strokes globally,” said Christoph Koenen, MD, MBA, VP, Development Lead, Cardiovascular Medicine, Bristol-Myers Squibb. “By working to implement research-driven approaches, The Bristol-Myers Squibb and Pfizer Alliance is aiming to close gaps that are currently leaving undiagnosed and

under-treated AF patients at unnecessary risk for stroke.”

About The Economist Research Initiative

Bristol-Myers Squibb and Pfizer sponsored the *Preventing Stroke: Uneven Progress* initiative conducted by The Economist Intelligence Unit (EIU), a world leader in global business intelligence and the business-to-business arm of The Economist Group, which publishes *The Economist* newspaper. The EIU researched the progress in stroke prevention and policies made by 20 different countries – Australia, Belgium, Brazil, Canada, China, France, Germany, Italy, Japan, Mexico, the Netherlands, Norway, Russia, Saudi Arabia, South Africa, Spain, Sweden, Turkey, the UK and the United States. The EIU developed a scorecard to assess each country’s performance across four different categories and conducted in-depth interviews with experts on cardiovascular health and stroke, which were included in the final report. For more information and/or to access the research, please visit www.eiuperspectives.economist.com/healthcare/policy-approaches-stroke-prevention.

About the Bristol-Myers Squibb and Pfizer Alliance

The Bristol-Myers Squibb and Pfizer Alliance is committed to driving education and awareness about atrial fibrillation and venous thromboembolism. With long-standing cardiovascular leadership, global scale and expertise in this field, the Alliance strives to implement global, research-driven approaches to illuminate and address the unmet needs around strokes related to non-valvular atrial fibrillation, which are often fatal or debilitating.⁷ Through collaborations with non-profit organizations, the Alliance aims to provide patients, physicians, and decision makers with the information they need to understand and take appropriate action on risk factors associated with stroke and other cardiovascular conditions.

About Bristol-Myers Squibb

Bristol-Myers Squibb is a global biopharmaceutical company whose mission is to discover, develop and deliver innovative medicines that help patients prevail over serious diseases. For more information about Bristol-Myers Squibb, visit us at BMS.com or follow us on [LinkedIn](#), [Twitter](#), [YouTube](#) and [Facebook](#).

About Pfizer Inc.: Working together for a healthier world®

At Pfizer, we apply science and our global resources to bring therapies to people that extend and significantly improve their lives. We strive to set the standard for quality, safety and value in the discovery, development and manufacture of health care products. Our global portfolio includes medicines and vaccines as well as many of the world's best-known consumer health care products. Every day, Pfizer colleagues work across developed and emerging markets to advance wellness, prevention, treatments and cures that challenge the most feared diseases of our time. Consistent with our responsibility as one of the world's premier innovative biopharmaceutical companies, we collaborate with health care providers, governments and local communities to support and expand access to reliable, affordable health care around the world. For more than 150 years, we have worked to make a difference for all who rely on us. We routinely post information that may be important to investors on our website at www.pfizer.com. In addition, to learn more, please visit us on www.pfizer.com and follow us on Twitter at [@Pfizer](#) and [@PfizerNews](#), [LinkedIn](#), [YouTube](#) and like us on Facebook at [Facebook.com/Pfizer](https://www.facebook.com/Pfizer).

¹ Top 10 Causes of Death. (webpage) World Health Organization. Accessed on August 10, 2017. <http://www.who.int/mediacentre/factsheets/fs310/en/>.

² Myth vs. Fact: Stroke Facts (webpage). National Stroke Association. Accessed on August 10, 2017. <http://www.stroke.org/understand-stroke/what-stroke/stroke-facts>

³ January, C. T. (2014). ACC/AHA/HRS Guideline for the Management of Patients with Atrial Fibrillation. *Circulation*, 130, E212-E212. doi:10.1161/CIR.000000000000041/-/DC1.

⁴ Wolf PA, Abbott RD, Kannel WB. Atrial fibrillation as an independent risk factor for stroke: the Framingham

study. *Stroke* 1991;22: 983–8.

⁵ Spodato LA, Cipriano LE, Saposnik G. (2015). Diagnosis of atrial fibrillation after stroke and transient ischaemic attack: a systematic review and meta-analysis. *Lancet Neurol* 2015; 14: 377–87.

⁶ Stroke Facts. The U.S. Centers for Disease Control and Prevention (CDC). (webpage) Accessed on August 10, 2017. <https://www.cdc.gov/stroke/facts.htm>

⁷ Ben Freedman, Tatjana S. Potpara, and Gregory Y H Lip, "Stroke prevention in atrial fibrillation," *The Lancet* 388, no. 10046 (2016): , doi:10.1016/s0140-6736(16)31257-0.

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