

A Stroke of Bad Luck?

Not entirely. Stroke is often preventable — and every minute counts.
Here is what everyone should know.

~100,000

strokes each year in the UK

1 in 6

of us will have one in our lifetime

~90%

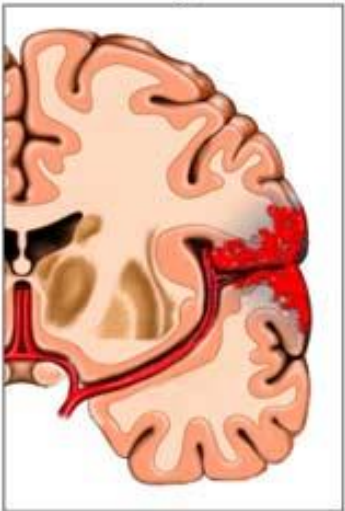
linked to risks we can change

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What actually happens in a stroke

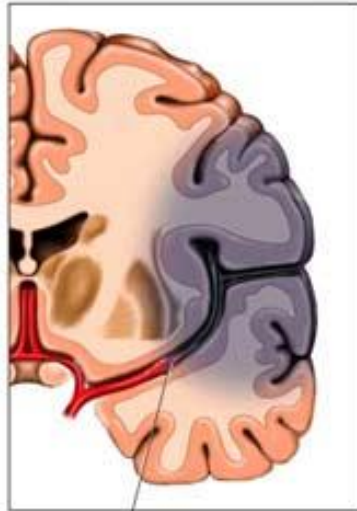
A stroke is a “brain attack” — the blood supply to part of the brain is cut off, so brain cells begin to die within minutes.

Hemorrhagic Stroke



Hemorrhage/blood leaks into brain tissue

Ischemic Stroke



Clot stops blood supply to an area of the brain

*Every minute, ~1.9 million
brain cells can be lost*

~85%

of strokes

Ischaemic

A clot blocks a blood vessel supplying the brain. By far the most common type.

~15%

of strokes

Haemorrhagic

A weakened blood vessel bursts and bleeds into or around the brain.

There is also a TIA (“mini-stroke”): symptoms pass within 24 hours — but it is a serious warning sign. Always get it checked.

What causes a stroke?

The blood supply to the brain fails in one of three main ways.



Furred-up arteries

Fatty deposits narrow the arteries over the years; a clot then forms and blocks the flow of blood to the brain.



A clot from the heart

A damaged or irregular heart can throw off a clot that travels to the brain — often due to AF.



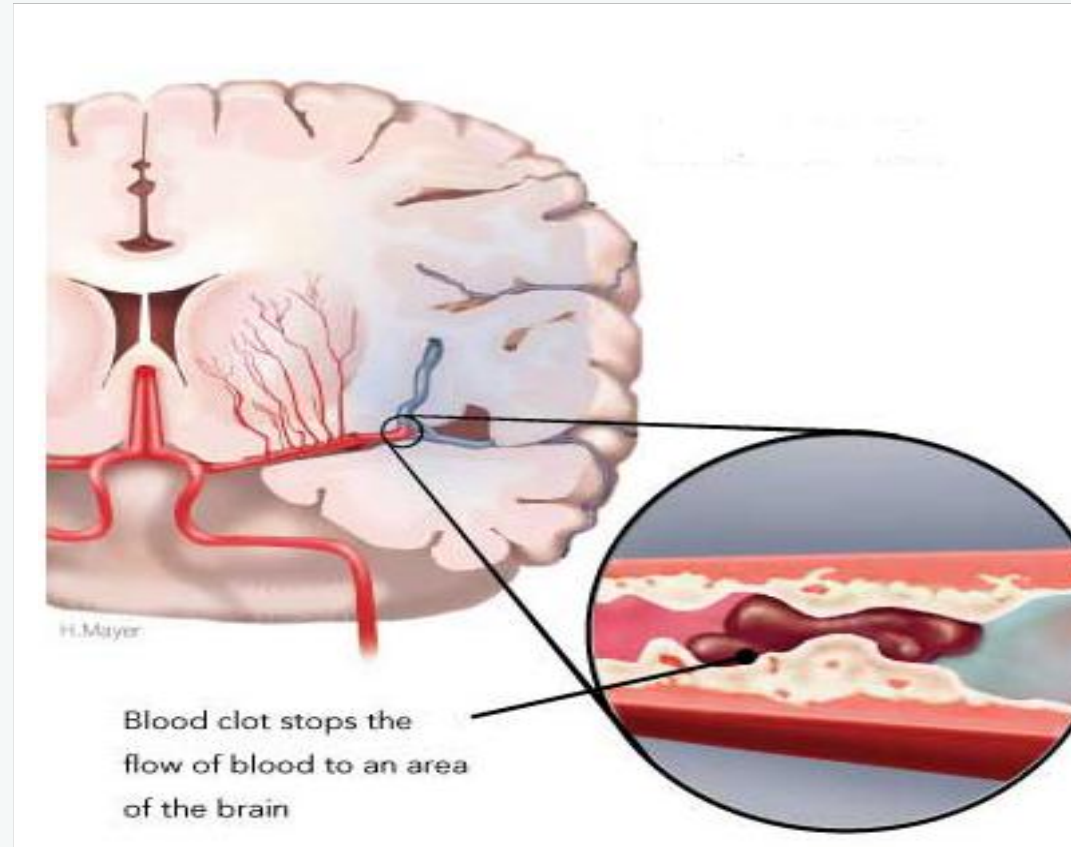
A burst blood vessel

Raised blood pressure weakens a vessel wall until it bursts, bleeding into the brain (a haemorrhagic stroke).



Behind most of these sits one thing: raised blood pressure — the single biggest cause of stroke worldwide.

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The heart–brain connection

A steady heartbeat keeps blood moving. When the heart struggles, clots can form and travel to the brain.



Atrial fibrillation (AF)

AF is an irregular heartbeat. Blood can pool in the heart and form a clot. If that clot travels to the brain, it causes a stroke.

AF often has no symptoms, so it can go unnoticed — but it is very treatable once found. A simple pulse check or ECG can pick it up.

5×

higher stroke risk in people with AF

1 in 5

strokes are linked to atrial fibrillation

~64%

lower risk with blood-thinning medication



Also matters: a previous heart attack, heart failure and narrowed heart arteries raise stroke risk too. Looking after your heart protects your brain.

Stroke in the UK, by the numbers

It is more common than most people think — and it can happen at any age.



~100k

strokes in the UK every
year



1.3m

stroke survivors living in the
UK



4th

biggest cause of death in
the UK



+28%

hospital admissions since
2004



Not just an older person's illness. Around 1 in 4 strokes now happen in people of working age — knowing the signs matters for everyone.

Spot a stroke — Act **FAST**

If you see even ONE of these signs, it is time to call 999.

F



Face

Has their face fallen on one side? Can they smile?

A



Arms

Can they raise both arms and keep them there?

S



Speech

Is speech slurred or muddled? Can they talk at all?

T



Time

Time to call 999 — even if the signs pass.



Call 999 immediately. Faster treatment means less brain damage and a better recovery.

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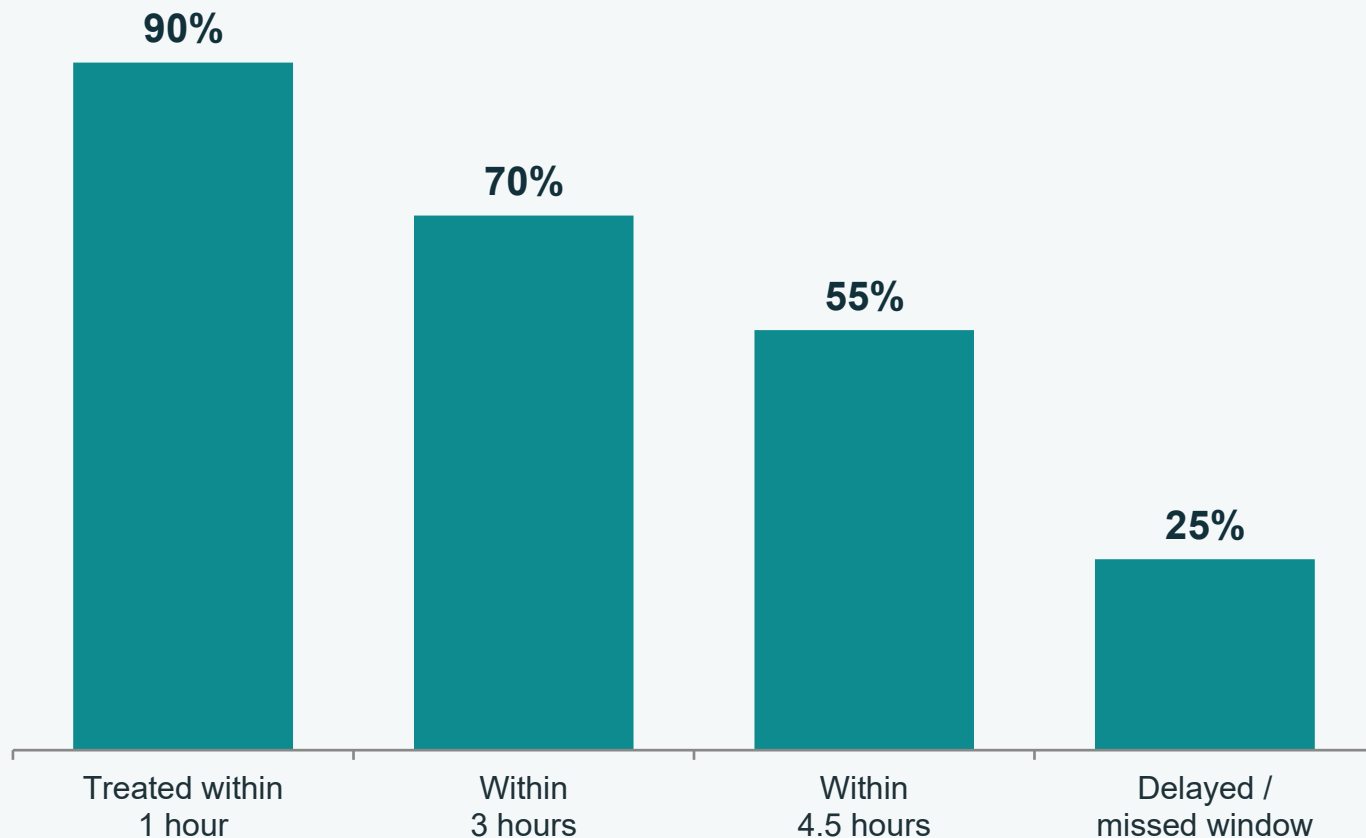
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Why every minute matters

Clot-busting and clot-removing treatments work best when given quickly. The chance of a good recovery falls with every hour of delay.



Illustrative: relative chance of a good recovery by time to treatment.



“Time is brain”

The sooner treatment starts, the more brain is saved. Getting to hospital fast is the single biggest thing that improves the odds.

Treatment: what happens at hospital

Acting fast opens the door to treatments that can limit the damage.



Clot-busting

Thrombolysis

A drug given by drip that dissolves the clot — usually within 4.5 hours of symptoms starting.



Clot removal

Thrombectomy

For large clots, a fine tube is guided to the brain to pull the clot out, in selected patients.



Treating a bleed

Haemorrhagic

Lowering blood pressure and, sometimes, surgery to ease pressure on the brain.



Stroke unit

Specialist care

Rapid scans and coordinated stroke-unit care improve survival for every type of stroke.



The right treatment depends on the type of stroke and how fast you reach hospital. Another reason to call 999 straight away.

The good news: much of it is preventable

Around 9 in 10 strokes are linked to risk factors we can influence. Small, steady changes make a real difference.



Blood pressure

The single biggest risk. Get it checked and keep it controlled.



Stop smoking

Smoking doubles stroke risk. Quitting cuts it quickly.



Eat well

Less salt, more fruit & veg helps your heart and brain.



Keep active

Regular movement lowers blood pressure and weight.



Watch alcohol

Staying within limits reduces your risk.



Know your heart

Get irregular heartbeat (AF) and diabetes managed.

Rehabilitation: rebuilding after a stroke

Recovery is a team effort — and it can continue for months and years.



Physiotherapy

Rebuilding strength, balance and movement — learning to sit, stand and walk again.



Occupational therapy

Regaining everyday skills: washing, dressing, cooking, and returning to work or hobbies.



Speech & language therapy

Help with talking, understanding words, and swallowing safely.



Emotional support

Support for mood, memory and confidence — the emotional side matters just as much.



The brain can rewire itself. Starting rehab early and keeping it going makes a real, lasting difference to recovery.

Life after stroke

More people survive a stroke today than ever before — and recovery can continue for months and years, especially with the right rehab and support.



You are not alone

Rehab teams, GPs and charities support recovery every step.



The brain adapts

With therapy, other areas can take on lost functions over time.



Remember FAST

Face, Arms, Speech, Time — one sign means call 999.

Support: Stroke Association Helpline 0303 3033 100 • stroke.org.uk • nhs.uk/ActFAST