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Health

BY LINLEY BONIFACE

Step by step

New Zealand needs to raise its standards for stroke rehabilitation – both in hospitals and in the community.

David Knowles was packing up after a gig with his band when he realised he was more tired than usual. Perhaps, he thought, he was getting a migraine.

But Knowles wasn't getting a migraine – he was having a stroke. A few hours later, the right side of his body went numb. Within days, he had lost the use of his right arm and his right leg was weak.

Knowles, 61, who works for Radio New Zealand as supervisor of recording and a presenter of the programme *Country Life*, had his stroke on March 15. Although he is satisfied with the acute care he was given at Wellington Hospital and, later, Kenepuru Hospital in Porirua, rehabilitation has been a different story.

When Knowles was discharged at Easter, he was told he'd have to wait a while to see a hospital physiotherapist. Instead, he arranged private physiotherapy. "I had a short amount of speech and language therapy in hospital, but I assumed that when I left I'd be given a set of guidelines saying what care was available. The least everyone who has had a stroke should expect is to have someone visiting every week to get an overview of what help they need," he says.

Knowles was given a pamphlet about exercises, and had an appointment to see

a hospital physiotherapist for assessment a month after his discharge. There was no offer of counselling, which surprised him. "I'm reasonably motivated: I want to play my guitar again and speak on the radio again, so I'm working hard. But some people might sit around waiting for someone to help them, and that's not going to happen."

State-funded rehab for stroke sufferers may dry up within six weeks of leaving hospital.

improvements in acute care have not been matched by improvements in rehabilitation.

Strokes have always suffered from being a poor relation to heart attacks. While both conditions involve the blood vessels and share some risk factors, a stroke is a brain attack rather than a heart attack. The blood flow to part of the brain is unexpectedly interrupted, which prevents the brain from working properly and eventually damages brain cells.

Even though strokes are largely preventable – high blood pressure is a major cause – they kill an average of seven New Zealanders a day. Each year, about 7600 New Zealanders have a stroke, one-third of which are fatal.

There's a saying in stroke management that "time is brain". Stroke survivors cared for in specialist

Knowles' experiences tally with the Stroke Foundation's view of stroke services in New Zealand, which is that recent



Rehab woes: Kiwi stroke sufferers aren't getting enough help.

stroke units in hospital have a much greater chance of staying alive, regaining their independence and avoiding institutional care. But an OECD report based on statistics up to 2006 found that New Zealand stroke services were among the worst in the developed world.

Since then, according to Stroke Foundation CEO Mark Vivian, there has been a sea change in stroke care. More hospitals have introduced dedicated stroke units, and management and clinicians now have a strong commitment to improving services.

As a measure of that commitment, every DHB has voluntarily signed up for the foundation's national audit of stroke services. When the audit was carried out two years ago, only six took part.

Rehabilitation services haven't yet seen a similar change in thinking, and Vivian says few DHBs do a good job of providing community-based rehabilitation. Lack of resources is the main problem, but Vivian believes there is also an outdated belief that stroke patients make little progress after leaving hospital.

Kathryn McPherson is professor of rehabilitation (Laura Fergusson chair) at Auckland University of Technology, which has a new centre focusing on stroke and other degenerative conditions. She says stroke survivors can continue recovering for years, yet state-funded rehabilitation may dry up within six weeks of leaving hospital. There is also little vocational rehabilitation to help younger stroke survivors return to work.

"We really have to get better not just at preventing strokes, but at helping people deal with life after a stroke," says McPherson.

David Knowles says he's fortunate to have a strong mental attitude, and to have had great support from his family and his employer. However, a low point came when a doctor and a nurse told him he would never play the guitar again. "That hit me straight between the eyes," he says. "But I get sick of generalisations – we're all different. Every one of us is special."

Undeterred, Knowles developed his own hand exercises involving spring-loaded pegs and stapler guns. Despite the medical professionals' gloomy predictions, he can already play a slow but recognisable version of the song *Apache* on his guitar. ■

SORRY STATE OF SURGERY

Increasing rates of private surgery have not improved access to public surgery, according to a study by the University of Otago's School of Medicine. A privatisation system was introduced into the public-health system in 1996 to improve fairness of access to surgery, but the researchers found that people living in the areas of New Zealand with higher levels of private surgery had the least access to public surgery. Access to publicly funded surgery was up to five times higher in some district health boards than in others. The study looked at hip and knee surgery, prostatectomy and cataracts from 2000 to 2005.

FOLIC ACID FORTIFICATION

The number of babies born with severe congenital heart defects decreased after Canada made it mandatory to fortify bread and pasta with folic acid, say research published in the online medical journal *bmj.com*. A large study in Quebec found no significant change in the number of



babies born with severe heart defects in the nine years before mandatory fortification was introduced in 1998. In the seven years after fortification, however, numbers decreased by 6% each year. From September this year, it will be mandatory for all commercial bread sold in New Zealand – except organic bread – to be fortified with folic acid. However, the Government is reviewing this decision at the end of May.

FISH GOOD FOR THE EYES

Avoiding trans fats and eating a diet rich in fish, nuts and olive oil appears to reduce the risk of the eye disease called age-related macular degeneration. Eating one serving of fish a week lowers the risk of developing the disease by 31%, according to an Australian study published in *Archives of Ophthalmology*.