

The short strokes of prescribed minimum benefits

In this issue of CMScript, the e-newsletter dedicated to prescribed minimum benefits (PMBs), the Council for Medical Schemes discusses strokes and how they are covered by your medical scheme.

What is a stroke?

A stroke is also called a cerebrovascular accident (CVA) and occurs when blood supply to and/or in the brain is disrupted, causing brain cells to die. Ischaemic strokes are characterised by insufficient supply of blood to the brain and hemorrhagic strokes are characterised by bleeding inside the brain.

What causes a stroke?

Blood flow to the brain can be compromised in various ways. A blocked artery can cause ischaemia (insufficient supply of blood to an organ); a ruptured artery causes bleeding within the brain. Risk factors for a stroke are high blood pressure, diabetes mellitus, smoking, and high cholesterol.

“A stroke is always an emergency – and all emergencies are PMB conditions.”

What are the signs and symptoms of a stroke?

The symptoms of a stroke depend on which area of your brain has been affected. The most common signs of a stroke are the sudden onset of:

- numbness or weakness of the face, an arm or leg, usually on one side of the body; sometimes weakness in face muscles can cause drooling;
- loss of voluntary movement and/or sensation that may be complete or partial;
- confusion;
- trouble speaking and/or understanding;
- trouble seeing with one or both eyes;
- trouble walking, dizziness, loss of balance or coordination; and
- a severe headache with no known cause.

The symptoms may be permanent or last less than 24 hours, with full recovery. When symptoms last for less than 24 hours, the type of stroke is called a transient ischemic attack.

What is the diagnosis and treatment for a stroke?

A stroke is always an emergency. If someone suffers from a stroke, they must be rushed to the nearest emergency room because early treatment may reverse some signs of the stroke. Most diagnostic tests take place in an emergency room and may occur simultaneously. Normally a stroke is diagnosed from your medical history and a physical examination, but further tests are required to identify the cause of the stroke and extent of damage to the brain.

The following tests may be done to diagnose a stroke:

1. Electrocardiograph (ECG): To monitor the heart and detect any heart-related conditions that may cause a stroke, e.g. atrial fibrillation (a form of cardiac arrhythmia).
2. Computerised tomography (CT) scan: To image the part of the brain that may be damaged. To get even more information, your doctor may perform a CT scan with an angiogram. This simply means that a dye is added to your blood intravenously so the doctor can see your blood vessels better. Imaging of the brain also tells the doctor what sort of stroke you have suffered because treatment is different for each case.
3. Magnetic resonance imaging (MRI) scan: This test is normally done when a CT scan does not provide all the information your doctor needs. An MRI scan also images the part of the brain that may have been affected by insufficient blood supply.
4. Blood tests: Your doctor may perform a battery of blood tests, firstly to check how your blood is clotting and secondly to check if you are anaemic or have any other diseases such as liver disease. Blood tests may be repeated depending on your condition.
5. Chest X-rays: To check for an enlarged heart and exclude complications such as chest infections.

How a stroke is treated depends on what its cause is. Treatment normally involves medical management (control of high blood pressure, support and ventilation, and medication to dissolve clots) and/or surgical intervention. Patients who have suffered a stroke may require both intensive care and supportive care; the latter may include bed bathing and feeding if the patient is paralysed as well. After treatment, the signs and symptoms of the stroke may be completely reversed or may result in permanent damage to the brain.

Long-term care also includes intensive management of high blood pressure, diabetes and high cholesterol to try and

prevent another stroke. Stroke patients must stop smoking and adopt a healthy lifestyle to prevent further strokes.

Long-term care of stroke patients focuses on helping them regain strength, recover as many functions as possible, and return to independent living. Patients may require physiotherapy, occupational therapy and/or speech therapy.

What are the possible complications of a stroke?

Strokes may cause temporary or permanent disabilities. The severity of the disability depends on how long the brain had been deprived of blood and which part of the brain was affected. As with any brain injury, the success of treatment varies from one person to the next.

Complications of a stroke may include:

- Paralysis or partial loss of muscle movement
- Difficulty talking and/or swallowing
- Memory loss
- Trouble understanding
- General pain
- Changes in behaviour and self-care

What your scheme must fund

Prescribed minimum benefits or PMBs cover the diagnosis, treatment and care of strokes. Medical schemes must therefore fund the following (in full):

- Diagnostic tests (as described above)
- Medical treatment
- Surgical procedures
- Rehabilitation
- Assistive devices such as wheelchairs and walking rings

A stroke is always an emergency and all emergencies are PMB conditions – conditions which your medical scheme must cover in full provided you make use of your scheme's preferred or designated network of service providers. In an emergency situation you may not necessarily be able to reach a designated service provider (DSP) of your scheme; you can use a non-DSP for your emergency in that case.

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Prescribed minimum benefits (PMBs) are the minimum level of diagnosis, treatment and care that your scheme must pay for from its risk pool and in full according to law. There are medical interventions over and above those prescribed for PMB conditions but your scheme may choose not to pay for them.

PMBs include 270 serious health conditions, any emergency condition and 25 chronic diseases which can be found on our website by clicking on this link (www.medicalschemes.com/medical_schemes_pmb/index.htm).

A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that if you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. If your condition is an emergency like in the case of a stroke and the closest medical facility to you is a non-DSP, you can use the non-DSP and your scheme will still have to fund the treatment in full.

References

MediNet.com (www.medicinenet.com/stroke/article.htm)

Mayo Clinic (www.mayoclinic.com/health/stroke/DS00150)

WrongDiagnosis.com (www.wrongdiagnosis.com/s/stroke/tests.htm)

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